

Bupa Care Services NZ Limited - Ballarat 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:	Ballarat Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 3 October 2019 End date: 4 October 2019
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	80

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

Bupa Ballarat rest home and hospital is part of the Bupa aged care residential group. The service provides rest home, hospital and dementia level of care for up to 80 residents. On the day of the audit there were 80 residents.

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 has been in the role at Bupa Ballarat Since November 2018. She is a registered nurse and experienced in elderly care and management. The care home manager is supported by a clinical manager and two-unit managers. Staff spoke positively about the support/direction and management of the current management team.

One of the three shortfalls identified as part of the previous audit have been addressed. This was around self-medicating residents. There continues to be improvements required around care plan interventions and aspects of medicine management.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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The service 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.
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Bupa Ballarat is implementing the organisational quality and risk management system that supports the provision of clinical care. Quality activities are conducted, and this generates improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes. Residents/family meetings have been held and residents and families are surveyed regularly. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and followed through. An education and training programme has been implemented with a current training plan in place. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. A roster provides sufficient and appropriate coverage 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 medium or high risk and/or unattained and of low risk.
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Residents' records reviewed provided 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. Resident files included medical notes by the contracted GP and visiting allied health professionals.

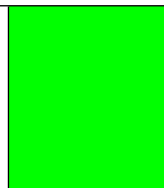
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The medication charts are reviewed at least three monthly by the general practitioner.

An activities programme is implemented that meets the needs of the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical and cognitive abilities and preferences for each consumer group.

All food and baking is done on-site. 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

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.

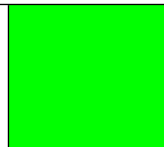


Standards applicable to this service fully attained.

The service displays a current building warrant of fitness. Electrical equipment is tested and tagged. All medical equipment has been calibrated and checked. There is enough room throughout the service for residents to mobilise safely. There is a large outside courtyard area with seating, tables and umbrellas available. Pathways, seating and grounds are well maintained. There is a safe and secure dementia garden. Hot water temperatures are monitored and recorded monthly.

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.

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, the service had no residents using restraint or enablers.

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. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

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	14	0	0	2	0	0
Criteria	0	39	0	0	2	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>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The care home manager maintains a record of all compliments, complaints, both verbal and written, by using a complaint register on Riskman. There have been 19 concerns/complaints for 2019 and 19 complaints to date for 2018. Three complaints from 2019 reviewed in their entirety documented follow-up letters and resolution and demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>The manager reviewed all complaints when she commenced at the service and identified that five complaints were around staffing in the dementia unit. As a result, the rostering in the unit has been reviewed and changed. There have no further complaints around staffing.</p> <p>There has been one Health and Disability complaint dated July 2018 which has been closed by the commissioner. Bupa Ballarat have documented a comprehensive action plan which has been documented as followed.</p> <p>Discussions with two hospital and two rest home residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms are in a visible location at the entrance to the facility. Relatives and residents stated that the manager and team have always dealt with any issues quickly and well.</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>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. Resident with changes in condition have a high level of communication documented through progress notes (two dementia and one hospital level palliative resident). There is documented evidence of communication with family following an adverse event. Two dementia and one rest home relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>There are monthly friends and family meetings that promote open communication. A monthly newsletter is produced for residents and relatives keeping them informed on facility matters and activities.</p> <p>An interpreter policy and contact details of interpreters is available.</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> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Ballarat rest home and hospital is a Bupa residential care facility. The service provides care for up to 80 residents at hospital, rest home and dementia level of care. On the day of the audit there were 80 residents. There are 50 dual-purpose beds across two units (Loburn and Sefton hospital units). There is a designated 10 bed rest home unit (Ashley) and a 20-bed dementia care unit (Fernside). On the day of audit, there were 27 rest home residents and 33 hospital residents (including two residents on an end of life contract) and 20 dementia care residents. All other residents were under the aged related contract. There were no respite residents.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. The care home manager provides a monthly report to the Southland Bupa operations manager and there are weekly teleconferences to monitor progress of quality goals.</p> <p>The service has annual goals that are reported quarterly. The goals for 2019 include; (i) to decrease falls by 10% across the whole facility, (ii) To reduce episodes of behaviours that challenge, and (iii) increase the intake of the RN Professional development and recognition programme (PDRP). Monthly updates are reported to the quality team with progress against the goals and the monthly quality meetings document that the plans are discussed and progress towards goals.</p> <p>The care home manager has been in the role at Bupa Ballarat since November 2018. She is a registered nurse and experienced in elderly care and management. The care home manager is supported by a clinical manager and two-unit managers. Staff spoke positively about the support/direction and management of the current management team.</p>

