

# Bupa Care Services NZ Limited - Kauri Coast Hospital & Rest Home

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## Introduction

This report records the results of a Certification 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:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	Kauri Coast Hospital & Rest Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 10 January 2022      End date: 11 January 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	50

# Executive summary of the audit

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## 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
Yellow	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
Red	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

Bupa Kauri Coast is part of the Bupa group. The service is certified to provide rest home and hospital (geriatric and medical) care for up to 52 residents. On the day of audit there were 50 residents.

This certification audit was conducted against the Health and Disability Standards and the contract with the district health board. This audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and general practitioner.

Bupa Kauri Coast is managed by an experienced care home manager who has been in the role for one year and has had twelve years management experience in the health and disability sector. She is supported by a relieving clinical manager while the service recruits for a permanent clinical manager, and a Bupa operations manager. Family, residents, and the general practitioner interviewed spoke positively about the care and support provided.

This certification audit identified that improvements are required in relation to the resident care plans.

## 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 functions in a way that complies with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code is readily available to residents and families. Policies are implemented to support residents' rights. Care plans accommodate the choices of residents and/or their family/whānau. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy, and informed consent. Complaints and concerns are managed in accordance with HDC guidelines. Residents and relatives spoke positively about the care provided by staff.

## 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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The quality and risk management programme includes a service philosophy, goals and a quality and risk management programme. Quality activities generate improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes and results. Resident and family meetings are held, and satisfaction is monitored via annual satisfaction surveys. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated.

An education and training programme is in place. Appropriate employment processes are adhered to. There is a roster that provides appropriate staff cover for the delivery of care and support. The residents' files are appropriate to the service type. Residents' files are protected from unauthorised access.

## 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.		Some standards applicable to this service partially attained and of low risk.
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There is an admission package available prior to or on entry to the service. Registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes, and goals with the resident and/or family input. Care plans viewed demonstrate service integration and are reviewed at least six-monthly. Resident files include medical notes by the contracted general practitioners and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior medication competent caregivers are responsible for the administration of medicines. Medication charts are reviewed three-monthly by the GP.

The diversional therapist implements the activity programme to meet the individual needs, preferences, and abilities of the residents. Residents are encouraged to maintain community links. There are regular entertainers, outings, and celebrations.

All meals are cooked on site. Residents' food preferences, dislikes and dietary requirements are identified at admission and accommodated. Residents commented positively on the meals.

## 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.
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Kauri Coast has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely, and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. External garden areas are available with suitable pathways, seating and shade provided.

## 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.
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There is a restraint policy that includes comprehensive restraint procedures. Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. The relieving clinical manager (RN) is the restraint coordinator. At the time of the audit there were no residents were using a restraint and eight 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.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator is responsible for the collation of infections and orientation and education for staff. There is a suite of infection control policies and guidelines to support practice. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. There was one outbreak in 2021. This was well managed and appropriate authorities were notified. Covid management is in place.

## 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)
<b>Standards</b>	0	44	0	1	0	0	0
<b>Criteria</b>	0	92	0	1	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights (the Code) policy and procedure is implemented. Discussions with the care home manager, relieving clinical manager/registered nurse (RN), the regional operations manager, and ten staff (three staff RNs, three caregivers [two work across both wings] one cook, one laundry, one maintenance, one diversional therapist) confirmed their familiarity with the Code and its application to their job role and responsibilities.</p> <p>Interviews with six residents (three rest home and three hospital including one young person with a disability (YPD), and five relatives (four hospital, one rest home) confirmed that the services being provided are in line with the Code. Aspects of the Code are discussed in the staff and resident/family meetings.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they</p>	FA	<p>The service has in place a policy for informed consent and general and resuscitation consents were documented on all files reviewed (three rest home including one respite and one young person with a disability [YPD] and five hospital including one ACC and one YPD). Discussions with staff confirmed that they are familiar with the requirement to obtain informed consent for entering rooms and personal care. Enduring power of attorney (EPOA) evidence is filed in the residents' charts. Of the files</p>

