

Bupa Care Services NZ Limited - Redwood Home & Hospital

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Bupa Care Services NZ Limited

Premises audited: Redwood Home & Hospital

Services audited: Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 23 September 2021 End date: 24 September 2021

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 91

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Redwood is part of the Bupa group. The service is certified to provide rest home, hospital, dementia, and psychogeriatric levels of care. The service has 94 beds, and on the day of audit there were 91 residents. The service is managed by a care home manager who is a registered nurse. She has been in her role for five years and has worked for Bupa in a variety of roles for over thirteen years. The care home manager is supported by a clinical manager who has also been in the role for five years and at the facility for ten years.

This surveillance audit was conducted against a subset of the relevant Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management, and general practitioner.

Systems, processes, policies, and procedures are structured to provide appropriate quality care for people who use the service. Implementation is supported through the Bupa quality and risk management programme.

Three shortfalls identified at the previous partial provisional audit around staffing, monitoring of hot water temperatures, completion of safe external areas and provision of an approved fire evacuation scheme have been met.

There were no shortfalls identified at this audit.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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The service has a culture of open disclosure. Families are regularly updated of the resident's condition, including any acute changes or incidents. The complaints process is implemented and managed in line with the Code of Health and Disability Consumers' Rights.

Organisational management

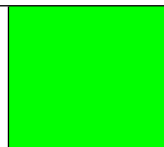
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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There are developed systems, processes, policies, and procedures that are structured to provide appropriate quality care for people who live at Bupa Redwood. Quality initiatives are implemented, which provide evidence of improved services for residents. Interviews with staff, and the review of meeting minutes demonstrated staff involvement in the quality and risk management programme.

Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. There is an in-service training calendar in place. The roster provides sufficient and appropriate staff cover for the effective delivery of care and support.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.



Standards applicable to this service fully attained.

Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. Sufficient information is gained through the initial support plans, specific assessments, discharge summaries, and the care plans to guide staff in the safe delivery of care to residents. The care plans are personalised, and goal orientated. Care plans are reviewed every six months or earlier if required, with input from the resident/family as appropriate. Files sampled identified integration of allied health and a team approach is evident in the overall resident file. There is a review by the general practitioner at least every three months.

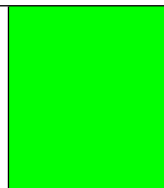
The activities team implements the activity programme to meet the individual needs, preferences, and abilities of the residents. The programme encourages the maintenance of community links. There are regular entertainers, outings, and celebrations.

Medications are managed appropriately in line with accepted guidelines. Registered nurses and senior caregivers who administer medications have an annual competency assessment and receive annual education. Medication charts are reviewed three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission and accommodated. All meals and baking are cooked on site. This includes consideration of any particular dietary preferences or needs. There is a four-week rotational menu that is reviewed by a dietitian. Nutritional snacks are available 24 hours.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.



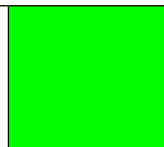
Standards applicable to this service fully attained.

The building has a current warrant of fitness. Ongoing maintenance issues are addressed. Resident rooms are spacious with an adequate number of shower and toilet facilities for the number of residents. There is sufficient space to allow the movement of residents around the facility using mobility aids. There is a spacious lounge and dining area in each unit within the facility, and also smaller lounges available for quieter activities or visitors. There is wheelchair access to all areas. The outdoor areas are safe and easily accessible. The dementia unit and the psychogeriatric units are both secure.

There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies. There is a staff member on duty on each shift who holds a current first aid certificate.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.



Standards applicable to this service fully attained.

