

# Bupa Care Services NZ Limited - Cashmere View Rest Home & Hospital

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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 Health and Disability Auditing New Zealand Limited, 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>	Cashmere View Rest Home and Hospital
<b>Services audited:</b>	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 3 September 2018      End date: 4 September 2018
<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>	99



# 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

Cashmere View is a Bupa facility. The service provides rest home and hospital (medical and geriatric) and psychogeriatric level care for up to 103 residents. Occupancy on the day of audit was 99 residents.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The 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 a general practitioner.

The service is managed by a care home manager who has been in the role for one year. The care home manager is supported by a clinical manager who has also been in the position for one year. The management team is supported by the wider Bupa management team, which includes an operations manager. The residents and relatives interviewed spoke positively about the care and support provided.

There were no areas for improvement 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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Cashmere View endeavours to ensure that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. Staff demonstrate an understanding of residents' rights and obligations. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to residents and families. Cultural diversity is inherent and celebrated. Evidence-based practice is evident, promoting and encouraging good practice. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

## 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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Cashmere View is implementing the organisational quality and risk management system that supports the provision of clinical care. Key components of the quality management system link to a number of meetings including quality meetings. An annual resident/relative satisfaction survey is completed and there are regular resident/relative newsletters. Quality and risk performance is reported across the facility meetings and to the organisation's management team. Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrate a culture of quality improvements. Residents receive appropriate services from suitably qualified staff. 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. Registered nursing cover is provided 24 hours a day, seven days a week.

## 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.
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There is an admission pack available prior to or on entry to the service. Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. 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. The residents and family interviewed confirmed their input into care planning and access to a typical range of life experiences and choices. Where progress is different from expected, the service responds by initiating changes to the care plan or recording the changes on a short-term care plan. Planned activities are appropriate to the resident groups. The residents and family interviewed confirmed satisfaction with the activities programme. Medication policies reflect legislative requirements and guidelines. Registered nurses and senior caregivers are responsible for the administration of medicines. Medication charts are reviewed three monthly by the GP. 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. There are snacks available at all times.

## 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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Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. The building holds a current warrant of fitness. All rooms have hand basins, and some have ensuites. There are sufficient communal showers/toilets. External areas are safe and well maintained with shade and seating available. The psychogeriatric unit's outdoor areas are safely fenced. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are monitored through the internal auditing system. Systems and supplies are in place for essential, emergency and security services. There is a staff member on duty on each shift who holds a current first aid certificate.

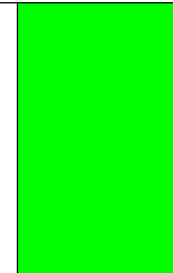
## Restraint minimisation and safe practice

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.
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Restraint minimisation and safe practice policies and procedures are in place. At the time of audit, there were 16 residents with 17 restraints and no residents using any enablers. Staff receive training in restraint minimisation and challenging behaviour management. Assessments and care plans identify specific interventions or strategies to try (as appropriate) before restraint is used. Evaluation has occurred three-monthly as part of the ongoing reassessment for the residents on the restraint register and as part of their care plan review. Individual approved restraint is reviewed three monthly through the restraint meeting and as part of the internal audit programme.

## 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 Cashmere View has an infection control programme that complies with current best practice. The infection control manual includes a range of policies. There is a dedicated infection control nurse who has a role description with clearly defined guidelines. The infection control programme is reviewed annually at organisational level and links to the quality and risk management system. Infection control education is provided at orientation and incorporated into the annual training programme. Surveillance is undertaken, and records of all infections are kept and provided to head office.



## 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	50	0	0	0	0	0
<b>Criteria</b>	0	101	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)
<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
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location. Policy relating to the Code is implemented and staff can describe how the Code is incorporated in their everyday delivery of care. Interviews with 17 care staff; including seven caregivers, four registered nurses (RN), two-unit coordinators and four activity assistants reflected their understanding of the key principles of the Code. Staff receive training about the Code which was last completed in July 2018.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	There is an informed consent policy. In all ten files sampled, including two rest home, four psychogeriatric and four hospital, (one of which was a resident on respite and one on a long-term support chronic health condition (LTS-CHC) contract). All had general consent forms signed on file for van outings. Staff were knowledgeable around informed consent. Residents and relatives interviewed, could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.  There was evidence in files sampled of family/EPOA discussion with the GP for a medically indicated not for resuscitation status. In the files sampled, there was an appropriately signed resuscitation plan and advance directive in place. Discussions with relatives demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been

