

# Bupa Care Services NZ Limited - Te Puke Country Lodge

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## 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:** Te Puke Country Lodge

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

**Dates of audit:** Start date: 26 June 2019 End date: 26 June 2019

**Proposed changes to current services (if any):** The service has reduced bed numbers from 81 beds to 72 beds.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 61

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Bupa Te Puke Country Lodge is part of the Bupa group. The service is certified to provide rest home and hospital level care for up to 81 residents. Occupancy on the day of audit was 61 residents. Since the previous audit the service has reduced total bed numbers from 81 beds to 72 beds. The nine beds decommissioned were rest home only beds

This 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 and staff.

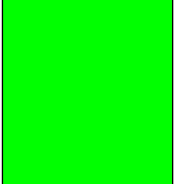
The care home manager is a social worker who has been in this role since April 2015. The manager is supported by an assistant manager, a clinical manager and a unit coordinator/RN and a Bupa regional manager.

There are well-developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who use the service, including residents that require hospital/medical, and rest home level care. Implementation is supported through the Bupa quality and risk management programme that is individualised to Te Puke. Quality initiatives are implemented which provide evidence of improved services for residents.

A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support, is in place.


This audit identified one shortfall around care plan interventions.

## 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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Communication is open and families are kept informed. Complaints and concerns have been managed and a complaints register is maintained.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The care home manager is supported by an administration manager, clinical manager, registered nurses, caregivers and support staff. The quality and risk management programmes are embedded into practice. Quality activities generate improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes and results. Resident and family meetings are held, and satisfaction is monitored via annual satisfaction surveys. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated. An education and training programme is implemented with a current plan in place. Appropriate employment processes are adhered to. There is a roster that provides sufficient and appropriate staff cover for the effective delivery of care and support.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. The care plans are resident and goal orientated and reviewed every six months or earlier if required, with input from the resident/family as appropriate. Files sampled identified that the integration of allied health and a team approach is evident in the overall resident file. There is a three-monthly general practitioner review. The activities team implements the activity programme to meet the individual needs, preferences and abilities of the residents. Community links are maintained. There are regular entertainers, outings and celebrations. Medications are managed appropriately in-line with accepted guidelines. Registered nurses and senior caregivers who administer medications have an annual competency assessment and receive annual education. Medication charts are reviewed three-monthly by the general practitioner. Residents' food preferences and dietary requirements are identified on admission and all meals are cooked on site. This includes consideration of any particular dietary preferences or needs.

## 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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The building holds a current warrant of fitness. Resident rooms are spacious with ensuites and are personalised. External areas are safe and well maintained. The facility has a van available for transportation of residents. There are spacious lounges in the rest home and hospital areas and a large recreation room. Fixtures fittings and flooring is appropriate and toilet/shower facilities

are constructed for ease of cleaning. Appropriate training, information and equipment for responding to emergencies is provided. There is an approved evacuation scheme and emergency supplies for at least three days. A staff member trained in CPR and first aid is on duty at all times. The facility has ceiling heating in the communal areas and electric panel heaters in the bedrooms.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit there were three residents using restraint and no residents with an enabler. Restraint management processes are adhered to.

## 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 (registered nurse) is responsible for coordinating/providing education and training for staff. The Bupa quality and risk team supports the infection control coordinator. 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 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. 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)
<b>Standards</b>	0	15	0	1	0	0	0
<b>Criteria</b>	0	40	0	1	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints policy describes the management of the complaints process. Complaints forms are available at reception. Information about complaints is provided on admission. Interviews with residents and families demonstrated their understanding of the complaints process. All staff interviewed were able to describe the process around reporting complaints.</p> <p>There is a complaints' register. One complaint has been lodged in 2019 (year-to-date). This complaint included an investigation, timelines determined by HDC were met, and corrective actions were implemented. This complaint is documented as resolved.</p> <p>One complaint lodged with the Health and Disability Commissioner (HDC) on 9 August 2017 (since the last audit) remains open. This complaint is being managed by the Bupa clinical services improvement (CSI) team. Required documentation is held electronically on Riskman and was reviewed during the audit. Corrective actions have been documented and implemented, which include staff training around communication with families. No further documentation has been requested and the facility is awaiting direction from HDC.</p> <p>Complaints are linked to the quality and risk management system. Discussions with residents and relatives confirmed that any issues are addressed and that they feel comfortable to bring up any concerns.</p>



