

Bupa Care Services NZ Limited - Merrivale Rest Home

Introduction

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

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited	
Premises audited:	Merrivale Rest 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: 5 December 2019	End date: 6 December 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:	64	

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa Merrivale is part of the Bupa group. The service is certified to provide rest home, hospital and dementia level care for up to 66 residents. Occupancy on the day of audit was 64 residents.

This certification audit was conducted against the relevant Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures; the review of residents' and staff files, observations and interviews with residents, relatives, staff, management and general practitioner.

The care home manager is an occupational therapist who has been in this role for over three years. The manager is supported by a clinical manager and unit coordinators 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. Implementation is supported through the Bupa quality and risk management programme that is individualised to Merrivale. Quality initiatives are implemented which provide evidence of improved services for residents.

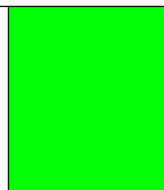
A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support, is in place.

There is one area identified for improvement around meeting timeframes.

The service is commended for achieving continual improvement ratings relating to fall minimisation and activities for residents.

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.

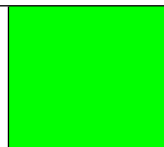


Standards applicable to this service fully attained.

The service complies with the Health and Disability Commissioner's Code of Health and Disability Consumers' Rights. Staff strive to ensure that care is provided that focuses on the individual resident, values residents' autonomy and maintains their privacy and choice. Cultural needs of residents are met. Policies are implemented to support residents' rights, communication and complaints management. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Care plans accommodate the choices of residents and/or their family/whānau. 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.

There is a fully implemented quality and risk management programme which includes a service philosophy, goals and a quality and risk management programme. 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. A comprehensive education and training programme are 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. There is a comprehensive admission package available prior to or on entry to the service. The residents and family interviewed confirmed their input into care planning and access to a typical range of life experiences and choices. A sample of residents' files validated the service delivery to the residents. Where progress is different from expected, the service responds by initiating changes to the care plan or recording the changes on a short-term care plan. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Planned activities are appropriate to the resident groups. The programme includes community visitors, outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for each consumer group. The residents and family interviewed confirmed satisfaction with the activities programme.

Staff responsible for medication management have current medication competencies. Medication policies reflect legislative requirements and guidelines. The medicine charts reviewed met legislative prescribing requirements.

All meals and baking is done on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met where required. The menu is reviewed by the dietitian. There are nutritious snacks available 24 hours. Residents commented positively on the meals provided.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

Standards applicable to this service fully attained.

Chemicals are stored securely throughout the facility. The building holds a current warrant of fitness. Resident rooms are single, spacious and personalised. Communal areas within each area are easily accessed with appropriate seating and furniture to accommodate the needs of the residents. External areas are safe, secure and well maintained. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Cleaning and laundry services are well monitored through the internal auditing system. 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. The facility temperature is comfortable and constant.

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 there were no residents using restraint and no residents with an enabler.

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 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)
Standards	1	43	0	1	0	0	0
Criteria	2	90	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
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights (the Code) policy and procedure is implemented. Discussions with the care home manager, clinical manager/RN, and fourteen staff (four caregivers, three registered nurses (RNs), two activities coordinators, two housekeepers, one cook, a laundry person and one maintenance person) confirmed their familiarity with the Code. Interviews with five residents (one rest home and four hospital including one younger person) and six relatives (three hospital, one rest home and two with relatives in the secure dementia unit) confirmed that the services being provided are in line with the Code.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	There is informed consent policies, procedures and advanced directives in place. Signed admission agreements and general consent forms were sighted in all resident files sampled. There was evidence in files sampled of family/EPOA discussion with the GP for medically indicated 'not for resuscitation' status where residents were not deemed to be mentally competent. Registered nurses confirmed verbal consent is obtained when delivering care. In the files sampled, there was an appropriately signed resuscitation plan and advance directive in place. Discussions with residents and family/whānau where appropriate, demonstrated they are involved in the decision-making process, and in the planning of resident's care.