		signed and sighted for all the files seen. Copies of EPOAs were on resident files in the psychogeriatric unit.
<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	Information on advocacy support services is included in the resident information pack that is provided to residents and their family on admission. Pamphlets on advocacy services are available at the entrance to the facility. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy support services.
<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	Residents may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events, and providing assistance to ensure that they are able to participate in as much as they can safely and desire to do. Resident meetings are held monthly, and family meetings are six monthly. Quarterly newsletters are provided to residents and relatives.
<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 procedure is provided to residents and relatives on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms.</p> <p>Complaints forms are in a visible location at the entrance to the facility. Nine complaints received since the last audit (seven in 2017 and two in 2018 year to date) were reviewed with evidence of appropriate follow-up actions taken. Documentation reviewed reflected the service is proactive in addressing complaints. Feedback is provided to staff and toolbox talks were completed where required.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception. The care home manager, the clinical manager and RNs discuss aspects of the Code with residents and their family on admission. Discussions relating to the Code are held during the monthly resident and six-monthly family meetings. Six residents (four rest home and two hospital) and nine relatives (three hospital and six psychogeriatric) interviewed, reported that the residents' rights are being upheld by the service.

		Interviews with residents and family also confirmed their understanding of the Code and its application to aged residential care.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	Residents are treated with dignity and respect. Privacy is ensured, and independence is encouraged. Discussions with residents and relatives were positive about the service in relation to their values and beliefs being considered and met. Residents' files and care plans identify residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. There is a policy on abuse and neglect and staff have received training, which was last completed in July 2018.
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>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.</p>	FA	The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. They value and encourage active participation and input of the family/whānau in the day-to-day care of the resident. There were no residents that identify as Māori living at the facility. Māori consultation is available through the local iwi links and as required with CDHB Maori team via CDHB website. All caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents.
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	The service identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. All residents and relatives interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs. Quarterly newsletters are provided to residents and relatives. All care plans reviewed included the resident's social, spiritual, cultural and recreational needs.
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Code of conduct training is also provided through the in-service training programme. Professional boundaries are defined in job descriptions. Interviews with caregivers 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.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>Evidence-based practice is evident, promoting and encouraging good practice. Staffing policies include pre-employment, and the requirement to attend orientation and ongoing in-service training. Policies and procedures have been reviewed and updated at organisational level and are available to staff. There are clear ethical and professional standards and boundaries within job descriptions. Registered nursing staff are available 24 hours a day, seven days a week. A general practitioner (GP) visits the facility one day a week as needed. The GP reviews residents identified as stable every three months, with more frequent visits for those residents whose condition is not deemed stable. Physiotherapy services are provided on-site, six hours per week. A podiatrist is on-site every six-weeks. The service has links with the local community and encourages residents to remain independent. Residents and relatives interviewed spoke positively about the care and support provided.</p> <p>Since the last audit this team has changed, and internal movement of staff has seen staff with dedicated service to Bupa and Cashmere View step up to the new roles. Management continue to review and check on new staff taking on roles in the PG unit and have ensured all care staff have completed or are enrolled to complete the Dementia LCP. The unit coordinators and clinical manager are running weekly sessions to assist the staff complete these requirements. Dementia education is of high priority at Cashmere. In 2018, they began rolling out Person First training for all staff in batches. They have four trained facilitators for this programme and are working through all staff to complete at least the first module, which four groups have now been completed.</p> <p>The manager's meet with the representative RN's from each area every Monday morning and on a Friday the four senior team meet to plan for weekend and check on any resident issues or concerns.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident's file. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Fifteen accident/incident forms reviewed identified that family are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. The information pack is available in large print and is read to residents who require assistance. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>Management advised that family meetings have been trialled in the past with no attendees, but they</p>