need to make informed choices and give informed consent.		sampled one dementia resident had an activated EPOA.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>There is a policy that describes the role of advocacy services. Staff receive training on advocacy. Information about accessing advocacy services is available in the information presented to residents and their families during entry to the service. Advocacy support is available if requested.</p> <p>Interviews with staff, residents and relatives confirmed that they were aware of advocacy services and how to access an advocate. The complaints process reminds the complainant of their right to contact the health and disability advocacy service with contact details provided.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are encouraged to be involved in community activities and maintain family and friends' networks. Care staff interviewed confirmed that residents are encouraged to build and maintain relationships. Community links were evident and included (but were not limited to) visits from churches, local schools, kaumātua and kapa haka groups. Residents regularly go outdoors into the community and attend external groups including bridge club and the local Woman's Institute.</p>
<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>The complaints policy describes the management of the complaints process. Complaints forms are available at reception, adjacent to a suggestions box. Information about complaints is provided on admission. Interviews with residents and families demonstrated their understanding of the complaints process. All staff interviewed were able to describe the process around reporting complaints.</p> <p>A paper-based and electronic complaint register are maintained.</p> <p>Eleven complaints were received in 2021 and none have been lodged in 2022 (year-to-date). Three complaints relating to residents' cares were reviewed and evidence sighted indicated that these complaints were managed in accordance with HDC guidelines. All complaints are documented as resolved. There have been no HDC or DHB complaints since the previous audit.</p> <p>Complaints are linked to the quality and risk management system. Discussions with residents and relatives confirmed that any issues are addressed and that they feel comfortable to bring up any concerns.</p>
Standard 1.1.2: Consumer Rights During Service Delivery	FA	There are posters displaying the Code in English and in Māori. The service is able to provide information in different languages and/or in large print if requested. On entry to the service the Code is

Consumers are informed of their rights.		discussed with the resident and family. Information is provided in the information pack that is given to the resident and next of kin/enduring power of attorney (EPOA) to read and discuss.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect  Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	The service has policies which align with requirements of the Privacy Act and Health Information Privacy Code. During the audit, staff demonstrated gaining permission prior to entering residents' rooms. All care staff interviewed demonstrated an understanding of privacy and could describe how choice is incorporated into residents' cares. Residents and family members interviewed confirmed that staff promote the residents' independence wherever possible, and that residents' choices are encouraged. There is an abuse and neglect policy that is implemented, and staff have undertaken training on abuse and neglect.
Standard 1.1.4: Recognition Of Māori Values And Beliefs  Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.	FA	The service has established Māori cultural policies to help meet the cultural needs of its Māori residents. Bupa has developed Māori Tikanga best practice guidelines, which are posted in visible locations. The service has established links with the local Māori wardens, schools, and churches. The resident room is blessed by a Māori staff member (diversional therapist) following a death. Staff training covers cultural safety. This training has input by individuals who identify as Māori. Residents' rooms had both standard numbering and in te reo Māori.  A cultural assessment is completed during a resident's entry to the service; however, this was not carried forward in the three Māori care plans reviewed (link 1.3.5.1). Two Māori family members (interviewed) were very complimentary regarding the service, cultural respect, recognition, and the use of te reo Māori by a number of staff members.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs  Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	Bupa aged care facilities have established cultural policies that are aimed at helping to meet the cultural needs of its residents. Cultural events have been incorporated to celebrate the various different cultures of staff and residents. All residents and relatives interviewed reported that they are satisfied that the residents' cultural and individual values are being met. Information gathered during assessment, including residents' cultural beliefs and values is used to develop a care plan which the resident (if appropriate) and/or their family/whānau are asked to consult on. Discussions with staff confirmed that they are aware of the need to respond to the cultural needs of the residents.
Standard 1.1.7: Discrimination	FA	A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with staff