		The care home manager has maintained over eight hours annually of professional development activities related to managing an aged care service.
<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>The Bupa quality and risk management programme is implemented at Ballarat. Interviews with the manager and staff reflect their understanding of the quality and risk management systems.</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. A document control system is in place. Policies are regularly reviewed at head office. 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) resident falls, infection rates, complaints received, pressure injuries and wounds. Quality data is entered into the organisational Riskman data base where results are benchmarked against quality indicators. A corrective action plan is required for any results above the quality indicator and any adverse trends over three months.</p> <p>An annual internal audit schedule including environmental, support services and clinical audits was sighted for the service. Audits had been completed as per schedule and where the result was less than expected corrective action plans had been developed and re-audits completed. Quality and risk data, including trends and benchmarked results are discussed in monthly quality meetings. Corrective actions are implemented when service shortfalls are identified and signed off when completed. A range of meeting are also held including weekly clinical managers meetings, monthly RN meetings as well as laundry, kitchen, caregivers and activities meetings.</p> <p>Annual surveys are completed with feedback analysed and corrective actions plan developed for areas identified for improvement. The most recent survey for 2019 documents that 95% would recommend the service, 89% feel safe and secure, and 89% feel at home.</p> <p>Resident meeting minutes evidence discussion around survey results and action plans.</p> <p>The health and safety committee is part of the monthly staff/ quality meetings. Staff interviewed state they have the opportunity to provide input at the health and safety committee meetings. Hazard management is discussed and there is a current hazard register in place.</p> <p>Falls prevention is discussed each month and there is a specific action plan in place for falls minimisation. Individual falls minimisation is documented in resident's care plans. Caregivers interviewed were able to discuss falls prevention.</p>
<p>Standard 1.2.4: Adverse Event</p>	FA	Individual reports are completed for each incident/accident, with the immediate action noted and any follow-up action(s) required. Eight accident/incident forms for August/ September 2019 were reviewed. Each event involving

<p>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>a resident reflected an initial clinical assessment by a registered nurse and follow-up action and corrective actions implemented and signed off. Episodes of behaviours that challenge were documented through the incident /accident process and included family communications. Neurological observation were documented for falls related incidents.</p> <p>Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Incidents are benchmarked and analysed for trends.</p> <p>Discussions with the care home manager and unit coordinator confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. Appropriate notification was made around a flu outbreak (July 2019), a stage four pressure injury (June 2019). An incident involving a resident harm incident and a linen trolley had been reported to Work safe, a section 31 report sent, and the Bupa quality team are in the process of investigating. Bupa have also employed a health and safety consultant to assist with the investigation. A recent resident choking incident is in the process of a coroner enquiry and the Bupa quality are also investigating.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Six staff files reviewed (two registered nurses, one kitchen manager, and four caregivers) evidenced implementation of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. A register of practising certificates including all health professionals involved in the service is maintained.</p> <p>The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g., RN, support staff) and includes documented competencies. The caregivers when newly employed, complete an orientation booklet that has been aligned with foundation skills unit standards. On completion of this orientation, they have effectively attained their level two-unit standards. Staff interviewed believed new staff are adequately orientated to the service on employment.</p> <p>Seventeen caregivers work in the dementia unit. All have completed dementia unit modules.</p> <p>There is a comprehensive annual education planner in place that covers compulsory education requirements. Additional education has been provided via toolbox talks. Toolbox talks have included; stop and watch, pressure area care and pressure relieving mattresses, sudden death (RNs), reporting on Riskman, post hip replacement care, and flu vaccinations.</p> <p>Training session have been grouped together as day and half day sessions with very good attendance.</p>