		<p>have since relaunched this and the first meeting was successful with 20 attendees. The unit coordinator led the communication unit from the dementia education series and this was really well received.</p>
<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>Cashmere View is a Bupa facility. The service provides rest home and hospital (geriatric and medical) and psychogeriatric (PG) level care for up to 103 residents. Occupancy on the day of audit was 99 residents in total. There were 44 residents across the PG units, 24 of 24 in Barrington psychogeriatric unit and 20 of 20 in Palmside psychogeriatric unit. There were 43 hospital and 12 rest home residents, 29 of 30 in Pioneer unit and 14 hospital residents and 12 rest home residents in the Ashgrove unit, which is a 29-bed unit approved for dual-purpose beds. There was one rest home resident on respite care and one hospital resident on a LTS-CHC contract.</p> <p>The Bupa organisation has documented vision and values statements that are shared with staff and are displayed. There is an overall Bupa strategic plan and risk management plan. Additionally, Cashmere View has specific 2018 annual quality and health and safety goals identified that link to the strategic plan and are reviewed quarterly.</p> <p>The care home manager at Cashmere View has been in the role for one year after previously being in the clinical manager role for two years. The care home manager is supported by a clinical manager who oversees clinical care. The clinical manager has been in the position for one year and 12 years working at Bupa Cashmere View. The management team is supported by the wider Bupa management team, which includes an operations manager (present at the time of the audit). Bupa provides a comprehensive orientation and training/support programme for their managers. Care home managers and clinical managers attend annual forums and regional forums six-monthly.</p> <p>The care home manager and clinical manager have maintained at least eight hours annually of professional development activities related to managing a hospital.</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</p>	FA	<p>The clinical manager who is employed full time, steps in when the care home manager is absent. The operations manager, visits regularly and supports both managers.</p>

consumers.		
<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>	FA	<p>A quality and risk management programme is well-established. Interviews with the managers and staff reflected their understanding of the quality and risk management systems. There are procedures to guide staff in managing clinical and non-clinical emergencies. 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. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff. The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) resident falls, infection rates, complaints received, restraint use, pressure areas, wounds, and medication errors. An annual internal audit schedule was sighted for the service, with evidence of internal audits occurring as per the audit schedule.</p> <p>Quality and risk data, including trends in data are discussed in staff meetings. Corrective actions are implemented when service shortfalls are identified and signed off when completed. Riskman has been implemented by Bupa which is an electronic data collecting system. All incidents, complaints, infections, pressure injuries, falls, category one incidents are completed on the online system. Reports are automated and further analysis is completed of those reports. Cashmere View reports, analysis and consequent corrective actions were sighted. Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrate a culture of quality improvements. Quality and risk data is shared with staff via meetings and posting results in the staffroom. Falls prevention strategies are in place including intentional rounding, sensor mats, post falls reviews and individual interventions.</p> <p>An annual satisfaction survey is completed, and 2018 results demonstrated an 89% positive outcome. Corrective actions were established in areas identified as below the national average (ie, food/meals and activities). The health and safety programme includes specific and measurable health and safety goals that are regularly reviewed. There is a health and safety officer (maintenance person) who is supported by health and safety representatives. The health and safety team meet monthly. Staff undergo annual health and safety training, which begins during their orientation. Contractors are required to be inducted into the facility and sign a health and safety information sheet when this has been completed. The hazard register is reviewed regularly. Bupa has achieved tertiary level ACC Workplace Safety Management Practice to the ACC partnership programme.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or</p>	FA	<p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. All incidents are coded in severity on Riskman (severity 1-4) with 4 being the most severe. All resident incidents logged with a severity of 3 or 4 are</p>

<p>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>		<p>automatically escalated to the Bupa CSI team immediately and the operations manager. Actions are then followed-up and managed.</p> <p>Fifteen accident/incident forms were reviewed for July and August 2018 across the three service areas. Each event involving a resident reflected a clinical assessment and follow-up by a RN. Incidents are analysed for trends. The managers are aware of their requirement to notify relevant authorities in relation to essential notifications. There have been two section 31 notifications made since the last audit. One unstageable pressure injury in July 2018, and one call bell system fault in August 2018. A norovirus outbreak in June 2017 was also notified to the public health authorities.</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>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Eleven staff files (one clinical manager, two-unit coordinators, two RNs, four caregivers, one maintenance person and one cook) reviewed, evidenced implementation of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. A register of practising certificates is maintained. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies.</p> <p>The caregivers, when newly employed, complete an orientation booklet that has been aligned with foundation skills unit standards. There is an annual education and training schedule in place for 2018. The service provides regular in-service education, and sessions have been provided that address all required areas. Of the 17 RNs at Cashmere View, 16 have completed interRAI training. Sixty nine percent of total staff have attained at least one Bupa Personal Best certificate. A total of 92% of caregivers have attained a national certificate qualification. There are 24 caregivers that work in the psychogeriatric units and 21 have completed the required dementia standards, three caregivers are in process of completing their dementia standards and have commenced work within the last 12 months.</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>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. Care staff reported that staffing levels and the skill mix was appropriate and safe. Families/whānau and residents interviewed advised that there is sufficient staff on duty to provide the care and support required. The care home manager and clinical manager work full-time Monday to Friday. There are two-unit coordinators; one oversees the two psychogeriatric units and the other oversees the rest home/hospital units.</p> <p>In Palmside psychogeriatric unit (20 of 20 residents), there is a RN on duty on the morning and afternoon shifts and one RN on the night shift. Additionally, the psychogeriatric unit coordinator (RN) works from 6.30 am to 3.00 pm from Monday to Friday. The RNs are supported by three caregivers on</p>