There is a restraint policy that includes comprehensive restraint procedures. A unit coordinator (registered nurse) is the restraint coordinator. At the time of the audit, three residents were using a restraint and no residents were using an enabler.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

Bupa Redwood has an infection control programme that complies with current best practice. There is a dedicated infection control nurse who has a role description with clearly defined guidelines. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Records of all infections are kept and provided to head office for benchmarking. All outbreaks have been well documented and managed. Adequate supplies of personal protective equipment were sighted during the audit.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	18	0	0	0	0	0
Criteria	0	50	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>Complaints are being managed in line with Right 10 of the Health and Disability Commissioner’s (HDC) Code of Health and Disability Consumers’ Rights (the Code). Residents (three hospital, two rest home) and family members interviewed advised that they are aware of the complaint’s procedure. Discussions around concerns and complaints were evident in facility meeting minutes. Families interviewed stated that complaints are followed up and the care home manager is very approachable.</p> <p>A record of complaints, both verbal and written, is maintained by the care home manager using an electronic complaints’ register. There were four complaints on the complaints register for 2021 (year to date) and all four complaints have been resolved.</p> <p>There was one complaint, lodged with the Health and Disability Commissioner in 2019 which is now closed. Corrective actions identified included adverse event reporting, human resource management, quality/risk, and consumer information management systems. The records sampled evidenced that the corrective actions implemented have been embedded and systems and processes are in place to prevent reoccurrence of the issues leading to the original complaint.</p>
<p>Standard 1.1.9: Communication</p>	FA	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. The care home manager and clinical</p>

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>manager confirmed family are kept informed, with regular communication regarding current Covid level restrictions. Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident's file.</p> <p>Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Ten accident/incident forms reviewed identified that family (and EPOAs in the dementia and PG units) are kept informed. Residents/relatives have the opportunity to feedback on service delivery through annual surveys and open-door communication with management. Relatives interviewed (one psychogeriatric (PG), one hospital and one dementia) stated they are kept informed when their family member's health status changes or if there has been an adverse event.</p> <p>An interpreter policy and contact details of interpreters is available. Residents and staff identify with a range of different cultures and ethnicities. Families are used in the first instance. Staff in the dementia and psychogeriatric units used body language and information documented in the care plan to communicate with residents along with offering choice and having discussions as much as possible.</p> <p>Family/enduring power of attorney (EPOA) are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. The information pack is available in large print and has specific information relating to both PG and dementia level care units.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Bupa Redwood is certified to provide psychogeriatric, dementia, rest home and hospital (medical and geriatric) levels of care for up to 94 residents. Bupa Redwood is certified to provide psychogeriatric, dementia, rest home and hospital (medical and geriatric) levels of care for up to 94 residents. There are 23 hospital beds: 23; 28 (including 4 dual purpose) rest home beds: 21 dementia level beds (including 6 dual purpose beds – dementia or psychogeriatric), and 22 psychogeriatric beds. The four rooms closed for refurbishment at the previous audit were open and in use as part of these numbers.</p> <p>On the day of audit there were 91 residents: 25 residents at hospital level, 25 at rest home level, 21 dementia and 20 residents at PG level of care. The dual-purpose beds in the dementia unit have not had to be used for residents requiring psychogeriatric level of care because there have been consistently high numbers of residents requiring dementia level of care. All residents were on the age-related residential care contract (ARRC). There were no residents under the medical component of their certificate on the days of audit.</p> <p>The service is managed by a care home manager who is a registered nurse and has been in the role since 2016. The care home manager has previously worked as an RN, unit coordinator and clinical manager for Bupa prior to accepting the role as care home manager. The clinical manager (registered nurse) has also been in the role since 2016. She was a unit coordinator at Bupa prior to this role.</p> <p>A vision, mission statement and objectives are in place. The organisational philosophy and strategic plan reflect a person-centred approach to all services. Progress towards the achievement of annual goals for the facility are</p>