		Copies of enacted enduring power of attorney (EPOA) were sighted in the resident files in the dementia unit.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>There is a policy that describes the role of advocacy services. Staff receive annual training on advocacy. Information about accessing advocacy services is available in the information presented to residents and their families during entry to the service. Advocacy support is available if requested. Interviews with staff, residents and relatives confirmed that they were aware of advocacy services and how to access an advocate. The complaints process reminds the complainant of their right to contact the health and disability advocacy service with contact details provided.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are encouraged to be involved in community activities and maintain family and friends' networks. Care staff interviewed confirmed that residents are encouraged to build and maintain relationships. Visiting can occur at any time. Community links were evident with Alzheimer's Northland and a relationship with a local college that has seen residents enjoy weekly visits during term time from children aged between 10 and 16 as examples (link 1.3.7.1).</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints 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 an electronic complaint register and all complaints are logged on the RiskMan. Eight complaints have been lodged in 2019 (year-to-date). Verbal and written complaints are documented. All complaints had a noted investigation, timelines determined by HDC were met, and corrective actions (where indicated) were actioned and resolved. One complaint was reported to the police following an alleged theft, this complaint has been closed following an inconclusive police investigation, a section 31 was completed and sent. The service has since installed video cameras in communal areas.</p> <p>Complaints are linked to the quality and risk management system and were documented in meeting minutes. Discussions with residents and relatives confirmed that any issues are addressed and that they feel comfortable to bring up any concerns.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>There are posters displaying the Code in English and in Māori. The service is able to provide information in different languages and/or in large print if requested. On entry to the service the care home manager, clinical manager or a registered nurse (RN) discusses the Code with the resident and the family. An information pack is given to the resident, next of kin or enduring power of attorney (EPOA) to read and discuss.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service has policies which align with requirements of the Privacy Act and Health Information Privacy Code. During the audit, staff demonstrated gaining permission prior to entering residents' rooms. All care staff interviewed demonstrated an understanding of privacy and could describe how choice is incorporated into residents' cares. Residents and family members interviewed confirmed that staff promote the residents' independence wherever possible and that residents' choices are encouraged. There is an abuse and neglect policy that is implemented, and staff have undertaken annual training on abuse and neglect, and privacy and sexuality. Last completed November 2019.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service has established Māori cultural policies to help meet the cultural needs of its Māori residents. Bupa has developed Māori Tikanga best practice guidelines, which are posted in visible locations. The service has established links with local Māori advisors. This includes; Te Poutokomanawa (Māori Health Service). A Māori reverend attends residents that request his support, in addition to blessing rooms when a resident passes away.</p> <p>Staff training includes cultural safety with the most recent in-service undertaken May 2019. A cultural assessment is completed during the Māori resident's entry to the service. There was one resident who identified as Māori who stated their cultural needs were met. The care plan for this resident included the resident's specific cultural and spiritual needs.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service has established cultural policies aimed at helping to meet the cultural needs of its residents. All residents and relatives interviewed reported that they were satisfied that the residents' cultural and individual values were being met. Information gathered during assessment including residents' cultural beliefs and values is used to develop a care plan, which the resident (if appropriate) and/or their family/whānau are asked to consult on. Discussions with staff confirmed that they are aware of the need to respond to the cultural needs of the residents. All residents at the service at the time of audit were able to speak and understand English.</p>

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with all staff confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned. Code of conduct training (including boundaries) was provided September 2019.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available seven days a week, 24 hours a day. The service receives support from the district health board which includes visits from specialists (eg, wound care, mental health) and staff education and training. Physiotherapy services are provided four to six hours per week. There is a robust education and training programme for staff that includes in-service training, impromptu training (toolbox talks) and competency assessments. Podiatry services and hairdressing services are provided. The service has links with the local community and encourages residents to remain independent.</p> <p>Merrivale won the most improved Care Home of the Year Award in 2017 (awarded March 2018).</p> <p>The service reports settled staffing period for the past 18 months with staff turnover lower than previous years. Staff initiatives have included (but not limited to); support with smoking cessation and free flu vaccination. The service reported an increased flu vaccination uptake for staff for 2019.</p> <p>A garden beautification project commenced in 2018 and continuing in 2019 has seen the majority of outdoor spaces improved. This has included replanting in most areas and revamping areas such as the dementia garden. Where possible residents have been involved in this initiative with some residents staining furniture and choosing plants.</p> <p>Ongoing improvements include upgrading the care park and continuing internal refurbishment and new furniture.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents interviewed stated they were welcomed on entry and 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. A record of family communication is held in the front of each resident's file.</p> <p>Twelve incidents/accidents forms selected for review indicated that family were informed. Families</p>