		<p>the morning shift and three caregivers on the afternoon shift, and one caregiver on the night shift. In the Barrington psychogeriatric unit (24 of 24 residents), there is a RN on duty on the morning and afternoon shifts and one RN on the night shift. The RNs are supported by four caregivers on the morning shift and three caregivers on the afternoon shift, and two caregivers on the night shift.</p> <p>In the Pioneer unit (29 of 30 hospital residents), there is a RN on duty on the morning and afternoon shifts and one RN on the night shift. Additionally, the rest home/hospital unit coordinator works 9.00 am to 4.30 pm from Monday to Friday. The RNs are supported by five caregivers on the morning shift and by four caregivers on the afternoon shifts and one caregiver on the night shift. In the Ashgrove unit (26 of 29 residents, 12 rest home and 14 hospital residents), all 29 beds are dual-purpose. There is a RN on duty on the morning and afternoon shifts and one RN on the night shift. The RNs are supported by four caregivers on the morning shift and by three caregivers on the afternoon shifts and one caregiver on the night shift.</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 resident 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. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held securely. Archived records are secure in separate locked and secure areas. Entries are legible, timed, dated and signed by the relevant caregiver or nurse, including designation.</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 is an admission policy. Residents are assessed prior to entry to the service by the needs assessment team. The information pack includes all relevant aspects of the service and residents and/or family/whānau are provided with associated information such as the Code, how to access advocacy and the health practitioners code. There is also specific information for relatives in relation to specialist services of a psychogeriatric unit. All relatives interviewed were familiar with the contents of the pack. The care home manager and clinical manager screen admissions prior to entry to ensure a needs assessment has been completed and the service is able to provide the level of care required, if there is a room available.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit,</p>	FA	<p>There is a policy that describes guidelines for death, discharge, transfer, documentation and follow-up. Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. All relevant information is documented on the Bupa transfer form and accompanied with a copy of the resident admission form, most recent GP consultation notes and</p>

<p>discharge, or transfer from services.</p>		<p>medication information. Relatives interviewed confirmed that they are notified and kept informed of the resident's condition. Follow-up occurs to check that the resident is settled, or in the case of death, communication with the family is made.</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 policies and procedures in place which comply with current legislation. Medicines are stored in accordance with legislation and current guidelines. Medications are pre-packed in robotics and stored in a locked trolley in the treatment room in each of the four wings. Medicine administration practice complied with the medicine management policy in the medicine round observed. Medications are administered by RNs in the hospital wing and PG units, and either RNs or medication competent care staff for rest home residents. Staff that administer medications complete a medicine competency and medication management annually. Registered nurses undertake extra training to administer syringe drivers and subcutaneous fluids. Medications are prescribed on the electronic medicine management system in accordance with legislative prescribing requirements for all regular and 'as required' medicines.</p> <p>Medications are checked on admission and on arrival to the facility and discrepancies are reported to the pharmacy. The service does not have standing orders and verbal orders are rarely used as an electronic system is in place. There was no expired stock on-site on day of audit. Medication fridge temperatures are checked at least weekly and temperatures are within acceptable ranges. The GPs review the medication charts at least three-monthly. A review of 20 medication signing sheets evidenced that administration of all medications aligned with the medication charts. There were three residents self-medicating on the day of audit. The GP evaluates the resident's competence on a three-monthly basis. Medicines are kept in a locked drawer in the resident's room. Staff check with the resident each day, whether medications have been taken.</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>All meals are prepared and cooked on-site in a well-equipped kitchen. There is a registered food control plan implemented. There is a four-weekly national seasonal menu which had been reviewed by a dietitian. Meals are transported in hot boxes and delivered to a bain marie in each unit dining area. There is a monthly on-line forum for all Bupa facilities cooks. There are two cooks on duty each day with one starting at 5.30 am to 2.00 pm and the other starting at 9.00 am to 5.30 pm. They are supported by morning and afternoon kitchenhands. The national menus have been audited and approved by an external dietitian. All kitchen staff (two cooks and four kitchenhands) have NZQA167 qualifications. Both cooks have NZQA168 qualifications. Fridge, freezer and chiller temperatures are taken and recorded daily. End cooked food temperatures are recorded for each meal. The dishwasher is checked regularly by the chemical supplier. All food was stored correctly.</p>

