

Bupa Care Services NZ Limited - Parkstone Care Home

Introduction

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

The audit has been conducted by 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:	Parkstone Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 14 February 2019 End date: 15 February 2019
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	96

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
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

Parkstone Care Home is a Bupa residential care facility. The facility is a purpose-built building that has a total of 102 beds. The service is certified for hospital (geriatric and medical), rest home and residential disability - physical level care. Occupancy on the day of audit was 96 residents.

This unannounced surveillance audit was conducted against a subset of the 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 general practitioner.

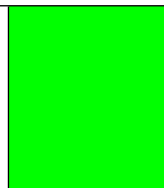
The service is managed by a care home manager who has been in the role since October 2018 after previously being in the clinical manager role for two years. The care home manager is supported by a clinical manager (RN) who oversees clinical care. Staff spoke positively about the support/direction and management of the current management team.

There is an established quality and risk management system. Residents, families and the general practitioner interviewed commented positively on the standard of care and services provided.

The service has addressed the one previous finding around interventions. This surveillance audit identified one further improvement required about updating the care plan evaluations where needed.

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.

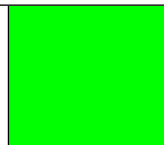


Standards applicable to this service fully attained.

The service has a culture of open disclosure. Families are regularly updated of residents' condition including any acute changes or incidents. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified ongoing involvement with the community.

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.

There is a documented quality and risk management system in place. Quality data is collated for accident/incidents, infection control, internal audits, concerns and complaints and surveys. Incidents are appropriately managed. There are annual quality goals for the service that are regularly reviewed. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation and training programme that provides staff with relevant information for safe work practices. There is a staffing policy documented.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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Resident files reviewed provide evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six-monthly. Residents are reviewed at least three monthly by the general practitioners. There is evidence of other allied health and specialist input into resident care. Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines completes education and medicines competencies. The medicines records reviewed included documentation of allergies and sensitivities and are reviewed at least three-monthly by the general practitioners. An integrated activities programme is implemented for all residents. There is also a specific programme for the younger people. The programme includes community visitors and outings, entertainment and activities that meets the recreational preferences and abilities of the residents. All food and baking is done on-site. All residents' nutritional needs are identified and documented. Choices are available and are provided. The organisational dietitian reviews the Bupa menu plans.

Safe and appropriate environment

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The building holds a current warrant of fitness. The facility is purpose built and spacious and includes five communities. Resident rooms are single, spacious and personalised. Communal areas within each area/community are easily accessed with appropriate seating and furniture to accommodate the needs of the residents. External areas are safe and well maintained. The facility temperature is comfortable and constant. Electrical equipment has been tested and tagged. All medical equipment and hoists have been serviced and calibrated. Hot water temperatures are monitored.

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 service has policies and procedures to ensure that restraint is a last resort and safely used when required, and that enabler use is voluntary. There were three residents with restraints and nine residents using enablers at the time of the audit. Assessment, consent forms and care plan interventions/risks were documented in the resident file reviewed for two residents with restraints and two residents using enablers. Training around restraint and enabler use has been provided.

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.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator 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. Staff receive ongoing training in infection control.

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	16	0	1	0	0	0
Criteria	0	42	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy describes the management of the complaints process. There are complaint forms available in the foyer. Information about complaints is provided on admission. Interviews with residents and families demonstrated their understanding of the complaints process and that issues are addressed promptly and that they feel comfortable to bring up any concerns. Staff interviewed were able to describe the process around reporting complaints. A complaints register is being maintained. Nine complaints were made since the last audit, eight complaints received in 2018 and one made in 2019 year to date. Complaints held in the register included evidence of an investigation, corrective actions (where indicated) and resolutions.</p> <p>One of the complaints received in June 2018 was made through the Health & Disability Commissioner (HDC). The Bupa quality assurance team responded to the HDC letter in July 2018 and are waiting for a response letter from HDC.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with</p>	FA	<p>There is a policy to guide staff on the process around open disclosure. Residents/relatives have the opportunity to feedback on service delivery through annual surveys and open-door communication with management. Ten residents interviewed, six hospital including two younger persons with disabilities (YPD) residents and four rest home including one YPD resident and two-family members (one hospital and one rest home), confirmed that the staff and management are approachable and available. Bi-monthly resident meetings encourage open discussion around the services provided. Twelve accident/incident forms reviewed evidenced relatives are informed of any</p>