		<p>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>	FA	<p>Bupa Merrivale is part of the Bupa group of aged care facilities. The care facility has a total of 66 beds suitable for rest home (22 beds), hospital (29 beds - including seven dual service beds) and secure dementia (15 beds) levels of care. Hospital level of care is certified for medical. During the audit there were 64 residents (21 rest home and 28 hospital and 15 secure dementia). Two residents were receiving respite care (one rest home and one hospital level), and one hospital level care resident was funded through the young persons 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 the vision and values during their induction to the service. There is an overall Bupa business plan and risk management plan that has been individualised to Merrivale. There are documented quality/health and safety goals that are reviewed monthly and signed off when achieved.</p> <p>Two Merrivale quality goals include the reduction of falls and the reduction of pressure injuries. Both these goals have been reviewed through quarterly quality meetings and good progress has been documented.</p> <p>The care home manager is an occupational therapist who has been in this role for over three years. She is also the village manager for the Bupa village and serviced apartments.</p> <p>She is supported by a clinical manager who has been in the role for two years and a Bupa regional manager.</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 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>In the absence of the care home manager, the clinical manager/RN is in charge. In the absence of the clinical manager, an RN is in charge of clinical operations. For extended absences, a Bupa relieving care home manager is rostered.</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 in place. Interviews with the managers and staff confirmed their understanding of the quality and risk management systems.</p> <p>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 - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. Policies and procedures include reference to interRAI for an aged care service and meet current health and safety legislative requirements. New policies or changes to policy are communicated to staff, evidenced in meeting minutes.</p> <p>A range of meetings have been implemented to ensure communication with staff; this includes two monthly staff meetings, quarterly quality meetings, quarterly infection control meetings and regular clinical review meetings. Data collected (eg, falls, medication errors, wounds, skin tears, pressure injuries, complaints, challenging behaviours) are collated and analysed with results communicated to staff. Corrective actions are implemented where benchmarked data exceeds targets.</p> <p>An internal audit programme is in place. Areas of non-compliance include the initiation of a corrective action plan with sign-off by a manager when implemented. In addition to scheduled monthly internal audits, additional audits have been undertaken to ensure that corrective actions have been fully implemented as needed. An annual facility health check is conducted by an external Bupa representative.</p> <p>Annual resident and family surveys have been documented with improved scores noted for the year 2019; including staff, activities, the dementia unit, and family relationship with the home. Their residents and relatives feedback reflected in an increase of +29 points from 2018 – 2019. Their Net Promoter Score was +74 (74%) which was 3rd highest in the Bupa Group within New Zealand, and +27 above the Bupa national average. They have also achieved 0% detractors are part of their resident/relative's satisfaction survey for 2019. Family/resident meetings have been held regularly.</p> <p>The health and safety programme include specific and measurable health and safety goals that are regularly reviewed. The care home manager is the health and safety officer. The health and safety team meet quarterly as part of the quality meeting. 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. Fall minimisation has been awarded a continued improvement. Caregiver interviews confirmed that they are aware of which</p>
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		residents are at risk of falling and that this is discussed during staff handovers.
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an accident and incident reporting policy. All incidents are logged onto the electronic RiskMan programme and reviewed daily by the clinical manager to ensure they are fully completed and to ensure follow-up and resident safety. A monthly report is collated, and any trends identified and discussed and addressed through quarterly quality meetings and RN meetings.</p> <p>Adverse events are investigated by the clinical manager and/or registered nursing staff, evidenced in all twelve accident/incident forms reviewed. 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 awareness of the requirement to notify relevant authorities in relation to essential notifications with examples provided.</p> <p>Essential notifications since the previous audit have included; three unstageable pressure injuries, one police investigation for theft, one lack of RN cover and one influenza outbreak.</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>	FA	<p>There are human resource management policies in place which includes 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. Eight staff files reviewed (three caregivers, four RNs, including one-unit coordinator and one activities person) 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 is extensive and includes in-service training, competency assessments and impromptu (toolbox) talks. Caregivers are expected to complete an aged care education programme that meets the New Zealand Quality Authority (NZQSA) requirements. Fifty-four percent of caregivers have completed Level 2 NZ Certificate of Health and Wellbeing and 14% have achieved Level 3 NZQA – NZ Certificate in Health and Wellbeing.</p> <p>The cook has completed a qualification in food safety and food hygiene. All kitchen staff have completed their food safety training on site. Chemical safety training is included in staff orientation and as a regular in-service topic.</p>