<p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>		<p>confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned.</p>
<p>Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available seven days a week, 24 hours a day. The service receives support from the district health board which includes visits from specialists (e.g., mental health services). A general practitioner (GP) visits the facility at least once weekly. The GP and associated medical centre also provide urgent and out of hours requirements as needed. Physiotherapy services are provided three days (6 hours) per week. There are close links with hospice services.</p> <p>The education and training programme for staff includes in-service training, impromptu training (toolbox talks) and competency assessments. The activities programme is provided to residents in rest home and hospital level care six days a week. Podiatry services and hairdressing services are also provided. The service has links with the local community and encourages residents to remain independent.</p> <p>Targeted areas for improvements in 2021 included reducing the number of falls to 10 or less per month, to have 10 skin tears or less. The service had seven months where this has been achieved and will carry this forward for continued improvement for 2022.</p> <p>Bupa Kauri Coast was awarded first place by the New Zealand Bupa organisation in the 'People Pulse' increased participation category for 2021.</p>
<p>Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. A record of family communication is held in the front of each resident's file.</p> <p>Incidents and accidents are recorded electronically using the RiskMan database. Twelve incidents/accident forms selected for review indicated that family were informed. Families interviewed confirmed they are notified of any changes in their family member's health status.</p> <p>Interpreter services are available if needed, with bilingual signage to assist with translation available from Bupa head office if required should a resident be admitted who is unable to communicate or</p>

		understand English.
<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Kauri Coast is part of the Bupa group of aged care facilities. The care facility has a total of 52 beds, all suitable for rest home and hospital levels of care. Hospital level of care is certified for medical. During the audit there were 50 residents (17 rest home, 33 hospital). These numbers included three (hospital) residents under the young person with a disability (YPD) contract, one (rest home) resident on the YPD contract, one (hospital) resident on ACC, and two (rest home) respite residents. The remaining residents were under the age-related residential services agreement (ARRC). All beds are suitable for either rest home or hospital level of care.</p> <p>Bupa's overall vision and values are displayed in a visible location. Staff are made aware of the organisation's vision and values during their induction to the service. There is an overall Bupa business plan and risk management plan. There are site-specific quality and health and safety goals that are reviewed monthly and signed off when achieved. Goals are updated each year.</p> <p>The care home manager is an experienced manager in the health and disability sector. She worked in management roles (GM) in the sector for 12 years prior to joining Bupa and has an MBA and other postgraduate management qualifications. She is supported by a very experienced relieving clinical manager/RN who has also been at the facility since August 2021 and prior to this was relieving at other Bupa facilities around the country for a number of years.</p> <p>The care home manager and relieving clinical manager have maintained over eight hours annually of professional development activities related to managing an aged care service. Managers and clinical managers attend annual organisational forums and regional forums six-monthly (held remotely during lockdown periods).</p>
<p><b>Standard 1.2.2: Service Management</b></p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>In the absence of the care home manager, the administrative staff and the relieving clinical manager/RN are in charge. For extended absences, a Bupa relieving care home manager is available to be rostered. The facility participates in the Bupa Northern 1 regional on-call roster which is displayed in the nurse's stations. There is a care home manager and clinical manager available via telephone out of hours seven days per week.</p>
<p><b>Standard 1.2.3: Quality And Risk</b></p>	FA	<p>Quality and risk management programmes are in place. Interviews with the managers (care home</p>

<p><b>Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>manager, relieving clinical manager) and staff confirmed their understanding of the quality and risk management systems that are being implemented.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. New policies or changes to policy are communicated to staff, evidenced in meeting minutes.</p> <p>Data collected (e.g., falls, medication errors, skin tears) are collated and analysed. These are also benchmarked against other Bupa facilities nationally. Corrective actions are implemented where data reflects a need for improvement. Quality and risk data are shared with staff via meetings and posting results in the staffroom. The service continues to work on a reduction in the number of residents falling, and skin tears.</p> <p>An internal audit programme is in place. In addition to scheduled monthly internal audits, an annual facility health check is conducted by a Bupa representative. Areas of non-compliance include the initiation of a corrective action plan with sign-off by either the care home manager or relieving clinical manager when implemented. A satisfaction survey completed for 2020 reflected resident satisfaction. Only one corrective action plan was necessary to address lower than anticipated scores for the activities programme. Scores for the 2021 survey were still being collated by head office and were not available at the time of audit.</p> <p>The health and safety programme covers specific and measurable health and safety goals that are regularly reviewed. The cook was interviewed regarding their role on the health and safety team. The health and safety team meet quarterly. Hazards are regularly monitored, and the hazard register was last reviewed in June 2021. Staff undergo annual health and safety training which begins during their orientation. Contractors are also orientated to health and safety before conducting any work on the premises.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></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</p>	<p>FA</p>	<p>There is an accident and incident reporting policy. Adverse events are investigated by the relieving clinical manager and/or registered nursing staff, evidenced in all 12 accident/incidents reviewed (four unwitnessed falls, one witnessed fall, five skin tears and two infections). Adverse events are trended and analysed with results communicated to staff. There is evidence to support actions are undertaken to try and minimise the number of incidents. Any suspected injury to the head or unwitnessed falls includes monitoring neurological observations as per Bupa policy.</p> <p>Discussion with the care home manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications with examples provided of an unstageable (DHB</p>