<p>consumers and provide an environment conducive to effective communication.</p>		<p>incidents. Relatives interviewed stated they are notified promptly of any incidents/accidents and changes to their family members health status. There is access to an interpreter service as required. Parkstone has a number of younger people including 15 residents on YPD contracts. These residents' communication methods are available through social media and networks.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Parkstone Care Home is a Bupa residential care facility. The facility is a purpose-built building that has a total of 102 beds. The service is certified for hospital (geriatric and medical), rest home and residential disability - physical level care. At the time of the audit there were 96 residents.</p> <p>The facility is across two levels and divided into five separate self-contained communities. All resident rooms within the facility are dual-purpose. On the downstairs floor there are two communities, Peer community and Brodie community. In the Peer community there are a total of 19 residents across 21 beds. There are five rest home residents, including one resident on respite care and one resident on a younger person with disabilities (YPD) contract. There are 14 hospital residents, including two under 65 residents on severe medical illness (SMI) contracts and eight residents on YPD contracts. In the Brodie community there are a total of 25 residents across 28 beds (two double rooms). There are 11 rest home residents and 14 hospital residents including three YPD residents.</p> <p>On the upstairs floor, there are three self-contained communities. In the Yaldhurst community there are a total of 25 residents across 25 beds (one double room). This includes eight rest home residents and 17 hospital residents, including three residents on YPD contracts and one resident on respite care. In the Athol community there are a total of 20 residents across 21 beds. This includes eight rest home residents and 12 hospital residents, including one resident on a long-term support chronic health condition (LTS-CHC) contract. In the Ilam community there are a total of seven residents across seven premium rooms, including two rest home and five hospital residents who are all on ARRC agreements.</p> <p>Parkstone is part of the Southern Bupa region and the managers from this region meet quarterly to review and discuss the organisational goals and their progress towards these. The care home manager provides a weekly report to the Bupa operations manager. The operations manager teleconferences weekly and completes a report to the director of care homes and rehabilitation. A quarterly report is prepared by the care home manager and sent to the Bupa continuous service improvements (CSI) team on the progress and actions that have been taken to achieve the Parkstone quality goals.</p> <p>The care home manager has been in the role since October 2018 after previously being in the clinical manager role for two years. She has worked at Bupa for over 13 years and is supported by a clinical manager and two unit coordinators (RNs). The clinical manager has been in the position since August 2018 and has worked at Bupa for over six years. Staff spoke positively about the support/direction and management of the current management team.</p>

		The care home manager and clinical manager attend annual organisational forums and regional forums six-monthly.
<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>Bupa has an established quality and risk management programme. Quality and risk performance is reported across facility meetings and to the Bupa regional manager. The quality programme includes an annual internal audit schedule. Audit summaries and action plans are completed where a noncompliance is identified. Action plans have been implemented and closed out. Meeting minutes documented that results of audits are communicated to staff. The service collects information on resident incidents and accidents as well as staff incidents/accidents. Incident and accident data results are documented as discussed in staff meetings, quality and RN meetings. Meeting minutes are maintained, and staff are expected to read the minutes and sign off when read. Resident/relative meetings are held bi-monthly.</p> <p>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. Policies are regularly reviewed and new policies or changes to policy are communicated to staff. An annual satisfaction survey was completed in August 2018 and results demonstrated an 88% overall satisfaction outcome for the relative survey and an 83% overall satisfaction outcome for the resident survey. Corrective actions were established in areas identified around personal cares, food services and activities. Surveys include young people with disabilities around issues relevant to this group.</p> <p>One health and safety officer (maintenance person) was interviewed about the health and safety programme. The health and safety programme includes specific and measurable health and safety goals that are regularly reviewed. The health and safety committee team meet bi-monthly. Staff undergo annual health and safety training which begins during their orientation. An up-to-date hazard register is in place and was last reviewed on 28 January 2019. Falls prevention strategies include the 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 chair alarms. Staff are kept informed of residents at risk of falling.</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</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 automatically escalated to the Bupa CSI team immediately and the operations manager. Actions are then followed-up and managed. Twelve accident/incident forms were reviewed for January 2019. Each event involving a resident reflected a clinical assessment and follow-up by a RN. Neurological observation forms were documented and completed for six unwitnessed falls with a potential head injury.</p> <p>The managers are aware of their requirement to notify relevant authorities in relation to essential notifications.</p>