		<p>regularly reviewed by the care home manager with progress reported in the monthly staff and quality meetings.</p> <p>The management team is supported by the wider Bupa management team that includes an operations manager. The care home manager and clinical manager (CM) have maintained over eight hours annually of professional development activities related to managing an aged care service. Bupa provides a comprehensive orientation and training/support programme for their managers. Managers and clinical managers attend annual forums and regional forums six monthly. Both the care home manager and the clinical manager have attended these.</p> <p>There are two-unit coordinators (RNs), one for hospital and rest home and one for the psychogeriatric (PG) and dementia units. The service employs registered nurses who have experience and training in the care of older people with dementia and the ageing process in addition to activities staff who are skilled in assessment, implementation, and evaluation of diversional and motivational recreation.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Meeting minutes and interviews with managers and staff (the care home manager and clinical manager; seven caregivers, two RNs, two-unit coordinators [RNs], one maintenance, one chef, one administrator and four activities assistants) confirmed staff are made aware of any new/reviewed policies and are involved in the quality and risk management programmes</p> <p>A range of meetings are held monthly including staff meetings, quality meetings, family/resident meetings (bi-monthly in each area), infection control and health and safety meetings, restraint meetings and RN meetings. Meeting minutes sighted evidenced staff discussion around accident/incident data, health and safety, infection control, and audit outcomes. The service engages in benchmarking nationally with other Bupa facilities. Meeting minutes are posted in the staffroom for staff to read. Staff interviewed stated they are well informed and receive quality and risk management information such as a monthly adverse event summary.</p> <p>The service collates accident/incident and infection control data. Satisfaction surveys for 2020 and 2021 show consistently high resident and family satisfaction across all areas. Monthly comparisons include trend analysis and graphs. An annual internal audit schedule confirmed audits are being completed as per the schedule. Corrective action plans are developed when issues are identified through internal audit reports or through analysis of data. Plans are also documented when opportunities for improvement are identified. There is evidence of resolution of issues occurring in a timely manner. The corrective action plans are signed off by the clinical manager when completed. Results are communicated to staff, residents and families through regular meetings and the associated minutes.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide practice. There is a current hazard register which is reviewed at least annually. Staff confirmed they are kept informed on health and safety matters at meetings. Contractors are orientated to health and safety processes via</p>

		<p>reception with additional site orientation provided by maintenance.</p> <p>Falls management strategies include assessments after falls and individualised strategies including physiotherapist input three days a week (12 hours total per week), updated resident transfer plans, regular toolbox talks, in-services, and discussions at handover to alert staff to residents who are at risk or who have had a fall.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Staff document adverse events electronically (RiskMan). The clinical manager reviews all incidents each month and summarises results with improvements made to service delivery whenever possible. Incidents and accidents are trended and benchmarked. This information is shared with staff at relevant meetings.</p> <p>Ten incident forms reviewed identified a timely RN assessment of the resident and corrective actions to minimise resident risk. Neurological observations are completed for unwitnessed falls and any known head injury.</p> <p>The caregivers interviewed could discuss the incident reporting process. Staff related incident forms are discussed at the health and safety meeting.</p> <p>The care home manager interviewed was able to describe situations that would require reporting to relevant authorities. Section 31 reports completed since the previous audit include one absconder, six suspected outbreaks and one unstageable pressure injury.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resources policies to support recruitment practices. The register of RNs and external health professionals practising certificates (e.g., GP, physiotherapist, pharmacy, podiatry, dietitian) is maintained. Six staff files were reviewed (two RNs, two caregivers, one cleaner, and one activities assistant). All files contained relevant employment documentation including a signed employment agreement and job description, and reference checking. Performance appraisals are completed a minimum of annually.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed stated that new staff are adequately orientated to the service on employment, which includes being buddied with more experienced staff. Staff who work in the dementia unit of psychogeriatric unit receive specific orientation around working in these areas with staff interviewed confirming that this occurs. Evidence of completed orientation programmes was sighted in all seven staff files reviewed.</p> <p>There is an annual education planner in place that covers compulsory education requirements, these include challenging behaviour and strategies for de-escalation. Regular Covid updates and education are provided by the Bupa infection control specialist and site infection control coordinator. The planner and individual attendance records are updated after each session. The service provides regular training for staff including impromptu tool box talks, both of which were maintained during periods of lockdown. Staff complete competency assessments that are</p>