		<p>RNs are in the process of completing their professional development recognition portfolio (PDRP). Four of the nine RNs have completed their interRAI training. The care home manager, clinical manager and staff are able to attend external training including sessions provided by the district health board.</p> <p>There are six caregivers, an activities person, an enrolled nurse and a registered nurse who regularly work in the secure dementia unit. Five caregivers, the enrolled nurse and RN have achieved the dementia unit standards. One new caregiver has commenced the papers and the activities person has submitted all papers and was waiting for results at the time of audit.</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>	FA	<p>A staff rationale and skill mix policy are in place. Sufficient staff are rostered on to manage the care requirements of the residents. The care home manager is a qualified occupational therapist.</p> <p>The clinical manager and care home manager work Monday to Friday and provide on call. There are three-unit coordinators who are included in the staffing roster.</p> <p>Te whare Awhina (dementia unit) has 15 beds with a current occupancy of 15 residents.</p> <p>The roster consists of; for each of the AM and PM shifts one RN/EN or senior caregiver and one full shift caregiver. There is one caregiver for the night shift.</p> <p>An activity staff member is rostered to the dementia unit five days a week.</p> <p>Rata and Rima (rest home with two wings) has 22 beds with 21 residents on the day of audit.</p> <p>AM - RN/EN five days a week and a senior caregiver/RN/EN weekends. Caregivers include; AM - two caregivers, PM - one senior caregiver/RN/EN and one caregiver. There is one caregiver at night.</p> <p>Kowhai and Nikau (hospital with two wings) has 29 beds with 28 residents on the day of audit.</p> <p>An RN is rostered for every shift.</p> <p>The caregivers roster includes five caregivers for each of the AM and PM and one on nights.</p> <p>Adequate numbers of caregivers are rostered with additional caregiver support available when needed. Extra staff can be called on for increased residents' requirements.</p> <p>Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents.</p>
Standard 1.2.9: Consumer	FA	The residents' files are appropriate to the service type. Residents entering the service have all

<p>Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>		<p>relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access. Informed consent to display photographs is obtained from residents/family/whānau on admission. Sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public. Entries in records are legible, dated and signed by the relevant caregiver or RN. Individual resident files demonstrated service integration. This includes medical care interventions and records of the activity's coordinator. Medication charts are in a separate folder.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>There is an admission policy in place. Residents are assessed prior to entry to the service by the Need's Assessment team. Specific information is available for residents/families/whānau prior to admission or on entry. The information pack includes all relevant aspects of the service and residents and/or family/whānau are provided with associated information. There is also specific information for relatives in relation to the dementia unit.</p> <p>The admission agreements in resident files were sighted, they had been signed and aligned with contractual requirements. Exclusions from service are included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>There is a policy that describes guidelines for death, discharge, transfer, documentation and follow-up. All records of transfers are kept on the resident's file. All relevant information is documented on the Bupa transfer form and accompanied with a copy of the resident admission form, most recent GP consultation notes and medication information. Resident transfer information is communicated to the receiving health provider or service.</p> <p>There is documented evidence of family notification of appointments and transfers. Relatives interviewed confirmed they are notified and kept informed of the resident's condition.</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 comprehensive policies and procedures in place for all aspects of medication management. There were two residents self-administering on the day of audit. They had their competencies assessed as required; and their medication was stored safely. There were locked medication rooms in the hospital section and in the dementia unit.</p> <p>The medication fridge had daily temperature checks recorded and were within normal ranges. The medication room temperatures were recorded. The temperature of the medication room was being monitored and a system had been implemented to manage incidents where the temperature exceeded 25 degrees centigrade.</p>