		Special dietary needs and food allergies are known with individual likes and dislikes accommodated. The kitchen manager interviewed, was aware of the residents with known food allergies and dietary needs. Resident likes, and dislikes are known, and alternative choices offered. The residents have a nutritional profile developed on admission and the kitchen staff receive a copy, which identifies the residents' dietary requirements and likes and dislikes. Lip plates and specialised utensils are provided to promote and maintain independence with meals. Resident meetings and surveys allow the opportunity for 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 for dislikes. There is evidence that there are additional nutritious snacks available over 24-hours in all units.
Standard 1.3.2: Declining Referral/Entry To Services  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.	FA	There is an admission information policy. The service records the reason (no bed availability or unable to meet the acuity/level of care) for declining service entry to potential residents and communicates this to potential residents/family/whānau. Potential residents would be referred back to the referring agency if entry is declined.
Standard 1.3.4: Assessment  Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	Cashmere View uses the Bupa assessment booklets and person-centred templates for all residents. The assessment booklet includes; falls, Braden pressure area, skin, mini nutritional, continence, pain (verbalising and non-verbalising), dependency and activities and culture. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan. InterRAI assessments had been completed within timeframes and areas triggered were addressed in care plans sampled. The respite file had short-stay assessments completed. Behaviour assessments are completed as required.
Standard 1.3.5: Planning  Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	In all ten files sampled, the assessments completed on admission had been used to plan care for the resident. Care plans sampled document support needs and provide detail to guide care staff. There was evidence of service integration with documented input from a range of specialist care professionals including the physiotherapist, podiatrist, wound care specialist and mental health care team for older people. The management of behaviours that challenge was documented in the files reviewed including triggers to behaviour and interventions to manage outbursts. Care plans reviewed provided evidence of individualised support. Short-term care plans are in use for short-term needs and changes in health

		<p>status. Resident-centred goals were reviewed at the multi-disciplinary review (MDR) meetings with the residents. Relatives and residents interviewed all felt they were involved in the planning of resident care. In all ten files sampled, there is evidence of resident and relative involvement in care planning.</p>
<p><b>Standard 1.3.6: Service Delivery/Interventions</b></p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>The RNs complete care plans for residents. Progress notes in all ten files sampled had detailed progress which reflected the interventions detailed in the long-term care plans. When a resident's condition alters, the RN initiates a review and if required, GP or specialist consultation. There is evidence of wound nurse specialist involvement in chronic wounds/pressure areas. In the hospital areas, there was one unstageable pressure injury, nine skin conditions, seven skin tears or abrasions, and one bruise. There were five skin tears and five skin conditions in the psychogeriatric unit at time of audit. All wounds have wound assessments, plans and ongoing evaluations completed.</p> <p>The RN attends to the wound dressings, an assessment and evaluation is completed at each dressing change. Photographs are taken to reflect improvement or deterioration. All chronic wounds are documented in the long-term care plans with interventions for care staff around the dressing changes, signs and symptoms of infection, position changes and the like. Sufficient continence and dressing supplies are available. Monitoring forms in use (sighted) include; fluid balance, continence diary, monthly blood pressure and weight monitoring, nutritional food and fluid monitoring record, two hourly turning charts, and behaviour monitoring charts.</p>
<p><b>Standard 1.3.7: Planned Activities</b></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>	FA	<p>There is one fully qualified diversional therapist and three activities coordinators. All activities staff attend a six-monthly full day Bupa training day. The activities team is involved in the admission process, completing the initial activities assessment and providing input with the cultural assessment, 'map of life' and 'my day my way' adding additional information as appropriate. The team provide cover from 2.00 pm to 8.00 pm in the psychogeriatric (PG) unit and from 10.00 am to 4.30 pm in the hospital and rest home. Activities in all areas are scheduled across seven days with a minimum of two activities staff rostered on each day. Activities staff work in the special care unit until 8.00 pm at night. A separate activities plan is developed for the PG unit and covers 24 hours.</p> <p>The activities programme has input from a Bupa occupational therapist, and Bupa dementia care advisor to ensure the needs of the residents are met. An activities plan is completed within timeframes, a monthly record of attendance to activities is maintained and evaluations are completed six-monthly. There is a specific activity plan for residents in the PG unit and care plans included activity intervention over a 24-hour period. Group activities include garden walks, exercises, puzzles, arts and crafts, reading and entertainment. One-on-one activities such as individual walks, reading and chats and hand massage occur for residents who choose not to be involved in group activities. Themes and events are</p>