<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Six residents (four hospital level and two rest home level including one young person with a disability [YPD]) and four relatives (hospital level) interviewed, confirmed that the residents were welcomed on entry. Residents and relatives were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs.</p> <p>A record of family communication is held in the front of each resident's file. Ten incidents/accidents forms selected for review indicated that family were informed following an adverse event. Relatives interviewed confirmed they are notified of any changes in their family member's health status.</p> <p>Interpreter services are available if needed. Staff and family are utilised in the first instance.</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>Te Puke Country Lodge is part of the Bupa group of aged care facilities. The care facility has a total of 72 beds suitable for rest home (38 beds) and hospital (34 beds) levels of care. Five hospital level beds are designated as dual-purpose. Nine beds that were previously certified, located on the lower level, are no longer to be included and have been decommissioned due to accessibility. The care home manager stated that plans are currently in place to transition these rooms to serviced apartments. Hospital level of care is certified for medical.</p> <p>During the audit there were 61 residents (37 rest home and 24 hospital). One hospital level resident was receiving respite care and one rest home resident was on a young person with a disability (YPD) contract.</p> <p>Bupa's overall vision and values are displayed in a visible location. All staff are made aware of this vision and values during their induction to the service. There is a 2019 Bupa business plan that is being implemented. Two quality (facility-specific) and one health and safety (organisation-wide) goals are documented and reviewed on a monthly basis. Progress towards goal attainment is discussed in staff meetings. Goals are updated each year.</p> <p>The care home manager previously was a social worker in mental health services and has been in her role for four years. She is supported by a clinical manager who qualified as a registered nurse in the UK in 1988, immigrated to New Zealand in 2010 and has held clinical manager roles at two other locations before coming to work at Bupa Te Puke in May 2018. An assistant manager and a Bupa regional manager support the care home manager and clinical manager. Only the care home manager was available on the day of the audit.</p> <p>The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to their respective roles.</p>

<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>A quality and risk management programme is being implemented by the service. Interviews with the care home manager and ten staff (three caregivers, two registered nurses (RNs), one cook, one housekeeper, one maintenance, and two activities staff) confirmed their understanding of the quality and risk management systems.</p> <p>Policies and procedures and associated systems being implemented provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed at the head office. New policies or changes to policy are communicated to staff, evidenced in meeting minutes.</p> <p>Data collected (eg, falls, medication errors, wounds, skin tears, pressure injuries, complaints, challenging behaviours) are collated and analysed with results consistently communicated to staff. Corrective actions are implemented where data exceeds expected results.</p> <p>An internal audit programme is in place. In addition to scheduled monthly internal audits, an annual facility health check was last completed in May 2019. Areas of non-compliance included the initiation of a corrective action plan with sign-off by the care home manager when corrective actions were implemented.</p> <p>The health and safety programme includes one organisation-wide health and safety goal that is regularly reviewed. The care home manager is the health and safety officer. The health and safety team meet once a month. Staff undergo annual health and safety training which begins during their orientation. Contractors are required to be inducted into the facility and sign a health and safety information sheet when this has been completed.</p> <p>Strategies are implemented to reduce the number of falls. This includes but is not limited to ensuring call bells are placed within reach, the use of sensor mats, encouraging participation in activities, physiotherapy input and intentional rounding. Residents at risk of falling have a falls risk assessment completed with strategies implemented to reduce the number of falls. Caregivers interviewed confirmed that they are aware of which residents are at risk of falling and that this is discussed during staff handovers.</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</p>	<p>FA</p>	<p>There is an accident and incident reporting policy that is being implemented. Adverse events are investigated by the clinical manager and/or registered nursing staff, evidenced in all ten accident/incident forms reviewed (one pressure injury, seven falls, and two skin tears) and are held in the electronic database (Riskman). Adverse events are trended and analysed with results communicated to staff. There is evidence to support actions are undertaken to minimise the number of incidents. Clinical follow-up of residents is conducted by a registered nurse. Unwitnessed falls include neurological observations.</p> <p>Discussion with the care home manager confirmed her awareness of the requirement to notify relevant</p>