		<p>Registered nurses or medication competent caregivers who have completed their annual competency assessment administer medications. There is an agreement in place with the pharmacy. The facility uses a robotic pack medication management system for the packaging of all tablets. Eyedrops and other liquid medications were dated on opening.</p> <p>The facility utilises an electronic medication management system. The sixteen medication charts reviewed (eight hospital, four rest home and four dementia care) had photo identification and allergy status documented. All medication charts evidenced three monthly reviews by the GP. Prescribed medication is signed after being administered as witnessed on the day of the audit. All 'as required' medication prescribed had indications for use documented by the GP. Effectiveness of 'as required' medication administered was documented.</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>All meals are prepared and cooked on site. The service utilises a four weekly summer and winter menu that has been reviewed by a dietitian.</p> <p>There is a full-time chef, and two other cooks and four kitchenhands employed by the service. Meals are served from the hot box and/or bain marie to residents in the dining rooms and resident's rooms. All kitchen staff have in-house and Bupa safe food handling training.</p> <p>Resident likes and dislikes are known, and alternative choices offered. The residents have a nutritional profile developed on admission and the kitchen staff receive a copy, which identifies the residents' dietary requirements and likes and dislikes. Special diets include (but not limited to) gluten free, diabetic and moulie. The cook is notified of any residents with weight loss. Protein drinks and fluids are available in the kitchenette fridges. There are nutritious snacks available 24 hours in the dementia unit. Lip plates and specialised utensils are provided to promote and maintain independence with meals. Fridge, freezer and end-cooked meat temperatures are taken and recorded daily. Perishable foods sighted in the kitchen and facility kitchenette fridges were dated. The dishwasher is checked regularly by the chemical supplier. Staff have received training in chemical safety. Chemicals are stored safely. A signed cleaning schedule is maintained. There is a food control plan that expires 22 Sept 2020.</p> <p>Staff were observed assisting residents with their midday meal on both the audit days. Resident meetings and surveys, along with direct input from residents, provide resident feedback on the meals and food services. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</p>
Standard 1.3.2: Declining	FA	The reasons for declining entry would be if the service is unable to provide the level of care required or

Referral/Entry To Services Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.		there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined. Potential residents would be referred to the referring agency if entry is declined.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	<p>The service uses the Bupa assessment booklets and person-centred templates for all residents. Assessments include falls, Braden pressure area, skin, mini nutritional, continence, pain, activities and culture. Nutritional and dietary requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable.</p> <p>Resident needs and supports are identified through the ongoing assessment process in consultation with significant others as verified in the staff and family/whānau interviews. InterRAI assessments, assessment notes and summary were in place for the seven long-term resident files reviewed. The respite resident's file had a short stay assessment completed on admission. The outcomes of the assessments are reflected in the care plan.</p>
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	<p>The respite care resident (rest home) was not required to have a long-term care plan, however the initial assessment and care plan sighted was completed on time. The long-term care plans reviewed recorded the resident's problem/need and objectives/interventions to support resident needs and goals.</p> <p>All long-term resident files demonstrated service integration and evidence of allied health care professionals involved in the care of the resident.</p> <p>There was evidence in the files sighted that residents (as appropriate) and their family/whānau were involved in the care planning process. Short-term care plans reviewed were in use for changes in health status. Short-term care plans were reviewed and resolved or added to the long-term care plan if the problem was ongoing.</p>
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and	FA	<p>The registered nurses complete care plans for residents. Progress notes in all files sampled had detailed progress which reflected the interventions detailed in the long-term care plans. When a resident's condition alters, the registered nurse initiates a review and if required, initiates a GP or specialist consultation.</p> <p>There were 23 wounds (two in the rest home, eight in the dementia unit and thirteen in the hospital)</p>