		<p>celebrated. Bupa Cashmere promotes community involvement and has established relationships with a local primary school, church groups and a local hardware store with do it yourself activities.</p> <p>Two wheelchair vans and a smaller van are shared with other Bupa facilities and outings include full day or morning or afternoon trips. The dedicated van driver has a current first aid certificate. On interview the team advised the programme may vary according to resident requests or weather conditions. A monthly activities calendar and newsletter is distributed to all residents and a special annual events calendar with monthly celebrations is posted on noticeboards. There are monthly resident meetings, where residents have the opportunity to provide feedback on all aspects of the facility. Family communication events are held and include education for families of PG residents. Residents interviewed, stated they feel the activities are very good, and they are kept as busy as they want to be.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Care plans are reviewed and evaluated by the RN at least six-monthly or more frequently to reflect changes in health status, in five of eight files sampled. One respite resident had been in the facility for a week. One PG level resident and one hospital level care had been in the facility for less than six months. Six monthly multi-disciplinary reviews (MDR) and meeting minutes are completed by the RN with input from caregivers, the GP, the activities coordinator and any other relevant person involved in the care of the resident. Family members are invited to attend the MDT review. The review checklist identifies the family member who has attended the review. There is at least one three-monthly review by the medical practitioner. There are short-term care plans available to focus on acute and short-term issues. These are evaluated at regular evaluations. Wound care charts were evaluated in a timely manner. Care plans are updated when needs change.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>There are documented policies and procedures in relation to exit, transfer or transition of residents. Referrals to other health and disability services were evident in the sample group of residents' files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on residents' files. Examples of referrals sighted were to occupational therapist, physiotherapy, dietitian, speech language therapist, and clinical nurse specialists. Discussions with four RNs identified that the service has access to GPs, ambulance/emergency services, allied health, dietitians, physiotherapy, continence and wound specialists, and social workers. The residents and the families are kept informed of the referrals made by the service.</p>
<p>Standard 1.4.1: Management Of</p>	FA	<p>There is a chemical/substance safety policy. There are policies on the following: waste disposal</p>