		<p>specific to their job role and responsibilities.</p> <p>Twelve of eighteen RNs have completed interRAI training. RNs complete Bupa education sessions and can access external training via the local DHB and hospice. Caregivers are encouraged to complete their Careerforce qualifications and all who work in the dementia and PG unit have achieved the required dementia unit standards. Across all caregivers employed, sixteen have achieved level 4, fourteen level 3, ten level 2 and there is no level 0. Additionally, the activities assistants have all achieved the required dementia unit standards necessary to work across both PG and dementia level care units. There are no staff currently enrolled in Careerforce.</p> <p>A first aid trained staff is always on duty (24/7).</p> <p>The previous partial provisional audit identified that the numbers of staff required to staff the psychogeriatric unit were not sufficient to meet the needs when open. The shortfall related to staffing identified at the previous audit has been resolved.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>A policy is in place that determines staffing levels and skill mix for safe service delivery. The staff roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>The clinical manager/RN and care home manager/RN are rostered Monday – Friday. There are two-unit coordinators/RNs (one hospital/rest home, and one for PG/dementia).</p> <p>There is one rest home wing (Kowhai), one hospital wing (Korowai), one dementia wing (Awhina Mai) and one PG wing (Awhina).</p> <p>Kowhai wing has 28 beds, including four dual purpose (25 residents at rest home, and two at hospital level of care): One RN or one unit coordinator (UC) is rostered on the AM shift, one RN is rostered on the PM shift and one RN is rostered on the night shift. An extra RN is rostered on a Tuesday and Friday to provide additional support for the GP rounds and associated follow-up. One long (eight hour) and one short shift caregiver (to 1300) are rostered on the AM shift, one long and one short caregivers (1500-2100) are rostered on the PM shift, and one caregiver is rostered on the night shift. In addition, there is a short flexi shift available (0700-1000) in case of resident high acuity or need.</p> <p>Korowai wing has 23 beds and currently 23 residents at hospital level of care: One RN/UC is rostered on the AM shift, one RN on the PM shift and one RN on the night shift. Two long and two short shift caregivers (to 1330) are rostered on the AM shift, two long and two short (to 1900) are rostered on the PM shift and one caregiver is rostered on the night shift.</p> <p>Awhina Mai wing has 21 beds and currently 21 dementia level residents: A staff RN is rostered on the AM shift seven days a week. In addition, the unit coordinator (also an RN) oversees the unit though is mainly situated in the PG unit. Two long shift caregivers are rostered on the AM shift, one long (1500-2300, and two shorter shift (1500-</p>

		<p>2200 and 1630-2030) caregivers are rostered on the PM shift, and two caregivers are rostered on the night shift.</p> <p>Awhina wing has 22 beds and currently 20 PG residents: One RN or one unit coordinator (UC) is rostered on the AM shift, one RN is rostered on the PM shift, and one RN is rostered on the night shift. Two long (eight hour) and one short shift caregiver (to 1400) are rostered on the AM shift, one long and two shorter shifts (1500–2200 and 1630-2100) are rostered on the PM shift and one caregiver is rostered on the night shift.</p> <p>The on-call schedule is shared between facilities in the region, with a clinical manager and a care home manager being available for advice via the telephone 24/7. In case of emergency the site management would attend in person.</p> <p>Residents and relatives stated there were adequate staff on duty at all times.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access. Informed consent to display photographs is obtained from residents/family/whānau on admission. Information containing sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public. Entries in records are legible, dated, and signed by the relevant caregiver or RN. Individual resident files demonstrate service integration.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management. There was one resident self-administering on the day of audit. A current competency assessment was in the resident's file, and medications were stored securely in the resident room. There is a secure medication room in each unit.</p> <p>Medication fridges and room temperature checks were recorded daily and were within expected ranges in all units. All medications were securely and appropriately stored. Registered nurses or senior caregivers who have passed their competency, administer medications. Medication competencies are updated annually and include syringe drivers, sub-cutaneous fluids, blood sugars and oxygen/nebulisers. There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. The service does not use standing orders. All short-lasting medication e.g. eye drops was dated when opened and discarded at the appropriate time. There were no vaccines kept on site.</p> <p>The facility utilises an electronic medication management system. Fourteen electronic medication charts were sampled (four hospital, two rest home, four dementia and four psychogeriatric level of care). All charts had photo identification and allergy status documented. All medication charts evidenced three monthly reviews by the GP. Prescribed medication is signed electronically after being administered as witnessed on the day of the audit.</p>