<p>to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>There have been two section 31 notifications made since the last audit relating to stage three pressure injuries in March and August 2018.</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 to support recruitment practices. The register of RNs practising certificates and allied health professionals is current. Six staff files were reviewed (one clinical manager, two-unit coordinators and three caregivers). All files contained relevant employment documentation including current performance appraisals and completed orientations. All required staff have been employed and appropriate employment practices followed. The service has an orientation programme in place that provides new staff with relevant information for safe work practice in the provision of elderly care. Staff interviewed believed new staff are adequately orientated to the service on employment.</p> <p>There is an annual education and training schedule being implemented which exceeds eight hours annually for each staff member. Opportunistic education is provided via toolbox talks. Competencies are completed annually, and a record of completion is maintained (signed competency questionnaires sighted in reviewed files). Eleven of the twenty RNs (including the clinical manager and one unit coordinator) have completed interRAI training. Sixty percent of the total staff have attained at least one Bupa Personal Best certificate. A total of 78% of caregivers have attained a national certificate qualification. Staff attended a training day through Bupa in October 2018 which included training around working with younger people. A toolbox talk was provided to care staff following this training.</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>An organisational staffing policy aligns with contractual requirements and includes skill mixes. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support. The roster is flexible to allow for the increase in resident numbers. The care home manager and clinical manager work full time and are on-call after-hours. They are supported by two-unit coordinators that cover the two floors. Adequate RN cover is provided 24 hours a day, seven days a week. Sufficient numbers of caregivers support the RNs. Interviews with residents and family members identified that staffing is adequate to meet the needs of residents.</p> <p>The facility is across two levels and divided into five separate self-contained communities. On the ground floor there are 44 residents (16 rest home and 28 hospital) in total, where there are two communities; Peer (19 residents, five rest home and 14 hospital) and Brodie (25 residents, 11 rest home and 14 hospital). There is a unit coordinator (RN) and two RNs on duty in the morning and afternoon shifts and one RN on the night shift. The RNs are supported by six caregivers on duty in the morning shift, five caregivers on the afternoon shift and two caregivers on the night shift.</p>

		<p>On the first floor there are 52 residents (18 rest home and 34 hospital) in total, where there are three communities; Yaldhurst (eight rest home and 17 hospital), Ilam (eight rest home and 12 hospital) and Athol (two rest home and five hospital). There is a unit coordinator (RN) and two RNs on duty in the morning and afternoon shifts and one RN on the night shift. The RNs are supported by seven caregivers on duty in the morning shift, six caregivers on the afternoon shift and two caregivers on the night shift.</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 all aspects of medication management, including self-administration. The RN checks all medications on delivery against the medication and any pharmacy errors recorded and fed back to the supplying pharmacy. The service uses an electronic medication management system and four weekly robotic packs. The unit coordinators print drug charts on a weekly basis in case of power outage. Registered nurses, enrolled nurse and medication competent caregivers are responsible for administering of medications, and have completed annual medication competencies and annual medication education. RNs working with residents requiring peritoneal dialysis have all completed competencies with the DHB. Other competencies completed by RNs include insulin administration PEG feeding and syringe driver.</p> <p>The standing orders have been approved by the GPs annually. There is one self-medicating resident in Brodie unit and all competencies and documentation were up-to-date and reviewed on a three-monthly basis. The medications are stored securely in the resident's room. The medication fridges in each of the four medication rooms had temperatures recorded daily and these are within acceptable ranges. Twelve medication charts were reviewed across four units. Photo identification and allergy status was documented. All electronic medication charts had been reviewed by the GP at least three-monthly. Three resident charts reviewed of residents on PRN controlled drugs aligned with CD register and included reason for administration, effectiveness is documented in the progress notes.</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>	FA	<p>The kitchen is designed in two parts, one for cooking and one for clearing up. There is a kitchen manager and a total of five kitchen assistants and cooks. All cooks have completed food safety and three newer kitchen staff are enrolled in the unit standard. There is a food control plan in place expiring on 22 September 2019. The kitchen manager/head chef is re-introducing a Bupa quality initiative called memorable dining, to enhance the service and dining experience for residents. The kitchen manager attends the Monday MDT meetings with RNs to catch up on changes to resident needs, and visits the dining areas at meal times to talk with the residents around meals. Special events are celebrated, and recently there was a celebration around the Chinese New Year, and the kitchen provided a variety of Chinese food for the occasion.</p> <p>The kitchen manager strives to be a leader and role model within the Bupa corporation. The service won the trophy for Excellence in food services in 2018. Each wing has an open kitchenette off the dining areas. Each kitchenette includes a servery area, fridge and dishwasher. Bain maries transport the food from the main kitchen to each</p>

