

Bupa Care Services NZ Limited - Accadia Manor Rest Home

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:

Legal entity: Bupa Care Services NZ Limited

Premises audited: Accadia Manor Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 18 October 2018 End date: 19 October 2018

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 28

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa Accadia Manor rest home provides rest home level care for up to 29 residents. During the audit, there were 28 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, relatives, management, staff and the general practitioner.

The care home manager has been in the role two months and has had 12 years' experience in aged care as an owner/operator. She is supported by an experienced clinical manager/registered nurse.

The residents, family and general practitioner commented positively on the services received at Accadia Manor rest home.

This certification audit identified that improvements are required in relation to reporting of quality data and meetings, incident reporting, and training.

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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Bupa Accadia Manor Rest Home 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 demonstrated 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 needs are identified. 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. Complaints processes are implemented, and the complaint viewed was actively managed and well documented.

Organisational management

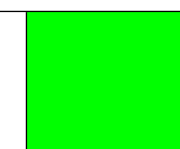
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Services are planned and coordinated and are appropriate to the needs of the residents. A newly appointed experienced care home manager and clinical manager are responsible for day-to-day operations. Goals are documented for the service. A quality and risk management programme is documented. Opportunities for improvements are identified.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme and ongoing education and training plan are in place.

Rosters and interviews indicated sufficient staff that are appropriately skilled with flexibility of staffing around clients' needs. The integrated residents' files are appropriate to the service type.

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 package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. A registered nurse assesses, plans and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration. Care plans are evaluated at least six monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and caregivers responsible for administration of medicines complete education and medication competencies. The medicine charts reviewed met legislative prescribing requirements.

An activity coordinator implements the rest home activity programme. The programmes include community visitors, outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities of the residents.

All meals and baking are done on-site. Residents' food preferences and dietary requirements are identified at admission and accommodated. The menu is reviewed by the dietitian. Residents commented positively on the meals provided.

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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There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely. The building holds a current building warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms have ensuites. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Systems and training are in place for emergency procedures. There is a first aider on duty at all times.

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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The clinical manager is the restraint coordinator. There were no residents using enablers. The service is restraint free.

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 officer (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Bupa facilities.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	42	0	3	0	0	0
Criteria	0	90	0	3	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location. The policy relating to the Code is implemented and staff could describe how the Code is incorporated in their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through in-service education and training. Interviews with staff (two caregivers, one activity coordinator, the clinical manager and the care home manager), reflected their understanding of the key principles of the Code.</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 need to make informed choices and give informed consent.</p>	FA	<p>There are established informed consent, resuscitation and advanced directives policies and procedures. General consents obtained on admission were sighted in the six rest home files reviewed. Consents were sighted for specific procedures such as influenza vaccine and catheterisation. Advance directives if known were on the resident files. Resuscitation plans were appropriately signed. Copies of enduring power of attorney (EPOA) were in resident files as appropriate.</p> <p>Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. Residents and relatives interviewed confirmed they have been made aware of and fully understand informed</p>

		<p>consent processes and that appropriate information had been provided.</p> <p>All resident files contained a signed admission agreement.</p>
<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>Information about the national Health and Disability Advocacy service 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 in three languages. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy (support) services. Staff receive education and training on the role of advocacy services.</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 confirmed that visiting can occur at any time. Key people involved in the resident's life have been documented in the resident files. Residents verified that they have been supported and encouraged to remain involved in the community.</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 procedure is provided to residents and relatives at entry to the service. A record of complaints received is maintained by the care home manager (CHM) using a complaints' register. There was no documented record of any complaints logged in 2017. The complaints register review included one recent complaint. The complaint was managed in a timely manner including acknowledgement, investigation, timelines, a corrective action and resolution. The newly appointed CHM was familiar with the requirements of right 10 of the code.</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms, and a suggestion box are placed at reception.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>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 registered nurses discuss aspects of the Code with residents and their family on admission.</p> <p>Discussions relating to the Code are held during the resident/family meetings. All five residents and four relatives interviewed, reported that the residents' rights are being upheld by the service.</p>

		Interviews with residents and family also confirmed their understanding of the Code and its application to aged residential care and residential disability 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.
<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	<p>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 Māori residents on the day of audit.</p> <p>Māori consultation is available through the documented iwi links. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic. All caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents.</p>
<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.
<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. 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