		Effectiveness of PRN medication administered were documented in the electronic prescription. Outcomes of 'as required medications' were documented in progress notes and the electronic system.
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The service has a head chef/kitchen manager who is supported by three chefs/cooks and three kitchenhands. Each day there is a chef, preparation chef and a kitchenhand on duty. All staff have food hygiene certificates. The head chef oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen, and all meals are cooked on site. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge and freezer temperatures were monitored and recorded weekly. These were all within safe limits. Food temperatures are checked (including the reheated evening meal) and these were all within safe limits. Chilled/frozen inwards goods have temperatures taken on delivery and recorded. All dry goods and perishable food items were dated. A current food control plan is in place expiring 22 September 2022.</p> <p>The registered nurses complete a resident's nutritional profile on admission, which identifies dietary requirements and likes and dislikes, a copy is provided to the kitchen. This is reviewed six-monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes were noted on the kitchen noticeboard for kitchen staff to access at all times. The four-weekly menu cycle is approved by the Bupa dietitian. There was evidence that there are additional nutritious snacks stored in each unit fridge available over 24 hours in the dementia and psychogeriatric units. Special diets are accommodated, the service utilises an external provider for puree foods. Alternatives are available.</p> <p>Meals are delivered to the hospital in a bain marie and meals are plated by kitchen staff from the kitchenette area. Meals at lunchtime are plated in the kitchen for the dementia unit and delivered in a heated bain marie. The evening meal is served by staff in the evening from the bain marie in the kitchenette area. Meals are plated for the psychogeriatric unit and delivered in a heated bain marie. Rest home residents have their meals served by kitchen staff from the bain marie in the dining room adjacent to the kitchen. On the day of audit, meals were observed to be hot and well-presented, and residents stated that they were enjoying their meal. Staff were observed assisting residents with their midday meals. Residents and families interviewed were generally very happy with the meals provided.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in</p>	FA	<p>Registered nurses (RNs) and caregivers follow the care plan and report progress at each shift handover. All care plans reviewed included documentation that meets the need of the residents and had been updated as residents' needs changed. If external allied health requests or referrals are required, the unit coordinator's initiate the referral (e.g., the district nurse, dietitian, or mental health team). Family members reported that the clinical care is good and that they are involved in the care planning. Care plans document allied health input from physiotherapist, and mental health service. Interviews with registered nurses and caregivers demonstrated understanding of the</p>