<p>Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>policies for medical, sharps and food waste and guidelines as well as the removal of waste bins and waste identification. Management of waste and hazardous substances is covered during orientation of new staff. Staff attend chemical safety education. Chemicals are stored in a locked cupboard. Safety datasheets and product wall charts are available. Approved sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Staff were observed wearing appropriate personal protective clothing when carrying out their duties. Cleaning staff take cleaning trolleys into the resident rooms or they are in their line of sight so that chemicals are not left unattended.</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>	FA	<p>The building holds a current building warrant of fitness, which expires January 2019. Fire equipment is checked by an external provider. Reactive and preventative maintenance occurs. There is a full-time maintenance person on staff. There is a 52-week planned maintenance programme in place. The checking of medical equipment including hoists, was completed on 18 August 2018. The hot water temperatures are monitored regularly on a room rotation basis. Temperatures were recorded between 39–45 degrees Celsius. Electrical equipment has been tested and tagged and medical equipment has been calibrated. The corridors are wide and promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. There are outside areas that include seating and shade around the facility.</p> <p>The lounge areas are designed so that space and seating arrangements provide for individual and group activities. There are quiet, low stimulus areas that provide privacy when required. There is wheelchair access to all areas. Residents are able to bring in their own possessions and are able to decorate their room as they wish. The psychogeriatric units are secure with a secure internal courtyard. The facility has a van available for transportation of residents. Those staff transporting residents holds a current first aid certificate. The caregivers and RNs interviewed stated that they have all the equipment referred to in care plans and necessary to provide care, including tilting shower chairs, shower trolleys, commodes, sliding sheets, electric beds, ultra-low beds, sling and standing hoists, pressure mattresses, wheel-on scales wheelchairs, sensor mats, landing mats, mobility aids, continence supplies, dressing and medical supplies. Registered nurses stated that when something that is needed is not available, management provide this in a timely manner.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p>	FA	<p>There are adequate toilets and showers in the rest home, hospital and psychogeriatric units. Resident rooms in the psychogeriatric units and hospital have hand basins and ensuite facilities. There is appropriate signage, easy clean flooring and fixtures and handrails appropriately placed. Communal,</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>visitor and staff toilets are available and contain flowing soap and paper towels. Communal toilets and bathrooms have appropriate signage and locks on the doors. Residents interviewed reported their privacy is maintained at all times.</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 bedrooms are single. The hospital and psychogeriatric bedrooms are spacious enough to easily manoeuvre transferring and mobility equipment to safely deliver care. Staff interviewed reported that rooms have sufficient space to allow cares to take place. The bedrooms have wide doors for bed evacuation or ambulance trolley access. Residents are encouraged to bring their own pictures, photos and small pieces of furniture to personalise their room.</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>There are spacious open plan lounges and dining rooms in the rest home, hospital and psychogeriatric units. All lounge/dining rooms are accessible and accommodate the equipment required for the residents. Residents can move around freely, and furniture is well-arranged to facilitate this. The hospital dining room and lounges accommodate specialised lounge chairs. Seating and space is arranged to allow both individual and group activities to occur. There is adequate space to allow maximum freedom of movement while promoting safety for those that wander.</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>There are policies in place including cleaning department, use of equipment policy and cleaning schedules. There is also a cleaning schedule/methods policy for cleaners. All laundry is undertaken on-site by a contracted company. The laundry is well organised and is divided into a “dirty” and “clean” area and staff manage the workload adequately. Laundry from three other sites is also processed at Cashmere View. There are appropriate systems for managing infectious laundry, which laundry staff could describe. There is a comprehensive laundry manual.</p> <p>Cleaning and laundry services are monitored through the internal auditing system and the resident satisfaction surveys. The cleaners’ trolleys were attended at all times or locked away in the cleaning rooms as sighted on the days of the audit. There is a sluice room in each part of the facility for the disposal of soiled water or waste. The chemical product supplier conducts regular quality control checks on the effectiveness of chemicals used and the washing machine cycles. Personal protective equipment is available in the laundry, cleaning and sluice room. Staff were observed to be wearing</p>

		appropriate protective wear when carrying out their duties.
<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>	FA	<p>An emergency/disaster management plan is in place to guide staff in managing emergencies and disasters. The emergency plan was put into practice with a recent call bell system outage/fault in August 2018. A corrective action plan was developed and implemented for any improvements required from the call bell system procedure. Emergencies, first aid and CPR are included in the mandatory in-service programme. At least one staff member is on duty at all times with a current first aid certificate. There is an approved fire evacuation plan dated 14 October 2014. Fire evacuation drills take place every six months, with the last fire drill occurring on 14 June 2018. Smoke alarms, sprinkler system and exit signs are in place. The service has alternative gas facilities (four BBQs and gas hobs in the kitchen) for cooking in the event of a power failure.</p> <p>There is a battery backup system in place for emergency lighting. Civil defence supplies (four wheelie bins) are available and are checked annually. Emergency food supplies sufficient for three days are kept in the kitchen. Extra blankets, torches and batteries are available. There is sufficient water stored (header tank 12,000 litres and bottled water) to ensure for three litres per resident for three days. Call bells are evident in residents' rooms, lounge areas and toilets/bathrooms. Residents were sighted to have call bells within reach during the audit and this was confirmed during resident and relative interviews. The service has a visitors' book at reception for all visitors, including contractors, to sign in and out. The facility is secured at night. Access by public is limited to the main entrance. The psychogeriatric units both have secure entrances.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All communal rooms and bedrooms are well ventilated and well lit. Residents and family members interviewed stated the temperature of the facility was comfortable. There is plenty of natural light in residents' rooms.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service</p>	FA	<p>The infection control programme and its content and detail is appropriate for the size, complexity, and degree of risk associated with the service. The scope of the infection control programme policy and infection control programme description is available. The infection control coordinator is a RN. There is a job description for the infection control coordinator with clearly defined guidelines. There is an established and implemented infection control programme that is linked into the risk management</p>