		<p>infringement with the person concerned.</p> <p>Caregivers are trained to provide a supportive relationship based on sense of trust, security and self-esteem. Interviews with two caregivers could describe how they build a supportive relationship with each resident.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service meets the individualised needs of residents who have been assessed as requiring rest home level care. The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. Quality and staff meetings are conducted (link 1.2.3.6).</p> <p>Residents interviewed spoke very positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the care home manager, clinical manager and the registered nurse. Caregivers complete competencies relevant to their practice (link 1.2.7.5).</p> <p>Bupa Accadia Manor is benchmarked against other Bupa services.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	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.</p> <p>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. Ten accident/incident forms reviewed identified family are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</p>
<p>Standard 1.2.1: Governance</p>	FA	<p>Bupa Accadia Manor provides rest home level care for up to 29 residents. On the day of audit</p>

<p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>		<p>there were 28 residents under the ARCC contract.</p> <p>A vision, mission statement and objectives are in place. The goals and direction of the service are well documented in the business plan. Progress toward meeting goals has been documented recently.</p> <p>The service has set 2018 quality goals around (i) ensure staff receive all compulsory education, (ii) reducing falls, and (iii) involving staff in new initiatives.</p> <p>The service is managed by a newly appointed care home manager who is a registered nurse with 12 years' experience of managing an aged care facility. She is supported by a clinical manager/registered nurse (RN) who has been employed at the facility for five years and in the clinical manager role for two years. The care home manager and clinical manager are supported by a Bupa regional manager. The new manager has identified areas for improvement and is implementing positive changes.</p> <p>The Bupa relieving care home manager and CM have maintained over eight hours annually of professional development activities related to managing an aged care service.</p>
<p>Standard 1.2.2: Service Management</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>	<p>FA</p>	<p>During the temporary absence of the care home manager, the clinical manager covers the care home managers role with the support of the regional manager and if required a roving CHM.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>PA Low</p>	<p>Bupa has a documented quality and risk management system, which has been partially implemented at Bupa Accadia. Quality and risk performance has been reported at the latest staff and quality meetings. Prior to this, staff meetings were held two to three monthly and minutes did not always evidence discussion of quality activities. Discussions with staff confirmed the recent meeting included information on aspects of quality and risk management.</p> <p>The service has policies and procedures and associated implementation systems to provide a good level of assurance that it 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. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p>

		<p>The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) residents' falls and infection rates. Quality and risk data, including trends in data and benchmarked results are not always discussed in the quality and applicable staff meetings. An annual internal audit schedule was sighted for the service with evidence of internal audits and resident surveys occurring as per the audit schedule. The resident survey in August 2018 was positive overall. There is evidence of corrective actions being communicated to staff and consistently evaluated and signed off by management when completed.</p> <p>Health and safety goals are established. Health and safety has not previously been included in staff or quality meetings. A new quality agenda includes all aspects of health and safety and hazard management. Prior to this, health and safety was evidenced to be mentioned at two to three monthly staff meetings. The health and safety representative interviewed has attended training related to the updated legislation. Risk management, hazard control and emergency policies and procedures are being implemented. Hazard identification is entered into an electronic database (Riskman) accessed by all staff. A hazard register has been reviewed recently. There are procedures to guide staff in managing clinical and non-clinical emergencies. All new staff and contractors undergo a health and safety orientation programme.</p> <p>Falls prevention strategies include individual analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls. Falls prevention equipment includes, sensor mats and use of low beds. Toileting plans, and regular monitoring are examples of strategies being implemented.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>PA Low</p>	<p>The accident/incident process includes documentation of the incident and analysis and separation of resident and staff incidents and accidents. Ten incidents (all incidents from September 2018) demonstrated appropriate documentation and clinical follow-up. Neurological observations were conducted for unwitnessed falls. Accidents and incidents are not always analysed or discussed at staff and quality meetings (link 1.2.3.6). Not all identified incidents had been documented on incidents forms.</p> <p>The management team are aware of situations that require statutory reporting. No events have required reporting. A section 31 was completed for the management change.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management</p>	<p>PA Low</p>	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Five staff files were reviewed (one clinical manager, two caregivers, one activities coordinator and one cook) and included a recruitment process (interview process, reference checking, police check), signed employment contracts, job descriptions and completed orientation</p>