<p>where appropriate their family/whānau of choice in an open manner.</p>		<p>authorities in relation to essential notifications with examples provided. This was sighted for one grade three pressure injury.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resource management policies in place which include the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity. A register of current practising certificates is maintained for all health professionals. Six staff files reviewed (four caregivers, one clinical manager, one staff RN) evidenced that reference checks are completed before employment is offered. Also sighted were signed employment agreements and job descriptions.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice. The education programme being implemented includes in-service training, competency assessments, and impromptu (toolbox) talks. Attendance at mandatory in-service training in 2018 meets requirements but over the past six months (2019) has been poor. This issue is being discussed in staff meetings and a corrective action plan is currently in place to address this issue.</p> <p>Six of seven permanent RNs (including the clinical manager) have completed interRAI 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>A staff rationale and skill mix policy is in place. Sufficient staff are rostered to manage the care requirements of the residents. The facility covers two floors. The clinical manager is a registered nurse with a current practising certificate who is employed full time Monday – Friday. She was on leave during the audit.</p> <p>There are four hospital wings all on one level (nine previous hospital level beds on the ground level have been decommissioned) that were filled with 24 hospital level residents and two rest home level residents. These wings are staffed with one RN 24/7 with additional (short shift) cover two days a week during doctor rounds. Four long and two short shift caregivers cover the AM shift, two long and four short caregivers cover the PM shift and two long shift caregivers cover the night shift.</p> <p>The two rest home wings are located on two levels with elevator and stair access. Thirty-five residents were living in these two wings on the day of the audit. These two wings are staffed with two long and two short shift caregivers on the AM shift, two long and one short shift caregiver on the PM shift and two long shift caregivers on the night shift.</p> <p>Two activities staff are scheduled five days a week. Separate cleaning and laundry staff are rostered.</p> <p>Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents. The care home manager pointed out that recently staffing has been quite difficult to fill due to staff leave. Caregivers commented that this has been quite stressful for them but that they are coping. There have been no instances that the care home manager can recall where an RN has not been available in the</p>

		facility.
<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 comprehensive policies and procedures in place for all aspects of medication management, including self-administration. The service utilises two-weekly robotic packs. There is a medication room in each of the two areas. The service uses an electronic medication management system.</p> <p>All medications were securely and appropriately stored. Registered nurses or senior caregivers, who have passed their competency, administer medications. Medication competencies are updated annually and include syringe drivers, sub cut fluids, blood sugars and oxygen/nebulisers. Medication charts have photo IDs. There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy.</p> <p>Ten electronic and two paper-based medication charts and signing charts were reviewed. All medication signing sheets aligned with the medication charts.</p> <p>The medication folders include a list of specimen signatures and competencies. Two self-medicating resident charts were reviewed, and all included three-monthly competencies.</p> <p>Electronic medication profiles reviewed were legible, up-to-date and reviewed at least three-monthly by the GP. All medication charts reviewed have 'as needed' medications prescribed with an individualised indication for use. The medication round observed was completed correctly as per Bupa policies and procedures. The medication fridge in each area has temperatures recorded daily and these are within acceptable ranges.</p> <p>Medication management audits are completed as part of the internal audit system.</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>Two cooks continue to oversee food management and are assisted by a team of kitchen assistants. The food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and there is a national menu in place that has been audited and approved by an external dietitian. The summer menu rotates over a four-week cycle and the winter menu is a six-weekly cycle. There are policies in place to guide staff. The food control plan was signed of May 2019. Food is procured from commercial suppliers. The majority of food is cooked on site in a large commercial kitchen. There is sufficient storage available.</p> <p>Resident likes and dislikes are known, recorded in the kitchen and alternatives are offered. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes and is reviewed six-monthly, as part of the care plan review. Special diets (ie, soft and pureed diets) are noted on the kitchen noticeboard, which can be viewed only by kitchen staff. Puree meals are served having been shaped into the food they are made from; this is to assist the presentation of the meal and show what the pureed meal is.</p>

		<p>Meals are served from bain maries to the residents in the dining rooms and can be delivered to rooms as required. Specialist utensils and plates are available for residents.</p> <p>The resident annual satisfaction survey monitors food satisfaction. The kitchen is included in the internal audit programme. Staff have been trained in safe food handling and chemical safety.</p> <p>Residents and relatives interviewed commented positively on the meals provided.</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>	PA Low	<p>Interview with one GP evidenced that care provided is of a high standard and GPs are kept informed. Family members interviewed stated care and support is good and that they are involved in the care planning. The six care plans reviewed all documented care interventions to safely manage care. One respite resident file included an assessment and short-term care plan appropriate to care needs. One younger person disabled file reviewed included all care interventions, community links and age appropriate activities. The resident praised the care and activities very highly. An email from the family identified that they were also very impressed with the service.</p> <p>Caregivers and RNs interviewed stated there is adequate equipment provided, including continence and wound care supplies. Wound assessment, wound management and evaluation forms are in place, but not always evaluated according to timeframes or have stated timeframes for evaluation. Access to specialist advice and support is available as needed. Care plans document allied health input.</p> <p>Monitoring charts were well utilised at Bupa Te Puke and examples sighted included (but were not limited to) weight and vital signs, blood glucose, pain, food and fluid, turning charts, behaviour monitoring, syringe driver monitoring and restraint monitoring.</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 service employs an activity coordinator who is currently completing a qualification in diversional therapy and is supported by an activity assistant who is employed for 37.5 hours per week.</p> <p>Each resident has an individual activities programme, which is reviewed when their plan of care is reviewed and as part of their interRAI assessments.</p> <p>The group activity programme is implemented Monday to Friday between the hours of 9 am to 4 pm in any of the spacious lounges and recreational areas. The facility has a large library, recreation room and games room. There are ranges of activities offered. Individual activities are provided in residents' rooms or wherever applicable.</p> <p>On the days of the audit, residents were observed being actively involved with a variety of activities. The group activities programme is developed monthly, a copy of the programme is available on noticeboards and in the monthly newsletter. The group programme includes residents being involved within the community with</p>