<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The staffing levels meet contractual requirements. The care home manager and the clinical manager are on duty Monday to Friday and on-call after hours. Sufficient numbers of caregivers' support RNs. Interviews with the residents and relatives confirmed staffing overall was satisfactory and increased to manage resident acuity and occupancy. Staffing levels are as follows:</p> <p>There is a unit coordinator (RN), Monday to Friday for all hospital and rest home.</p> <p>Loburn (20 hospital level residents and five rest home): AM - one RN, and caregivers two long shifts and two short shifts, PM- one RN and caregivers two long shifts and one short shift. There are two caregivers at night.</p> <p>Sefton (12 rest home and 13 hospital residents) and Ashley (10 bed rest home): AM shift: one RN and caregivers including two long and two short shifts, PM shift: one RN and two long and one short shift caregivers. There is one-night caregiver.</p> <p>Fernside dementia care unit (20 residents); There is a RN unit coordinator Monday to Friday. Caregivers work two full shifts for the AM and the PM. There is one-night caregiver.</p> <p>On night shift there is one RN for the facility.</p> <p>Activities staff are allocated to the rest home, hospital and dementia care unit.</p> <p>There are designated food services staff, cleaning and laundry staff seven days a week.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Twelve electronic medication charts were reviewed from across the service. All medication charts sampled met prescribing requirements. The medication charts reviewed identified that the GP had reviewed all resident's medication charts three monthly. Each drug chart has a photo identification of the resident.</p> <p>All clinical staff (RNs and senior caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. Registered nurses interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and blister packs for 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in each of the three medication rooms. There is a trolley for each area, and these contained undated or expired eyedrops. The medication trolley in hospital/ rest home contained regular, non-packed medication in use that was not named for the resident.</p> <p>The control drug medication book had been checked weekly; one self-medicating resident had documented three monthly reviews. All medication charts documented allergy status of the resident and standing orders are no longer</p>

		used. These are all improvements from the previous audit.
<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>Bupa Ballarat employs a kitchen manager to oversee the on-site kitchen adjacent to the hospital and dementia unit dining room. There is a food services manual in place to guide staff. Meals are served from bain maries by caregivers and kitchen staff. There is a seasonal four-week winter and summer menu, which is reviewed by a dietitian at an organisational level. A resident nutritional profile is developed for each resident on admission and this is provided to the kitchen staff by registered nursing staff. This document is reviewed at least six monthly as part of the care plan review. The kitchen is able to meet the needs of residents who require special diets and the chef works closely with the registered nurses on duty. Supplements are provided to residents with identified weight loss issues. There are additional nutritious snacks available over 24 hours.</p> <p>Kitchen staff are trained in safe food handling and food safety procedures were adhered to. Staff were observed assisting residents with their lunch time meals and drinks. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food.</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 Moderate	<p>The registered nurses complete care plans for residents and all six resident files reviewed included a care plan. When a resident's condition alters, the registered nurse initiates a review and if required, GP or specialist consultation. One end of life resident had a specific end of life care plan with well documented pain control, skin care, nutrition and interventions for anxiety. The care plan documented evaluations to ensure care remained appropriate. Weight management reflected the dietitian input.</p> <p>Short-term care plans documented, and plans reviewed did not all include sufficient detail to guide care staff in the provision of care and not all care and monitoring was evidenced to have been provided as per care plan. Care interventions are a continued shortfall from the previous audit. A physiotherapist is employed to assess and assist resident's mobility and transfer needs.</p> <p>There was evidence of wound nurse specialist involvement in chronic wounds/pressure injuries. In the rest home and hospital areas, there were three residents with five pressure injuries between them. There were 11 other non-pressure injury related wounds for other residents across rest home, hospital and dementia level care.</p> <p>All wounds had wound assessments, plans and ongoing evaluations completed, wound documentation, timeliness of review have been identified as areas for improvement.</p> <p>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</p>

		<p>interviewed stated there is adequate continence and wound care supplies.</p> <p>Monitoring charts sighted included (but not limited to), vital signs, blood glucose, pain, food and fluid, turning charts and behaviour monitoring.</p> <p>Family members interviewed stated they are notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. There was documented evidence of relative contact for any changes to resident health status.</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 activities staff at Bupa Ballarat include the care home manager and three activities staff. Between them they plan and coordinate and provide an activities programme scheduled across seven days. There is one programme for the rest home and hospital and residents attend the activity they wish to attend. A separate programme is provided in the dementia unit and residents from the dementia unit also join (under supervision) concerts and events with the other residents. A monthly activities calendar and newsletter is distributed to residents and is posted on noticeboards. Group activities are voluntary and developed by the activities staff. Residents are able to participate in a range of activities that were appropriate to their cognitive and physical capabilities. The service has a van which is used for resident outings. Trips to the community have included (but not limited to) visits to other facilities for competitions, games and "pie and pint" outings for the men. Activities include pet visits, happy hour, craft, word games, baking and bowls.</p> <p>The activities team are involved in the admission process, completing the initial activities assessment the cultural assessment, 'map of life' and 'my day my way' adding additional information as appropriate. An activities plan is completed within timeframes, a monthly record of attendance to activities is maintained and evaluations are completed six-monthly. All residents who do not participate regularly in the group activities are visited by a member of the activity staff with records kept ensuring all such residents are included. All interactions observed on the day of the audit indicated a friendly relationship between residents and activity staff.</p> <p>Residents interviewed spoke positively of the activity programme with feedback and suggestions for activities made via three monthly meetings and surveys. The organisation has an occupational therapist that oversees the activity programme, is available for activity staff to discuss recreational programmes and provides education for activity staff twice a year. The residents are maintaining links with the community and continuing activities they participated in, outside of the facility.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are</p>	FA	<p>Care plans reviewed were reviewed and evaluated by the registered nurse at least six-monthly or more frequently to reflect changes in health status. One palliative care resident 's care plan documented more regular update and care reviews.</p> <p>Six monthly multi-disciplinary reviews (MDR) and meeting minutes are completed by the registered nurse with input</p>