desired outcomes.		<p>being treated in the facility. There were four residents with facility acquired pressure injuries at the time of audit. One resident had two pressure injuries that were initially classified as unstageable; a section 31 had been completed for both pressure injuries. There had been district nurse and GP involvement for both injuries, which are now healing. Three pressure injuries were grade two.</p> <p>All wounds had wound assessments, plans and ongoing evaluations completed. All chronic wounds were documented in the long-term care plans with interventions for care staff around dressing changes, signs and symptoms of infection and position changes. Dimensions, and in some cases, photographs were taken to reflect improvement or deterioration.</p> <p>There were enough continence and dressing supplies available as sighted and confirmed in staff interviews.</p> <p>Interviews with registered nurses demonstrated understanding of the individualised needs of residents. Monitoring forms reviewed included monthly weight and vital sign monitoring, food and fluid charts, behaviour charts and daily activity check lists. The short-term care plans evidenced appropriate interventions to manage short-term changes in health.</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>	CI	<p>The services employ three activity coordinators that work Monday to Friday. Volunteers contribute to the activity programme including entertainers. The activities staff have undertaken or are currently undertaking dementia papers and have their first aid certificates.</p> <p>The activity coordinators complete the initial activities assessment and input with the cultural assessment, 'map of life' and 'my day my way' adding additional information as appropriate. Activities plans were completed and a monthly record of attendance to activities is maintained and evaluations are completed six-monthly.</p> <p>The activity programme covers activities across the rest home, hospital and dementia unit. A copy of the weekly activities programme is in the resident's room. The monthly and weekly programmes are displayed on noticeboards throughout the facility. There are a wide range of activities available for all residents to participate in.</p> <p>The activity team provide individual and group activities for all residents that includes; craft, music, exercises, reminiscing, baking, entertainers and regular van outings. One-on-one activities occur such as individual walks, reading and chats for residents who are unable or choose not to be involved in group activities.</p> <p>Van outings included (but are not limited to) visits to beaches, the country, the library, picnics and cafes. Residents have attended the Council Christmas Party; Rest Home Olympics and the Battle of the Brains. Community links are maintained with church groups, the RSA, community speakers, a</p>

		<p>local childcare, and the local college. Church group comes in once a month and provide an inter-denominational service.</p> <p>Caregivers on duty in the dementia unit incorporate resident small group and individual activities as part of their duty.</p> <p>The activities coordinator stated they take time to get to know the residents and what their hobbies and interests have been prior to commencing the programme. Activities coordinators ensure that residents are involved with development of the activities programme. There is a range of music available with regular entertainers. There are regular resident meetings, where residents have the opportunity to provide feedback on all aspects of the facility including activities.</p> <p>Residents interviewed stated they feel the activities are enjoyable and the programme meets their needs.</p> <p>There was evidence that the activities programme had undertaken improvement in their activities programme through increasing the variety and quality of resident activities, meeting cultural and spiritual needs and support from staff during activities had increased. A continuous improvement has been awarded for activities.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The care plans are reviewed and evaluated by the registered nurse at least six-monthly or more frequently to reflect changes in health status. Six monthly multi-disciplinary reviews (MDR) and meeting minutes are completed by the registered nurse with input from care staff, allied health and family/whānau. The review checklist identifies the family member who has attended the review. There was evidence that residents were reviewed by the medical practitioner three monthly or more regularly as required when there was any deterioration in health status. Wound care charts were evaluated in a timely manner. Care plans are updated when needs change.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer</p>	FA	<p>Referrals to other health and disability services were evident in the residents' files sighted. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on residents' files. Files sighted included referrals to occupational therapist, physiotherapy, dietitian, mental health services and hospital specialists. Discussions with the clinical manager and registered nurses identified that the service accesses emergency services, allied health, dietitians, physiotherapy, mental health services and wound specialists.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service.</p>

choice/needs.		
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are documented policies and procedures in place for the management of waste and hazardous substances to ensure incidents are reported in a timely manner. Chemicals are correctly labelled and stored in locked cupboards throughout the facility. Staff training on chemical safety, management of waste and hazardous substances has been evidenced. Safety datasheets and product wall charts are available to all staff. Approved sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Staff were observed wearing appropriate personal protective clothing when carrying out their duties.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building holds a current building warrant of fitness, which expires on 1 June 2020. There is a full-time maintenance person on staff who is on call after-hours. There is a planned preventative and reactive maintenance programme in place. The checking of medical equipment including hoists, has been completed annually. The hot water temperatures are monitored weekly on a room rotation basis. Temperatures were recorded between the required ranges. The living areas are carpeted, and vinyl surfaces exist in bathrooms/toilets and kitchen areas. The building has two levels with a lift and stair access between the rest home/hospital wings and serviced apartments. The corridors are wide and promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the facility with mobility aids, where required.</p> <p>There is outdoor furniture and seating with shade sails in place and a ramp for wheelchair access to all external areas. The secured unit has keypad entry and exit access. The outdoor area in the dementia unit is secured with an external gate and gardens are well maintained with easy access from lounge areas. The outside area has shaded seating and raised gardens.</p> <p>The registered nurses and caregivers interviewed stated that they have enough equipment referred to in care plans and necessary to provide care.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving</p>	FA	<p>There is a mix of hospital and rest home rooms with and without ensuites. Some ensuites are shared. Residents in the dementia section use communal toilets and showers that are clearly identified. There are adequate numbers of communal toilets and shower facilities in the rest home, hospital and dementia wings. There is appropriate signage, easy clean flooring and fixtures and handrails appropriately placed. Most resident rooms have hand basins. Residents interviewed confirmed care staff respect the resident's privacy when attending to their personal cares.</p>