open manner.		acquired) pressure injury, a stage 3 pressure injury, a suspected deep tissue injury and the change of clinical manager. Public health and the DHB were notified regarding two respiratory outbreaks in July 2021.
<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 resource management policies in place which includes the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience, and veracity. A register of current practising certificates is maintained for all health professionals. Seven staff files reviewed (four caregivers, one RN, one housekeeper, one cook) evidenced that reference checks are completed before employment is offered. Also sighted were signed employment agreements, signed job descriptions, and evidence of police vetting.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice. The education programme offered is extensive and includes in-service training, competency assessments, and impromptu (toolbox) talks. Both internal and external speakers are invited to present. A significant amount of work has been undertaken to improve staff attendance rates as evidenced on file with substantial improvement noted in the second half of 2021.</p> <p>Caregivers are expected to complete an aged care education programme that meets the New Zealand Quality Authority (NZQA) requirements. Seven caregivers have completed a level two qualification, twelve have completed a level three qualification and four have completed a level four qualification. Six are in the process of working towards level two. The site has two Careerforce assessors (DT and care home manager).</p> <p>Five of the six RNs have completed their interRAI training. There are implemented competencies for the registered nurses including (but not limited to) medication, catheter care, wound management, and syringe driver competencies. Medication competencies are also completed annually for senior caregivers</p> <p>The cook has completed a qualification in food safety and food hygiene. All kitchen staff have completed their food safety training on site. Chemical safety training is included in staff orientation and as a regular in-service topic. There is a minimum of one first aid trained staff on duty 24/7.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or</p>	FA	<p>A staff rationale and skill mix policy are in place.</p> <p>The relieving clinical manager is a registered nurse and is employed full time (Monday – Friday).</p> <p>Laura Ambury wing: (30 beds, 28 occupied – made up of 1 YPD hospital, 1 YPD rest home, 14 rest home, 12 hospital residents): AM shift: one RN and four caregivers (two long shift and two short shifts);</p>

experienced service providers.		<p>PM shift: one senior caregiver and three caregivers (two long and two short); night shift: one caregiver.</p> <p>Saint Joseph wing: (22 beds, occupancy 2 rest home respite, 2 YPD hospital, 1 ACC hospital and 17 hospital level residents): One RN covers the AM, PM, and night shifts. Caregivers: AM shift: four caregivers (two long, one short and one flexi short); PM shift: three caregivers (two long and one short); night shift: one caregiver.</p> <p>Activities staff are rostered six days a week. Separate cleaning and laundry staff are rostered.</p> <p>Residents and family members identified that staffing is adequate to meet the needs of residents.</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>	FA	<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. 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 demonstrated service integration.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>There are policies and procedures to safely guide service provision and entry to services including an admission policy. The service has an information pack available for residents/families at entry. The admission agreements reviewed met the requirements of the ARRC contract. Exclusions from the service are included in the admission agreement. All long term, one ACC, four YPD and one respite admission agreements sighted were signed and dated.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Policy describes guidelines for death, discharge, transfer, documentation and follow up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. Communication with family is made.</p>
<p>Standard 1.3.12: Medicine Management</p>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Registered nurses and senior caregivers administer medications. All are medication competent, and competencies are up to date. There were no residents self-administering on the day</p>