<p>processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>programmes. A register of registered nursing staff and other health practitioner practising certificates is maintained.</p> <p>The orientation programme provides new staff with relevant information for safe work practice. There is an annual education and training plan which exceeds eight hours annually, however this has not been fully implemented. There is an attendance register for each training session and an individual staff member record of training. Staff are required to complete written core competencies during their induction and annually.</p> <p>The service identified a gap in the provision of staff in-service education in 2017 and 2018. Not all compulsory education has been provided as scheduled. Where sessions have been provided, attendance rates have been low. Bupa Accadia Manor now has plans to provide half day sessions covering four topics at each session. This initiative will ensure all staff receive training in all compulsory education. One RN is interRAI trained.</p> <p>Files evidenced that not all staff who have been employed for more than 12 months contained a current annual performance appraisal. The sample was extended to include three staff employed between one and two years.</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>There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. There is a care home manager Monday – Friday and a clinical manager (RN) Monday – Friday from 7:30 am to 4.00 pm. There are three caregivers on morning shift (one long and two short shifts), two caregivers on afternoon shift and two on night shift. On call cover is rotated week about between the care home manager and clinical manager.</p> <p>Separate cleaning staff are employed seven days a week and care staff manage the laundry.</p> <p>Interviews with staff, residents and family members identify 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>	<p>FA</p>	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being held securely in the nurses' stations. Informed consent to display photographs is obtained from residents/family/whānau on admission. Other residents or members of the public cannot view sensitive resident information. Entries in records are legible, dated and signed by the relevant care staff. Individual resident files demonstrate 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>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</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>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exit or discharges to and from the service. Transfer documentation and evidence of family notification and involvement was evidenced in a recent resident admission to hospital.</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>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. All staff who administer medications (RNs and caregivers) have been assessed for competency on an annual basis. Education around safe medication administration has been provided annually by the pharmacist. There is evidence of medication reconciliation on delivery of robotic roll medications against the medication chart on the paper-based or electronic medication system. All medications are stored safely. All eye drops, and ointments were dated on opening. Self-medication competencies had been completed and reviewed by the RN and GP for three rest home residents self-medicating creams.</p> <p>Medication chart prescribing meet legislative requirements. Twelve medication charts reviewed had photo identification and allergy status documented on the chart. The electronic administration sheets corresponded with the medication charts. All medications charts (electronic and paper-based) evidenced three monthly GP review.</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</p>	FA	<p>Three cooks share the seven-day week from 8.30 am to 5.30 pm. They are supported by a kitchenhand from 12 noon to 2.00 pm. Food services staff have attended food safety training. The four-weekly seasonal menu has been reviewed by the dietitian. The menu offers vegetarian and soft food options. Diabetic desserts are provided as required. There were no residents on special dietary needs on the day of audit. Dislikes are known and accommodated. Meals are</p>

<p>delivery.</p>		<p>delivered in bain marie pots by trolley to the rest home dining room bain marie, where they are served by the cook onto warmed plates. Meals for residents in serviced apartments or rooms are plated in the kitchen and kept hot with insulated lids.</p> <p>The kitchen fridge/chiller, freezer, inward goods, end-cooked and bain marie temperatures are taken and recorded daily. Perishable foods sighted in the kitchen and dining room fridge were dated. The dishwasher is checked regularly by the chemical supplier. Chemicals are stored safely. A cleaning schedule is maintained. There is a food control plan that expires September 2019.</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 for dislikes.</p>
<p>Standard 1.3.2: Declining 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>FA</p>	<p>There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The RN completes an initial assessment booklet on admission, including relevant risk assessment tools. An interRAI assessment is undertaken within 21 days of admission and six monthly, or earlier due to health changes. Resident needs and supports are identified through the ongoing assessment process in consultation with the resident/relative and significant others. InterRAI assessments and assessment notes were in place for the long-term resident files reviewed. The long-term care plans reflected the outcome of the assessments.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>The resident care plans in all files reviewed were individualised and resident-focused. All identified support needs and outcomes as assessed were included in the care plans for the resident files reviewed. Short-term care plans were in use for changes to health status and have been resolved, or if ongoing, transferred to the long-term care plan. Care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process. Relatives interviewed confirmed they were involved in the care planning process.</p>