		<p>kitchenette. Special equipment such as 'lipped plates' and built-up spoons are available as needs required. The national summer and winter menus have been approved by an external dietitian. All baking and meals are cooked on-site in the main kitchen. The kitchen manager receives dietary information for new residents and is notified of any dietary changes, weight loss or other dietary requirements.</p> <p>Food allergies and dislikes are listed in the kitchen. Special diets such as diabetic desserts, vegetarian, pureed and alternative choices for dislikes are accommodated. Consideration has been given to the varying nationalities of the residents, aspects of the menu can be altered to accommodate cultural preferences. End cooked food temperatures are recorded on each meal daily. Serving temperatures from bain maries are monitored. Temperatures are recorded on all chilled and frozen food deliveries. Fridges (including facility fridges) and freezer temperatures are monitored and recorded daily. All foods are dated in the fridges and freezers. Dry goods are stored in dated sealed containers. Chemicals are stored safely. Cleaning schedules are maintained.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans reviewed demonstrated service integration and input from allied health and specialists. Care plans reviewed demonstrated service integration and input from allied health. All resident care plans sampled were resident centred; however not all interventions were reflective of current evaluations (link 1.3.8.3). Each resident had a specific needs care plan in place following a change in health status. Other specific care plans were implemented for specific health needs, including (but not limited to) dementia, medical needs, diabetes, and chronic wounds. There are interventions in place for non-English speaking residents such as picture charts, families have asked their relative around aspects of care planning and communication, and written strategies are in the file, and families are available via phone to interpret as required. Short-term care plans were in use for changes in health status and were evaluated on a regular basis and were signed off as resolved or transferred to the LTCP. All transfer plans have been updated. One respite file reviewed included a completed initial assessment booklet and an updated care summary to reflect current needs. The previous findings have been addressed. Residents and family members interviewed confirmed they are involved in the development and review of care plans.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>When a resident's condition changes the RN initiates a GP visit or specialist referral. Residents interviewed reported their needs were being met. Family members interviewed stated the care and support met their expectations for their relative. There was documented evidence of relative contact for any changes to resident health status. Registered nurses were regularly involved in resident daily care and ongoing assessments as identified in the progress notes. A sample of wounds (skin tears, chronic ulcers and lesions) requiring wound care were reviewed across the facility. There are wound care folders in all areas. All wounds have an individual assessment, plan and evaluation which reflects progression or deterioration of the wound. There are currently nine pressure injuries being managed, five of these are long standing and have had involvement from wound care specialists through the Nurse Maude service, who have also had input into the management of the chronic ulcers in</p>