assistance with personal hygiene requirements.		
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All bedrooms are single. The bedrooms are spacious enough to easily manoeuvre transferring and mobility equipment to safely deliver care. Staff interviewed reported that rooms have enough space to allow cares to take place. Residents are encouraged to bring their own pictures, photos and furniture to personalise their room. A tour of the facility evidenced personalised rooms including the residents own furnishing and adornments. Hospital bedrooms had wider doorways to enable easier access.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There are spacious open plan large lounges and dining rooms in the rest home, hospital and dementia wings. There are seating alcoves throughout the facility for residents and families. All lounge/dining rooms are accessible and accommodate the equipment required for the residents. Residents can move around freely and furniture is well-arranged to facilitate this. All the dining rooms and lounges accommodate specialised lounge chairs as evidenced on the days of the audit.</p> <p>Seating and space are arranged to allow both individual and group activities to occur. There is adequate space to allow maximum freedom of movement while promoting safety for those that wander. Care staff assist or transfer residents to communal areas for dining and activities.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are policies in place including cleaning department, use of equipment policy and cleaning schedules. All laundry and personal clothing are laundered on site. There are dedicated laundry staff on duty daily. There is a defined clean/dirty area within the laundry which also has an entry and exit door. Chemicals are stored securely in the laundry area.</p> <p>There are dedicated cleaners for each of the service areas. Personal protective equipment is available in the laundry, cleaning and sluice room. Staff were observed to be wearing appropriate protective wear when carrying out their duties. The cleaner's trolleys are stored in locked areas when not in use. Both the laundry and cleaning staff have completed chemical safety training.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Fire drills are scheduled every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff.</p>

		There are supplies in the event of a civil defence emergency including food, blankets and gas cooking and water. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times at the facility. There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Security systems are in place to ensure residents are safe.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	The facility has heating and air conditioning throughout the communal areas and resident rooms. All communal rooms and bedrooms are well ventilated and well lit. The auditor noted that temperature of the facility was comfortable. There is plenty of natural light in residents' rooms.
Standard 3.1: Infection control management There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.	FA	The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Staff are well informed about infection control practises and reporting. The infection control coordinator is a registered nurse (clinical manager) and she is responsible for infection control across the facility. The committee and the Bupa governing body in conjunction with Bug Control, is responsible for the development of the infection control programme and its review. The infection control programme is well established at Bupa Merrivale. The infection control committee consists of a cross section of staff and there is external input as required from general practitioners, and local community laboratory.
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	There are adequate resources to implement the infection control programme. The infection control (IC) coordinator has maintained best practice by attending infection control updates. The infection control team is representative of the facility. External resources and support are available when required. Bupa has also recruited an infection control specialist who provides advice and support. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.
Standard 3.3: Policies and procedures	FA	The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of

Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.		staff and scope of the programme.
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand washing and standard precautions.</p> <p>The infection control coordinator has received education by an external provider to enhance her skills and knowledge. The infection control coordinator has access to the Bupa intranet with resources, guidelines and best practice.</p> <p>A number of toolbox talks have been provided including (but not limited to) preventing UTIs.</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>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, trends, resources, and education needs within the facility.</p> <p>Individual infection reports are completed for all infections on the incident management programme (RiskMan). Infections are included on a monthly register and a monthly report is collated by the infection control coordinator with a corrective action plan. Infection control data and corrective actions are reported at the infection control, quality and staff meetings.</p> <p>The infection control programme is linked with the Bupa quality management programme. The results are subsequently included in the care home manager's report on quality indicators. Internal infection control audits and surveillance of infection control data assists the service in evaluating compliance with infection control practises and identifying infection control needs. There is close liaison with the resident's GP that advise and provide feedback/information to the service.</p> <p>One influenza outbreak during May/June 2019 was reported to Public Health and managed well.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There were no residents with restraints and no residents using an enabler.</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.</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 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	PA Low	<p>Eight resident files were sampled, this included one respite resident and one resident under 65 years of age. The respite resident did not require a long-term care plan. The sample size was increased to ten files. Five long-term care plans were not completed within the required timeframe. There was evidence that one initial interRAI assessment was not completed within the required timeframe. The care plans had been reviewed and evaluated by the registered nurse at least six-monthly or more frequently to reflect changes in health status.</p>	<p>(i) Four hospital and one dementia long-term care plan had not been completed within 21 days of admission.</p> <p>(ii) One initial interRAI assessment for a resident in dementia care had not been</p>	<p>(i) Ensure all initial long-term care plans are completed within 21 days of admission.</p> <p>(ii) Ensure all initial interRAI assessments are</p>