<p>providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>system. The committee and the governing body are responsible for the development of the infection control programme and its review. The programme is reviewed annually. There are monthly infection control team meetings with quarterly teleconference meetings for all Bupa infection control coordinators.</p> <p>The on-site quality meetings also include a discussion and reporting of infection control matters, trends and quality improvements. Information from these meetings is communicated to the RN and staff meetings. The facility had a gastric outbreak in June 2017, which was reported to the appropriate designated agencies. An outbreak case log documented all elements of the investigation and control activities, communication with relatives and residents and evaluated outcomes. Staff have had training on outbreak management and are aware of outbreak procedures and can describe these easily.</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>	<p>FA</p>	<p>The infection control team includes representatives from care staff, kitchen, cleaning, laundry, clinical manager, RNs and the care home manager. The infection control programme is discussed at the quality meetings. The facility also has access to an infection control nurse at the district health board (DHB), public health, GPs, laboratory and expertise within the organisation. The facility has adequate signage at the entrance asking visitors not to enter if they have contracted or have been in contact with infectious diseases. Alcohol based hand gel is available throughout the facility.</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 practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The infection control manual outlines a range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, training and education of staff. There is also a 'scope' of the infection control programme, standards for infection control, responsibilities and job descriptions, waste disposal, and notification of diseases. Infection control procedures developed and contained in the kitchen, laundry and the housekeeping manuals incorporate the principles of infection control. These principles are documented in the service policies contained within the infection control manual. External expertise can be accessed as required, to assist in the development of policies and procedures.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides</p>	<p>FA</p>	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. All staff receive infection control education as part of the orientation programme. Staff are required to</p>

<p>relevant education on infection control to all service providers, support staff, and consumers.</p>		<p>read policies and complete the infection control questionnaires and hand hygiene checklist. If there is a noted increase in infection rates, there is education sessions held around this. Infection control education is provided for all staff annually and includes hand hygiene, personal protective equipment, outbreak management and standard precautions.</p>
<p>Standard 3.5: Surveillance 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 (RN) and clinical manager use the information obtained through surveillance to determine infection control activities, trends, resources, and education needs within the facility. Individual infection reports are entered into an electronic database for all infections. A record of individual infections is kept as part of the resident files. Infections are included on a monthly register and a monthly report is completed by the infection control coordinator with corrective action plan. There are standard definitions of infections in place appropriate to the complexity of service provided.</p> <p>Infection control data is collated monthly and reported at the quality, and staff meetings. The surveillance of infection data assists in evaluating compliance with infection control practices. The clinical manager and infection control coordinator meet monthly and keep track of infections in each unit. The infection control programme is linked with the quality management programme. The results are subsequently included in the care home manager's report on quality indicators. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GPs that advise and provide feedback/information to the service.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<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 staff confirmed their understanding of restraints and enablers. At the time of the audit, the service had 16 residents using 17 restraints (six bedrails and eleven T belts) and no residents using any enablers. Staff training has been provided around restraint minimisation and management of challenging behaviours.</p>
<p>Standard 2.2.1: Restraint approval and processes Services maintain a process for determining approval of all types of restraint used, restraint</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint minimisation policy. Roles and responsibilities for the restraint coordinator (RN) and for staff are documented and understood. The restraint approval process identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements.</p>

processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.		
Standard 2.2.2: Assessment Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.	FA	A restraint assessment tool is completed for residents requiring an approved restraint for safety. Suitably qualified and skilled staff, in partnership with the resident and their family/whānau, undertake assessments. Restraint assessments are based on information in the care plan, resident discussions and on observations of the staff. Ongoing consultation with the resident and family/whānau are evident. The files for four residents using restraint were reviewed. The completed assessment considered those listed in 2.2.2.1 (a) - (h). Falls risk assessments are completed six-monthly and interRAI assessment identifies risk and need for restraint.
Standard 2.2.3: Safe Restraint Use Services use restraint safely	FA	The service has an approval process (as part of the restraint minimisation policy) that is applicable to the service. The approval process includes ensuring the environment is appropriate and safe. Assessments and care plans identify specific interventions or strategies to try (as appropriate) before restraint is used. The care plan reviewed for four residents with restraint, identified observations and monitoring. Restraint use is reviewed through the three-monthly assessment evaluation, monthly restraint meetings and six-monthly multidisciplinary meeting which includes family/whānau input. A restraint register is in place, providing a record of restraint use and is completed for residents requiring restraints and enablers.
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluation has occurred three-monthly as part of the ongoing reassessment for the residents on the restraint register and as part of their care plan review. Evaluation timeframes are determined by risk levels.
Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.	FA	Individual approved restraint is reviewed three monthly through the restraint meeting and as part of the internal audit programme. Review of restraint use across the group is discussed at the regional restraint approval group teleconference meeting and information is disseminated throughout the organisation.



## Specific results for criterion where corrective actions are required

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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
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## 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.