<p>order to meet their assessed needs and desired outcomes.</p>		<p>individualised needs of residents. Care plan interventions clearly demonstrate that residents' needs are met.</p> <p>Caregivers and RNs interviewed stated there is adequate equipment provided including continence and wound care supplies.</p> <p>On the day of the audit there were three residents with pressure injuries: one stage 1, one stage 2 and one unstageable (all hospital level). There were 24 wounds on the day of the audit, (five rest home, 10 psychogeriatric, four dementia, and five hospital) 12 skin tears, one incontinence associated dermatitis, two cracked heels, two surgical wounds, two blisters, three chronic ulcers, and two grazes). All wounds had a detailed wound assessment, wound management and evaluations documented to evidence progression or deterioration towards wound healing. Photos were taken to evidence wound progression. All have appropriate care documented and provided, including pressure relieving equipment. Access to specialist advice and support is available as needed.</p> <p>There was evidence of two hourly turning charts, monthly weight and vital sign monitoring, food and fluid charts and daily activity check lists.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>There is one activity coordinator and four activities assistants who run the activities programme in all areas over seven days a week, which has been a new initiative for 2021. All have completed dementia training and have current first aid certificates. Each activity assistant spends a week at each unit on a rotating roster.</p> <p>The family/resident completes a Map of Life (MOL) on admission, which includes previous hobbies, community links, family, and interests. A completed copy of the MOL is in the resident's room for easy access to all staff. The individual activity plan is incorporated into the 'My Day My Way' care plan and is reviewed at the same time as the care plan in all resident files reviewed, at least six-monthly. The seven resident files reviewed had completed MOL, activities care plans and activity registers. Activity plans are evaluated at least six-monthly. All residents in the dementia and psychogeriatric units have 24-hour activity care plans in place.</p> <p>The Bupa activities programme template is designed for high-end and low-end cognitive functions and caters for individual needs. There is a two-weekly programme in large print on noticeboards in all unit lounges. Residents have the choice of a variety of activities in which to participate, and every effort is made to ensure activities are meaningful and tailored to residents' needs. Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a chat. This is particularly noticeable in the psychogeriatric and dementia units where residents' concentration spans are often short. Activities include daily morning exercises, games, quizzes, music, exercises, puzzles, card games, aromatherapy and walks outside. The residents play group games in the activities room. On the days of audit, residents were observed participating in exercises, participating in table activities, and listening to music.</p> <p>Activities in the rest home and hospital unit include newspaper reading, reminiscence, group exercises, quiz, music, crafts, a variety of group games and walks in the gardens with residents.</p>

		<p>There are opportunities for all of the residents from all areas to come together in the rest home lounge when there are large celebrations held including midwinter Christmas, cultural days, weekly entertainers and happy hours, and Christmas. Birthdays are celebrated and there are theme days held around Māori week, the facility had a Filipino cultural day and an African themed dance, where staff dressed up and decorated the facility and dining room tables in an African theme.</p> <p>There are interdenominational church services held in the facility every fortnight. Catholic Church members come in to give communion weekly.</p> <p>There are weekly van outings, each unit is allocated days for van outings to places of interest for residents.</p> <p>Resident meetings are held regularly. Residents/family have the opportunity to provide feedback on the activity programme through resident meetings and satisfaction surveys. Residents and relatives interviewed were complimentary of the activity programme and were happy with the range of activities on offer. During the Covid-19 lockdown periods, the activity team sent relatives photos of residents participating in activities.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The files reviewed demonstrated that all interRAI assessments and care plans reviewed were evaluated at least six monthly or when changes to care occurs. Short-term care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing problem. All changes in health status are documented and followed up. The multidisciplinary review involves relatives (where able).</p> <p>Reviews sighted evidenced an overall review of all aspects of the care plan and evidence progression towards meeting goals. In all the files sampled care plans have been read and signed by EPOA/family. There is at least a three-monthly review by the medical practitioner with majority of residents being seen monthly. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires on 11 March 2022. The maintenance person interviewed described the reactive and preventative maintenance that occurs. There is a 52-week planned maintenance programme in place. Hot water temperature is monitored weekly in resident areas and corrective actions were implemented when temperatures were measured outside of the recommended range. Checks of the temperatures of the hot water have been included as part of the services water temperature testing process in the rooms certified at the last audit. The shortfall identified at the partial provisional audit has been addressed.</p> <p>Staff interviewed reported there is sufficient equipment available to staff in all areas. All equipment has been tagged, tested, and calibrated annually by an external contractor. The service has recently purchased more pressure relieving equipment, hoists, and slings.</p> <p>There are four specific communities (Kowhai - 28 bed rest home unit including four dual purpose. Korowai - 23 bed</p>