		There was evidence of allied health care professionals involved in the care of the resident including GP, physiotherapist, podiatrist, and mental health services.
<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.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. Wound assessment and treatment forms, ongoing evaluation form and evaluation notes were in place for two residents. One chronic non-healing wound was documented on the care plan. There was one pressure injury (facility acquired) on the day of audit. Documentation reviewed was fully completed. The wound nurse is available for complex wounds. Pressure injury prevention and management training was last completed September 2017.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.</p> <p>Short-term care plans document appropriate interventions to manage short-term changes in health.</p> <p>Monitoring occurs for weight, vital signs, blood sugar levels, lowa pain monitoring, challenging behaviour charts, repositioning charts, food and fluid, neurological observations and visual checks.</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>	FA	<p>The activity coordinator has been in the role four weeks and has had 15 years as an activity coordinator previously in another Bupa facility. She is on duty from 9.00 am – 4.00 pm Monday to Thursday and 9.00 am to 3.30 pm on Fridays. The caregivers coordinate set activities in the weekends. There are plenty of resources available.</p> <p>Individual and group activities for residents meet their cognitive, physical and intellectual abilities. Activities include (but are not limited to) news and views, sit and be fit exercises, floor bowls, board games, poetry, cards, crafts, reminiscing, happy hours and library activities. One-on-one time is allocated for those residents who choose not to participate in group activities. Entertainment is provided weekly and there are regular van outings to places of interest, scenic drives, movies and shopping. There are inter-home visits for games and competitions. The SPCA visits for pet therapy. Communion and fellowship are held monthly, and the service supports residents to have their own pastoral visitors.</p>

		A resident activity assessment and Map of Life is completed on admission. Socialising and activities are included in the My Day, My Way care plan. The activity coordinator is involved in the six-monthly review. The service receives feedback and suggestions for the programme through surveys and resident meetings. Residents and relatives interviewed commented positively on the activity programme and outings.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	All initial care plans reviewed were evaluated by the RN within three weeks of admission. The long-term care plans had been reviewed by the RN at least six monthly or earlier for any health changes with caregivers, family and GP input. Family are invited to attend the multidisciplinary (MDT) review and informed of any changes if unable to attend. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes and are evident in changes made to care plans.
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 sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service.
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	Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Material safety datasheets are readily accessible for staff. Chemicals were correctly labelled and stored safely. Personal protective clothing is available for staff and seen to be worn by staff when carrying out their duties on the day of audit. Staff have completed chemical safety training provided by the chemical supplier.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit	FA	The building has a current building warrant of fitness that expires 14 December 2018. The building is two levels with the care home on the ground floor and 19 serviced apartments (not certified for rest home level of care) on the second level with stair and lift access. The care home manager is currently overseeing the maintenance service due to a vacancy. A

<p>for their purpose.</p>		<p>part-time maintenance person has been appointed to commence in one week. Requests for maintenance and repairs are logged into a maintenance book which are addressed by the care home manager. Essential contractors are available 24 hours. There is a 52-week planned maintenance programme that includes the checking of resident equipment and indoor temperature monitoring. Resident room hot water temperatures are completed monthly as part of the 52-week maintenance plan. Electrical testing and tagging is completed two yearly with resident related equipment calibrated annually. Resident rooms have been refurbished as they become vacant. The external parking area has been re-marked and provides accessible parking spaces for the ambulance and disabled persons.</p> <p>The facility has wide corridors with rails and sufficient space for residents to safely mobilise using mobility aids. There is safe access to the outdoor areas with seating and shade.</p> <p>The caregivers and clinical manager interviewed, stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plans including pressure injury prevention resources and a hoist for use in case of falls.</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 resident rooms have ensuites. Fittings and fixtures are of materials that meet infection control and health and safety standards. Residents interviewed confirmed care staff respect the resident's privacy when attending to their personal cares.</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 and spacious. There is adequate room to safely manoeuvre using mobility aids. Residents and families are encouraged to personalise their rooms. A tour of the facility evidenced personalised rooms including the residents own furnishing and adornments.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p>	<p>FA</p>	<p>Communal areas include a library lounge and a second lounge off the rest home dining room. The serviced apartment dining room within the care home is used for entertainment and bigger group activities. There are seating alcoves throughout the facility. Seating and space in the lounges are</p>

Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.		arranged to allow both individual and group activities to occur. All communal areas are accessible to residents. Care staff assist or transfer residents to communal areas for dining and activities as required. A hair salon is located in the care home.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. Caregivers complete laundry duties over the three shifts. The laundry has a defined clean/dirty area. There is a sluice tub in the laundry with personal protective wear available. The chemical provider monitors chemical use and the effectiveness of the laundry procedures and processes. There is a dedicated cleaner, seven days a week. The cleaning trolley is kept in a locked area when not in use. A cleaning schedule is maintained. Chemicals are dispensed through a pre-mixed system. All staff working in the laundry and cleaning service have completed chemical safety.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	Appropriate training, information, and equipment for responding to emergencies is provided. Staff receive orientation and training in fire safety and civil defence emergencies. There is an approved evacuation scheme and staff attend six monthly fire drills. Civil defence supplies are readily accessible in a storage shed. There is adequate food held in the kitchen for at least three days and 800 litres of water held on-site. A barbeque is available for alternative cooking. The call bell system is available in all toilet/shower areas, communal spaces and resident bedrooms. There is emergency lighting. There is at least one person on duty 24 hours with a current first aid certificate. The building is secure after hours.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. There is underfloor heating throughout the facility. The residents and family interviewed confirmed the temperature of the facility is comfortable.
Standard 3.1: Infection control management There is a managed environment, which minimises the risk of infection to	FA	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 officer (ICO) advised that staff are informed about infection control practises and reporting at orientation and ongoing on a one-to-one basis. The infection control officer is the clinical manager and she is responsible for infection