<p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>of audit. There are no standing orders. There are no vaccines stored on site.</p> <p>The facility uses an electronic and robotic pack system. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. There has been medication education this year. The medication fridge and room temperature are checked daily. Eye drops are dated once opened.</p> <p>Staff sign for the administration of medications on the electronic system. Sixteen medication charts were reviewed. Medications are reviewed at least three-monthly by the GP. There was photo identification and allergy status recorded. 'As required' medications had indications for use prescribed.</p>
<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>	<p>FA</p>	<p>The food service is managed by the kitchen manager who works Sunday to Thursday and a cook who works Thursday and Friday. There is a kitchenhand rostered for every day. The kitchen staff work split shifts, so lunch and dinner are covered. Food service staff have attended food safety training. The food control plan has been verified and expires 2 January 2023. All meals and baking are prepared and cooked on site. A dietitian has reviewed the menu. The kitchen receives a resident dietary profile and is notified of any dietary changes. Resident dislikes are accommodated. The kitchen staff were able to describe additional menu choices available for residents, (e.g., vegetarian meals, gluten free, diabetic and puree, soft and minced meals). There is a cereal bar with residents having a choice of three cereals as well as porridge. There are tea and coffee facilities in each dining room. Residents have snacks available from 1830 – 0630. If residents do not like what is on the menu, they may ask for an alternative.</p> <p>Meals are transported in hot boxes to the hospital wing dining room and served by care staff. Staff were observed assisting residents with their meals.</p> <p>Fridge, freezer, chiller, and cooked temperatures are taken and recorded daily. Perishable foods sighted in the kitchen and facility kitchenette fridges were dated. The dishwasher is checked regularly by the chemical supplier. Chemicals are stored safely. A cleaning schedule and task list is maintained.</p> <p>Resident meetings and surveys, along with direct input from residents, provide resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered should the resident dislike the menu option.</p>
<p>Standard 1.3.2: Declining</p>	<p>FA</p>	<p>The service records the reason for declining service entry to prospective residents should this occur and communicates this to the prospective residents/family. The reasons for declining entry would be if</p>

<p>Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>		<p>the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. InterRAI assessments had been completed for all long-term residents whose files were sampled. Overall, the goals were identified through the assessment process and linked to care plan interventions. Other assessment tools in use included (but not limited to) nutrition, pain, and continence.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	PA Low	<p>Care plans reviewed evidenced multidisciplinary involvement in the care of the resident. All care plans are resident centred. Short-term care plans are in use for changes in health status. Residents and relatives interviewed stated that they were involved in the care planning process. There was evidence of service integration with documented input from a range of specialist care professionals including the hospice nurse, district nurse, physiotherapist, and dietitian. The care staff interviewed advised that the care plans were easy to follow.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>When a resident's condition alters, the registered nurse initiates a review and if required, GP, nurse specialist consultation. There was documented evidence on the family/whānau record page that family members were notified of any changes to their relative's health status including GP visits, infections, accidents/incidents, and medications.</p> <p>Dressing supplies were sighted in the treatment rooms. Wound management policies and procedures are in place. Wound assessment and treatment forms, ongoing evaluation form and evaluation notes and photos as applicable, were in place for all wounds in the rest home and hospital wing. There has been an upward trend in wounds in the last month and this is currently being analysed by the clinical manager. There were two stage one pressure injuries and one unstageable pressure injury which is resolving. The unstageable pressure injury and one of the stage one pressure injuries were non-facility acquired. A section 31 notification was sighted for the unstageable pressure injury. The registered nurses describe access to a wound care specialist through the DHB.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. The service has access to the continence service at</p>