		<p>hospital unit. Awhina Mai - 21 bed dementia unit, and Awhina - 22 bed psychogeriatric unit). The kitchen areas in the dementia and psychogeriatric units were not accessible to residents and all glass doors at the end of the corridors have been disguised by transfers of local landmarks. External areas of the dementia and psychogeriatric units are fully fenced and secure. They have areas of interest, well maintained gardens, and winding paths with no dead ends. There are areas to wander inside and outside with secure garden areas and courtyards off both the psychogeriatric and dementia units, both areas have quiet areas for residents to enjoy. The external PG environment is complete including securing the external gardens and completion of landscaping. The newly renovated extra room (Room 31) in the PG unit has an external door that opens out to an external area that is now secure.</p> <p>In the facility, residents are able to bring in their own possessions and are able to adorn their room as desired. There are quiet, low stimulus areas that provide privacy when required.</p> <p>The corridors are wide enough around the facility with handrails available to promote safe mobility. Residents were observed moving freely around the areas with mobility aids where required. There are outdoor areas with seating and shade. There is wheelchair access to all areas. The facility has a van available for transportation of residents. Those staff transporting residents hold a current first aid certificate.</p> <p>Kitchen hazards have now been identified in the PG unit. The shortfall identified at the partial provisional audit has been addressed.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>There are policies and procedures on emergency and security situations, including how services will be provided in health, civil defence, or other emergencies. All staff receive emergency training on orientation and ongoing. Civil defence supplies are readily available within the facility and include water, food, and supplies (torches, radio, and batteries), emergency power and barbeque. Backup batteries are available as alternative energy sources in case of mains failure. Oxygen cylinders are available and checked monthly.</p> <p>Fire equipment is checked by an external provider. The fire evacuation scheme has been approved and was issued on 27 November 2019. The shortfall around the fire evacuation plan identified at the partial provisional audit has been addressed. Fire drills occur six monthly and was last completed in June 2021.</p> <p>Residents' rooms, communal bathrooms and living areas all have call bells. Call bells and sensor mats when activated, light up on corridor lights that are visible from all areas in the facility. In addition, the care team carry pagers that alert discreetly if call bells are activated. Security policies and procedures are documented and implemented by staff. The buildings are secure at night with afterhours doorbell access, security lighting and a night security guard service. At least one member of staff with a current first aid certificate is on duty across all shifts.</p>

<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator (unit coordinator rest home/hospital) is a registered nurse, has been in the role since February 2021. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the general practitioners and laboratory that advise and provide feedback/information to the service.</p> <p>Systems in place are appropriate to the size and complexity of the facility. Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene, provision of staff education, and surveillance of infection control events and infections. Surveillance data is available to all staff. Infection statistics are included for benchmarking. Corrective actions are established where infections are above the benchmark. All infections are documented monthly in an infection control register.</p> <p>Bupa policy states if there are two or more residents experiencing one symptom of infection, this will be declared as an outbreak. The service had one outbreak in 2020 and five (year to date) in 2021. All outbreaks have included small numbers of residents and no staff have been affected. All outbreaks have been well documented with residents appropriately isolated, logs maintained, timely notifications were made to the public health team for each outbreak. Debrief meetings have been held for each outbreak.</p> <p>Covid-19 has been well prepared for, organisation policies and procedures have been updated to include Covid-19 guidelines. Education has been held at Bupa Redwood around donning and doffing personal protective equipment, isolation procedures, standard precautions, and handwashing. There are resources that all staff have access to electronically, which guide staff on guidelines and procedures for each level of lockdown. Staff are notified by text of changes to procedures. Relatives are phoned or emailed updating them of changes. All visitors and contractors are required to sign the register on arrival to the facility and are required to wear masks in line with current level 2 guidelines.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There are documented definitions for restraint and enablers, which is congruent with the definition in NZS 8134.0. Restraint policy includes comprehensive procedures. Implementation of restraint use is monitored through internal audits, facility restraint meetings, and at an organisational (head office) level.</p> <p>At the time of the audit there were three PG level residents using intermittent handholding as a restraint. There were no enablers in use in the facility. All restraints were reviewed three-monthly.</p> <p>All three resident files requiring restraint were reviewed and contained consent by the EPOA and GP, guidance for staff in the care plan, regular monitoring for resident safety and three-monthly reviews. The use of the intermittent restraints was appropriately documented in the progress notes.</p>

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.