<p>evaluated in a comprehensive and timely manner.</p>		<p>from caregivers, the GP, the activities coordinator and any other relevant person involved in the care of the resident. Family members are invited to attend the MDT review. The house GP examines his residents and reviews the medications three monthly. Short-term care plans are in use for acute and short-term issues. These are evaluated at regular evaluations.</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 holds a current building warrant of fitness, which expires on 10 December 2019. Reactive and preventative maintenance occurs. There is a full-time property manager who is on call for facility matters. There is a 52-week planned maintenance programme in place. The checking of medical equipment including hoists, has been completed on 19 January 2018. All electrical equipment has been tested and tagged. Hot water temperatures have been tested and recorded monthly with corrective actions for temperatures outside of the acceptable range.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids, where required.</p> <p>There is outdoor furniture and seating with shade in place, and there is wheelchair access to all areas. There is a designated resident smoking area for the rest home and hospital area.</p> <p>There is secure entry to the special care unit. The outside area in the dementia unit is secure with well-maintained easily accessed garden areas.</p> <p>The caregivers and RNs interviewed stated that they have all the equipment required to provide the care documented in the care plans. Registered nurses stated that when something that is needed is not available, management provide this in a timely manner.</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 infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.</p> <p>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. Surveillance data is available to all staff.</p> <p>Infections are entered into the electronic data base for benchmarking. Corrective actions are established where trends are identified. There has been one confirmed flu outbreak in July 2019. HealthCERT and public health were notified with ongoing correspondence during the outbreak period. Case logs and outbreak documentation was sighted.</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 restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. The clinical manager is the restraint coordinator. The restraint standards are being implemented and implementation is reviewed through internal audits, facility meetings, and through quarterly teleconference with Bupa restraint coordinators. Staff receive education on restraint, dementia and challenging behaviours. There were no residents using enablers or restraint on the day of audit.</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 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA</p> <p>Moderate</p>	<p>The registered nurses in the hospital and senior caregivers in the rest home are responsible for the safe administration of medication. All charts reviewed had current photograph identification and allergies documented. Medication in storage was secure, but not all regular, non-packaged medication was named with the resident's name.</p>	<p>Three resident's regular, non-packaged medication was not named</p>	<p>Ensure all non-packaged medication in use is named with the resident's name.</p> <p>30 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or</p>	<p>PA</p> <p>Moderate</p>	<p>All six resident files reviewed included an up to date care plan. Care staff interviewed</p>	<p>Wound care; (i) One hospital resident has two pressure injuries on one wound assessment and plan. (ii)Two dementia care resident wounds have not been documented</p>	<p>Wound care: (i). Ensure each wound have a separate</p>

<p>interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>		<p>were able to describe the care and support needs for the residents. Not all care plan included all interventions, care interventions were not all always evidenced to be implemented and wound care documentation was shortfall.</p>	<p>as reviewed since 17 September 19; (iii) Five wounds (from across the service) have not documented the wound dimensions including two pressure injuries.</p> <p>Care interventions; (i)The instruction for type and size of IDC have not been documented for one rest home resident including the times for changing of the IDC are conflicting. (ii) The care for a hospital level's hand has not been documented as provided as per care plan leaving the resident with long nails and a malodourous hand. (iii) Repositioning has not been documented according to time frames for two hospital level residents, (iv) one of the residents also did not have blood sugar monitoring consistently documented as per chart; (v) Fluid monitoring and weekly weights have not been consistently documented for one rest home resident.</p>	<p>wound assessment and management plan', (ii) Ensure wounds are reviewed/ dressed according to timeframes; (iii) Ensure wound evaluations are fully completed including dimensions;</p> <p>Care interventions: (i) Ensure that the care and support for IDCs are consistent and include full instructions and that all interventions are fully documented; (ii)- (v) Ensure that care and monitoring is provided as per the care plan</p> <p>60 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.