<p>consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>control across the facility. The ICO and the Bupa governing body in conjunction with Bug Control, is responsible for the development of the infection control programme and its review. The infection control programme is established at Bupa Accadia Manor. The ICO advises she can access external input as required from general practitioners, Bupa quality & risk team and the local DHB. There have been no outbreaks since the previous audit.</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>There are adequate resources to implement the infection control programme at Bupa Accadia Manor. The ICO advises infection control is discussed at quality and staff meetings, however this is not evidenced in meeting minutes (link 1.2.3.6). External resources and support are available through the Bupa quality and risk team when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available. The infection control officer has completed external training and is booked to attend an update through Bug Control.</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 comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control officer is responsible for coordinating/providing education and training to staff. Orientation package includes specific training around hand hygiene and standard precautions. Infection control training includes (but is not limited to) handwashing, outbreak management, and infection prevention & control and standard precautions, however this has not always been provided as scheduled (link 1.2.7.5). The infection control officer advised that staff are updated on infection control practises at handover through toolbox talks and one-to-one.</p>

<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.</p> <p>Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the general practitioners, and the Infection Control Practitioner at the DHB is available to provide advice and feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>Effective monitoring is the responsibility of the infection control officer. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data is available to all staff. Meeting minutes do not always include discussion around trends and analysis and corrective actions are not established where trends are identified (link 1.2.3.6).</p> <p>Infections statistics are included for benchmarking.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is a documented definition of restraint and enablers in policies which are congruent with the definition in NZS 8134.0. The service is restraint free. The restraint coordinator is the clinical manager. There were no residents using enablers on the day of audit. Staff complete training around the use of enablers, restraints and managing residents who may exhibit challenging behaviours (link 1.2.7.5). Care staff interviewed are familiar with enablers.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	PA Low	The clinical nurse manager is responsible for collecting adverse event data and implementation of the internal audit programme, as per the internal audit schedule. Quality improvement data is collected around falls, skin tears, infections, and other adverse events, but there is little evidence to support that this data is being trended and analysed. Staff are informed regarding the number and type of adverse events each month but are not informed around trends in data or what the data is reflecting. Staff and management reported that internal audits are discussed, however meeting minutes do not reflect this. Resident meetings are held. Advised that due to the facility being smaller, open discussion occurs daily which means some issues are addressed with management as they arise.	(i)Quality data is not being trended and analysed. (ii) meeting minutes do not reflect that staff are kept informed regarding adverse events trends and outcomes. (iii) Health and safety, infection control and staff meetings have not always occurred as scheduled.	(i)Ensure that the quality data collected is trended and analysed, (ii) ensure information is shared with staff, and (iii) ensure meetings occur as

				scheduled. 90 days
<p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	PA Low	Each documented event involving a resident, reflected a clinical assessment and follow-up by a registered nurse, however not all adverse events were documented on an incident form and reviewed.	An incident form had not been completed when a resident absconded.	<p>Ensure all adverse events are documented and reviewed for opportunities to identify and manage associated risks.</p> <p>90 days</p>
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	PA Low	There is an annual education and training schedule which covers all training requirements. This has not been fully implemented at Bupa Accadia.	<p>(i) Staff attendance at ten mandatory in-services in 2017-2018 was less than 50%. The care home manager and clinical nurse manager are aware of this shortfall and they are implementing strategies to address it.</p> <p>(ii) In-service education has not been held as scheduled in the annual planners. Education has not been provided as scheduled for infection control, falls prevention, incident</p>	<p>(i) Ensure staff attend all required education.</p> <p>(ii) Ensure all education is provided according to the annual planning schedule.</p> <p>(iii) Ensure staff appraisals are completed</p>

			<p>accident reporting, challenging behaviour, pain management, cultural awareness, abuse and neglect, nutrition and hydration and communication.</p> <p>(iii) Six of eight staff files reviewed did not evidence annual appraisals had occurred as per policy.</p>	<p>annually</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.