			completed within 21 days of admission.	completed within 21 days of admission. 90 days
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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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	CI	During January 2019 the service noted that the incidences of falls in the hospital had increased. An in-depth falls review was undertaken, and falls were noted to be more prevalent in the resident rooms and in the evening. A plan was implemented, aimed at reducing the incidence of falls. All falls were monitored monthly by the clinical manager. The weekly clinical review meeting and quarterly quality meetings also documented reporting and monitoring of falls.	<p>Following an in-depth review of falls an action plan was developed. The plan included the aims of reducing falls and also reducing harm from falls. The plan included targeting individuals who had been identified as high risk of falls or had been frequent fallers. These residents were discussed (and continue to be so) at weekly clinical review meetings along with strategies to reduce their falls. Individual interventions have included; the purchase and use of sensor clips that alert if the resident moves from the chair/bed, and additional crash mats as needed. Rooms were re-arranged for some residents to reduce the risk of falls. An example was that the bathroom door was changed so the resident did not step backwards when opening the door and another resident was moved to a higher visibility room to assist closer observation.</p> <p>Staff education included using handovers to provide a higher priority for falls information and education and one-on-one discussion with staff.</p> <p>The service commenced fall minimisation meetings, however the team felt that due to the relatively small size of the service, the meeting did not contribute to the process of falls reduction. Clinical review meetings,</p>

			<p>quality meetings and daily review of incident forms were felt to be a more productive use of time.</p> <p>GP provided assistance with the nursing team and reviewed all medications as needed. The activity team reviewed and implemented changes to the activity plan. The nursing care plans were also reviewed and updated as needed. As a result of the plan and the changes, these interventions have resulted in a 20% decrease in falls in the hospital unit, in comparison to the same period last year. This year falls have reduced from 21 falls in the hospital July to six falls during November. The service intends to roll the process out to the rest home and dementia unit.</p>
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>In January 2019, the activities team held a planning workshop to plan their programme and address improvement opportunities. The 2018 survey results for activities were reviewed and the plan was to focus on van outings; entertainment; team meetings; calendars; noticeboards; a Friday speakers' group; activity skills group; Bupa themes and additional resources.</p> <p>There was evidence that improvement in the activities programme had occurred. This was measured through survey results being compared from 2018 to 2019. Resident satisfaction had increased in the following areas: the variety and quality of resident activities; meeting cultural and spiritual needs; and support from staff during activities.</p>	<p>Survey results for Bupa Merrivale Rest Home for 2018 to 2019 indicated an increase in satisfaction. Survey results are: satisfaction with the variety of activities 63% to 79%; quality of excursions 63% to 78%; meeting cultural and spiritual needs 72% to 79%; support from staff during activities 82% to 86%.</p> <p>Van outings for residents increased. Each care home community previously offered a van outing once a month; this is now offered one to two weekly. The range of destinations and activities for van outings has increased.</p> <p>Entertainment has included an increase in performers. A portable keyboard enables entertainers to use all lounges and residents with musical talents are encouraged to play. Residents from the dementia section now attend entertainment sessions in the rest home and hospital. Groups of entertainers visited during both days of the two-day audit. Residents commented on how enjoyable these sessions were and were observed participating.</p> <p>Activities calendars are now centralised with all activities being displayed on the calendar, enabling increased options for residents. These are displayed on the noticeboards within the facility.</p> <p>The Friday speakers' group and outings have proved popular with a range of speakers from the community presenting to residents. Resident numbers attending these sessions have increased and up to ten residents (both male and female) now attend these sessions</p>

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End of the report.