		<p>the DHB.</p> <p>Short-term care plans document appropriate interventions to manage short-term changes in health.</p> <p>Monitoring occurs for weight, vital signs, bowel records, blood sugar levels, pain, challenging behaviour, repositioning charts and food and fluid charts.</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 a diversional therapist (DT) who works 30 hours a week and an activities coordinator who works 32 hours a week. Saturday mornings are covered as well. There is a volunteer who assists them four hours a week. On the days of audit rest home and hospital residents were observed going on a van outing, doing word finds, listening to music and doing craft. The DT entered a Korowai that staff and residents made in a creative craft competition at DT national conference. It won first prize.</p> <p>Currently there is no group exercise programme as attendance was poor. The DT is looking at introducing sit dancing.</p> <p>There is a weekly programme in large print on noticeboards and residents have a copy in their rooms. 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.</p> <p>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.</p> <p>There is a monthly Catholic church service.</p> <p>There are two van outings every week, the DT and activity coordinator take the residents on outings, both have current first aid certificates. They may go on picnics or visit a museum.</p> <p>There are entertainers who visit the facility including kapa haka groups. Special events such as birthdays, Mat ariki, Easter, Anzac Day, and Queens's birthday are recognised and celebrated</p> <p>There is a hospital cat and other animals visit.</p> <p>There is community input from preschools, schools and kaumātua. The ACC resident has a support worker who takes him out shopping and to cafés twice weekly. One YPD resident goes out fishing with family and friends. The other YPD residents do not wish to participate in activities but are happy in their rooms with their TVs, radios, and hobbies. Activities staff assist them with anything they need.</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career, and family. Resident files reviewed identified that the activity plan is based on this assessment. Activity plans are evaluated at least six-monthly at the same time as the review of the long-term care plan.</p>

		Resident meetings are held two-monthly. Residents have expressed satisfaction with activities at resident meetings.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Except for a recent admission and the respite resident, care plans reviewed had been evaluated by the registered nurses six monthly or when changes to care occurs. Short-term care plans for short-term needs are evaluated and signed off as resolved or added to the long-term care plan as an ongoing problem. Activities plans are in place for each of the residents and these are also evaluated six-monthly. The multidisciplinary review involves the RN, GP, DT, and resident/family if they wish to attend. There are three monthly reviews by the GP for all residents. Family members interviewed confirmed that they are informed of any changes to the care plan.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There was evidence of where residents had been referred to the district nurse (wound care), dietitian and the hospice. Discussion with the registered nurse identified that the service has access to a wide range of support either through the GP, specialists, and allied health services as required.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Safety data sheets and product sheets are available. A sharps container is available and meets the hazardous substances regulations for containers. The hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Gloves, aprons, and goggles are available for staff.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical	FA	There is a current building warrant of fitness which expires 22 September 2022. There is a fulltime maintenance person. There is a part-time gardener. Electrical and plumbing contractors are available when required.  There is a preventative and reactive maintenance schedule. Electrical equipment has been tested and

<p>environment and facilities that are fit for their purpose.</p>		<p>tagged. The scales are checked annually. Hot water temperatures have been monitored randomly in resident areas and were within the acceptable range. The rest home and hospital communal areas are carpeted; 33 bedrooms are carpeted and nineteen have vinyl. Corridors are wide, have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were maintained. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>Staff interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>All rooms have hand basins. There are fifteen rooms with ensuites and the rest share communal toilets and showers and there are enough of these. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs if required. There are signs on all shower/toilet doors.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>All rooms are single. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>In both wings there are communal areas and there are niches where residents can read, entertain visitors, or just have quiet time. There are dining areas in each wing. All communal areas are easily accessible for residents and visitors using mobility aids.</p>