		<p>the facility.</p> <p>Section 31 notifications have been completed for two stage three pressure injuries sustained prior to admission to the service. Incident reports are completed for all pressure injuries. The GP reviews the wounds as requested by the RNs and at the three-month reviews. An adequate supply and selection of dressings are available in all treatment rooms, to provide optimal wound care for all wounds. Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed stated there is adequate continence and wound care supplies. Monitoring charts were well utilised at Parkstone and examples sighted included (but not limited to), weight and vital signs, blood glucose, pain, food and fluid, turning charts and behaviour monitoring as required.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service employs three activity assistants, all of whom are currently working towards gaining a Careerforce qualification in diversional therapy. Activities are provided across seven days from 9.00 am to 4.30 pm. There is a programme per floor with extra one-on-one activities provided. Bupa has set activities on the programme calendar with the flexibility to add site-specific activities, entertainers and outings. Activities meet the abilities of resident groups including a programme for younger people. One-on-one time is spent with residents who are unable to or choose not to join in the group activities. Residents are encouraged to maintain links with the community with visits to clubs and other community groups. There are regular entertainers to the home and residents go on regular outings and drives. The service had a wheelchair hoist van.</p> <p>The van driver and activity staff have current first aid certificates. There is a craft group. Residents and family interviewed stated the activity programme was varied and there were lots to choose from. The Chinese New Year was recently celebrated, each community was decorated with lanterns and decorations. Members of the Chinese community visited the facility and performed different kinds of music, and regional dances from provinces. The residents made a dragon costume, and staff participated in the dragon dance wearing the costume. The kitchen supplied a varied selection of Chinese food for the celebration. The family/resident completes a Map of Life on admission, which includes previous hobbies, community links, family, and interests. The individual activity plan is incorporated into the 'my day my way' care plan, and is reviewed at the same time as the care plan.</p> <p>The activities team identified that the service has worked hard as a team to understand the needs of a younger community in care and the activity programme has been developed in partnership with this community, and which continues to evolve according to residents needs and preferences. One of the activities assistants continues to hold the portfolio for the under 65 community, and has recently attended a conference. Additional resident's meetings are held for this community, as well as six monthly meetings/education sessions with the Health and Disability Advocate. Interviews with younger residents confirmed that they are supported to maintain interests in the community and meet specific activity goals.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>PA Low</p>	<p>Written evaluations reviewed described the resident's progress against the residents identified goals. However, interventions have not always updated as a result of the evaluation. InterRAI assessments have been completed in conjunction with the six-monthly reviews. Short-term care plans for short-term needs were evaluated and either resolved or added to the LTCP as an ongoing problem. The multidisciplinary review (MDR) involves the RN, GP, physiotherapist, activities staff and resident/family. The family are notified of the outcome of the review if unable to attend. Specific goals are reviewed at this meeting with residents on YPD contracts. Residents interviewed confirmed involvement in the MDR meetings. There is at least a three-monthly review by the medical practitioner. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building warrant of fitness expires on 1 October 2019. The facility is across two levels and divided into five separate self-contained communities. A reactive and preventative maintenance programme is being implemented. The hot water temperatures are monitored weekly and maintained between 43-45 degrees Celsius. There are contractors for essential service available 24/7. The corridors are wide with handrails and promote safe mobility with the use of mobility aids and transferring equipment.</p> <p>Residents were observed moving freely around the areas with mobility aids where required. The external areas are all landscaped. There is outdoor furniture and shaded areas. There is wheelchair access to all areas. There are two sliding doors off the two lounge/dining areas on the ground floor. The doors open into enclosed landscaped paved courtyards. Two wings on the first-floor open onto shaded balcony areas.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator (RN) uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Infection control is discussed as part of the staff/quality management meeting. Infection control data is displayed for staff. The infection control programme is linked with the quality management programme.</p> <p>Corrective actions are established where trends are identified. There is close liaison with the general practitioners that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility. Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections.</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>The service has policies and procedures to ensure that restraint is a last resort and safely used when required, and that enabler use is voluntary. There were three residents with restraints (bedrails) and nine residents using enablers (bedrails) at the time of the audit. Assessment, consent forms and care plan interventions/risks were documented in the resident file reviewed for two residents with restraints and two residents using enablers. Training around restraint and enabler use has been provided in September 2018.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.8.3</p> <p>Where progress is different from expected, the service responds by initiating changes to the service delivery plan.</p>	PA Low	Care plans reviewed demonstrated service integration and input from allied health. All resident care plans sampled had been evaluated six monthly; however not all interventions had been updated to reflect changes identified in current evaluations.	Two of four hospital level care plan interventions are not reflective of the progress notes or current evaluations. Interviews with caregivers and RNs supported knowledge around current care and support required for these three residents and therefore the risk has been identified as low	<p>Ensure care plans are updated to include interventions to support all current evaluations</p> <p>90 days</p>

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.