		<p>social clubs, churches and schools. Activities included; a monthly men's group, happy hours, entertainment, knitting groups and the recently added inter-home games.</p> <p>Each newly admitted resident on or soon after admission is interviewed by a member of the activities team and a social history taken. This information is then used to develop a diversional therapy plan, the Map of life and is part of the 'my day my way' section of the resident's care plan, which is then reviewed six-monthly as part of the interRAI and care plan review/evaluation process.</p> <p>A record is kept of individual resident's activities and monthly progress notes completed. The resident/family/EPOA as appropriate is involved in the development of the activity plan. Participation in all activities is voluntary.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Care plans reviewed had been evaluated by registered nurses six-monthly, or when changes to care occurred and document progress of achievement towards the desired goal or outcome. Short-term care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing need. The six-monthly multidisciplinary review involves the RN, GP, activities staff, physiotherapist (if involved) and resident/family. The family are notified of the outcome of the review by phone call and if unable to attend, they receive a copy of the reviewed plans. 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 Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building holds a current warrant of fitness, which expires 20 October 2019.</p> <p>The facility has a lift between the ground floor and first floor level. There are hospital and rest home rooms located on the ground floor. The lift is large enough to allow residents to be transported by wheelchair or ambulance trolley.</p> <p>There are proactive and reactive maintenance management plans in place. The grounds and gardens are well maintained.</p> <p>Contracted providers test equipment and this is documented annually. There are hazard management systems in place to ensure the physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the residents and any visitors to the facility.</p>
<p>Standard 3.5: Surveillance Surveillance for infection is</p>	FA	<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</p>

<p>carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>infection control activities, resources and education needs within the facility.</p> <p>A monthly log of infections and short-term care plans are completed for all resident infections. Infection control data is collated monthly and reported at the quality and risk, monthly infection control and staff meetings. The surveillance of infection data assists in evaluating compliance with infection control practices, identifying trends and corrective actions/quality initiatives. There was evidence of toolbox talks following internal audits and any IC related adverse trends. Infection control data is on display for staff.</p> <p>Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GPs that advise and provide feedback/information to the service. There have been no outbreaks.</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 documented systems in place to ensure the use of restraint is actively minimised. There were three (hospital level) residents using restraint and no residents using an enabler. The restraint coordinator is a registered nurse. The RN works the night shift and was unavailable to be interviewed.</p> <p>Staff interviews and staff records evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definitions of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education including assessing staff competency on RMSP/enablers has been provided. Restraint is discussed as part of staff meetings and in separate restraint meetings.</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)
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Low	<p>The service has a wound log and folder for each of the rest home and hospital level care. There were twelve wounds documented for rest home level including two pressure injuries, both grade two, with one healed and the plan maintained for monitoring purposes. Other wounds included skin tears, ulcers and skin lesions. Of the twelve wounds, six had not been evaluated within set timeframes and one did not have evaluation timeframes documented. The hospital documented 12 wounds (one person has multiple skin tears). Wounds included two grade two pressure injuries (both healing). Other wounds included skin tears and ulcers. Of the 14 wounds; two had not been evaluated within set timeframes and one did not document evaluation timeframes.</p>	<p>(i). Wound plans did not all document a timeframe for evaluation of the wound and its care.</p> <p>(ii). Where timeframes were set, evaluations</p>	<p>(i). Ensure wound plans document timeframes for evaluation and dressings.</p> <p>(ii). Ensure that wound evaluations and care is undertaken</p>



			were not all undertaken according to timeframes.	according to timeframes. 90 days
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.