<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>All laundry is done on site by a laundry worker who works five and a half hours daily. The laundry is divided into a “dirty” and “clean” area. There is a laundry and cleaning manual and safety data sheets. Personal protective equipment is available. Cleaning and laundry services are monitored. There is one sluice room for the disposal of soiled water or waste and the sluicing of soiled linen if required. There is a sanitiser. The sluice room and the laundry are kept closed when not in use. Cleaning trolleys have a locked box where chemicals are stored. When not in use cleaning trolleys are stored in a locked cupboard. The laundry assistant interviewed stated the laundry ran smoothly and was knowledgeable around infection control practices.</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>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Fire drills are conducted every six months with the most recent fire drill on 12 August 2021. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. A contracted service provides checking of fire equipment. Fire training and security situations are part of orientation of new staff.</p> <p>There are adequate supplies in the event of a civil defence emergency including food, water, blankets, and gas cooking. Six hundred litres of bottled water are in place as a resource for emergency water use.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. Activities and maintenance staff are also trained in first aid and CPR procedures.</p> <p>There are call bells in the residents’ rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Call bells are regularly checked by the caregivers to ensure that residents have access to them, and that the call bells are firmly attached to the wall.</p> <p>Security systems are in place to ensure residents are safe. There are twelve internal and external security cameras installed. The facility is kept locked during summertime from 2000 to 0800, however this has recently been adjusted in line with the Covid Red Alert level visiting hours of 1000 to 1800 Monday - Friday, and 1200 to 1600 at the weekend. There are three nightly checks undertaken by an external security firm.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe</p>	<p>FA</p>	<p>All bedrooms and communal areas have ample natural light and ventilation. Heating is electrical but there are heat pumps in some areas. There is a smoking area outside. All other areas are smoke free. Smoking cessation programmes are offered.</p>

ventilation, and an environment that is maintained at a safe and comfortable temperature.		
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection prevention and control programme is appropriate for the size and complexity of the service. An infection control coordinator (clinical manager) is responsible for infection control across the facility. A job description outlines the role and responsibilities. The infection control coordinator provides monthly reports to head office, the care manager and to infection control and staff meetings.</p> <p>The programme is set out annually from head office and directed via the quality programme. The programme is reviewed annually by head office.</p> <p>All visitors and contractors are required to sign in, wear a mask and have vaccination passes checked. All staff and most residents have Covid vaccinations. Residents and staff are offered the annual influenza vaccine. There are adequate hand sanitisers and signage throughout the facility. There is an outbreak management cupboard and ample stock of personal protective equipment that is checked weekly. Signage is visible to remind visitors not to visit if they are unwell.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control coordinator has completed online DHB and Bupa infection control education. This is updated annually. During Covid-19 there has been regular information from head office.</p> <p>The facility has access to an infection control nurse specialist through the DHB, public health, GPs, local laboratory, and expertise from within the Bupa company.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are</p>	FA	<p>There are comprehensive infection control policies that are current and reflect standards, legislation, and good practice. These policies are developed by head office and reviewed annually. There is resource information and plans around Covid-19 from head office and from the facility.</p>

practical, safe, and appropriate/suitable for the type of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. Training is provided at orientation and as part of the annual training schedule. All staff complete hand hygiene audits. In-service has been provided around personal protective equipment (PPE) and outbreak management and there has been particular emphasis on this since Covid-19. Any new communication regarding Covid-19 is relayed to staff about meetings, noticeboards and at handovers. Resident education occurs as part of providing daily cares.</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>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. 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 GPs 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. Surveillance data is available to all staff. Infection statistics are included for benchmarking with other Bupa facilities. Corrective actions are established where infections are above the benchmark. All infections are documented monthly in an infection control register.</p> <p>Two RSV infections occurred during July 2021. These outbreaks were managed well, and public health were informed. Public health reported they were satisfied with the process.</p> <p>The service has process and procedures implemented to manage the risk posted by Covid-19. Bupa implemented online education around Covid-19 to ensure staff have the most up to date information. There is also information posted on noticeboards. Additional education has been provided around personal protective equipment (PPE) and 100% of staff have attended.</p> <p>All residents are screened using the Covid-19 screen form prior to admission.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. Interviews with the restraint coordinator (relieving clinical manager), RNs and care staff confirmed their understanding of restraints and enablers. At the time of the audit, the service had</p>

of restraint is actively minimised.		no residents using any restraints and eight enablers. Staff training is provided around restraint minimisation and management of challenging behaviours.
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## 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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	PA Low	Interventions document support needs and provide detail to guide care. There are explicit instructions for residents with special needs such as dialysis, colostomy, and supra-pubic catheter. There are no Māori health care plans and care plans have little cultural content.	Three Māori resident care plans had no cultural content to guide staff in the care of Māori residents.	<p>Ensure Māori resident care plans have cultural content to guide staff.</p> <p>90 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.