

# Bupa Care Services NZ Limited - Wattle Downs Care Home

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## 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:

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| <b>Legal entity:</b>  | Bupa Care Services NZ Limited  |
| <b>Premises audited:</b>  | Wattle Downs Care Home   |
| <b>Services audited:</b>  | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| <b>Dates of audit:</b>  | Start date: 20 January 2020      End date: 21 January 2020   |
| <b>Proposed changes to current services (if any):</b>   | None   |
| <b>Total beds occupied across all premises included in the audit on the first day of the audit:</b> | 59   |

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

| Indicator   | Description   | Definition   |
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|   | 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 Wattle Downs provides rest home and hospital (medical and geriatric) level care for up to 60 residents. On the day of audit there were 59 residents.

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

The care home manager is appropriately qualified, experienced and has been in the role four years. She is supported by two-unit coordinators.

Feedback from residents and relatives was positive about the care and services provided.

The service has achieved a continuous improvement rating around meal services and the dining experience.

## Consumer rights

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| 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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Staff strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Code of Health and Disability Consumers' Rights (the code). 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. Regular contact is maintained with families, including if a resident is involved in an incident or has a change in their current health. 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

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| 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 Wattle Downs Care Home has an established quality and risk management system that supports the provision of clinical care and support. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. The facility is benchmarked against other Bupa facilities. Incidents documented, demonstrated immediate follow-up from a registered nurse. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. The organisational staffing policy aligns with contractual requirements and includes skill mixes. There is a roster that provides sufficient and appropriate 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.

All standards applicable to this service fully attained with some standards exceeded.

There is an admission package available prior to or on entry to the service. Registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family input. Care plans viewed demonstrated service integration and are reviewed at least six monthly. Resident files include medical notes by the contracted general practitioner and visiting allied health professionals.

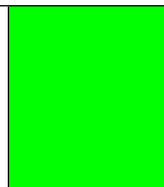
Medication policies reflect legislative requirements and guidelines. Registered nurses and senior medication competent caregivers are responsible for the administration of medicines. Medication charts are reviewed three monthly by the GP.

The activities staff implement the activity programme to meet the individual needs, preferences and abilities of the residents. Residents are encouraged to maintain community links. There are regular entertainers, outings, and celebrations.

All meals are cooked on site. Residents' food preferences, dislikes and dietary needs are recorded. The food control plan has been verified.

## 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.

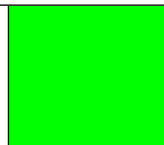


Standards applicable to this service fully attained.

Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. The building holds a temporary warrant of fitness. All rooms are single. There is a mix of rooms with own ensuites and shared ensuites. External areas are safe and well maintained with shade and seating available. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning services are monitored through the internal auditing system. All laundry is done off site. Systems and supplies are in place for essential, emergency and security services. A first aider is on duty at all times.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.



Standards applicable to this service fully attained.

There is a Bupa restraint policy that includes the definitions of restraint and enablers. Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. At the time of the audit, there were seven residents requiring the use of restraint and one resident using an enabler. Resident files reviewed included consents, assessment and evaluations for restraint use. Restraint minimisation and enabler education has been completed.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Bupa facilities. Staff receive ongoing training in infection control.

## Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| <b>Standards</b>  | 1                           | 49                  | 0  | 0                                    | 0  | 0                                      | 0  |
| <b>Criteria</b>   | 1                           | 100                 | 0  | 0                                    | 0  | 0                                      | 0  |

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



# Attainment against the Health and Disability Services Standards

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

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

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

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

| Standard with desired outcome   | Attainment Rating | Audit Evidence   |
|---|-------------------|--|
| <p>Standard 1.1.1:<br/>Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>                  | FA                | <p>The Code of Health and Disability Consumers' Rights (the Code) policy and procedure is implemented. Discussions with the care home manager/registered nurse (RN), two-unit coordinators/RNs and care staff (six caregivers, four registered nurses, one activities coordinator and one physiotherapist) confirmed their familiarity with the Code. Interviews with six residents (three rest home and three hospital) and six relatives (five hospital level and one rest home) confirmed that the services being provided are in line with the Code. The Code is discussed at resident and staff meetings.</p> |
| <p>Standard 1.1.10:<br/>Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make</p> | FA                | <p>The service has in place a policy for informed consent. Completed general and resuscitation consent forms were evident on all resident files reviewed (three rest home and five hospital including one long term chronic health). Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. Enduring power of attorney (EPOA) evidence is filed in the residents' charts. Residents and relative interviewed confirmed they receive adequate information to be able to make informed choices.</p>                          |

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| informed choices and give informed consent.  |    |  |
| <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. Information about accessing advocacy services information is available in the main entrance and includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family with advocacy information. 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 includes informing the complainant of their right to contact the health and disability advocacy service. Staff receive training on advocacy provided by the local health and disability advocate.</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 the Returned Services Association (RSA), stroke club, entertainers and local churches. There are regular visits from the local day care, twice yearly kapa haka performances and Just Dance NZ group who visit and dance with the residents two monthly.</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>There is a complaints procedure to guide practice. The complaints procedure is provided to resident/relatives at entry. Discussion with residents and family member confirmed they were provided with information on the complaint process. Complaint forms were visible for residents/relatives in various places around the facility. The care home manager has overall responsibility for managing the complaints process at Wattle Downs Care Home. Bupa has a call centre where concerns or complaints can be directed and addressed by the clinical services improvement team. A record of all complaints per month had been recorded on the register and reported to head office monthly. The register included relevant information regarding the complaint including date of resolution, letter of acknowledgement, investigation process and family meeting minutes. All complaints reviewed were followed up to the satisfaction of the complainant. The final letter offers advocacy through the Bupa consumer engagement advisor and/or the health and disability advocate. There have been 25 complaints made in 2019 and three complaints received for 2020 to date. The complaints register includes all formal, informal and verbal concerns. All the complaints reviewed were investigated and any corrective actions required have been followed up and implemented. Trends were identified relating to RN turnover which has been stable for the last year, repeated relative concerns with and lack of understanding around dementia (involving GP reviews/meetings/care</p> |

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|   |    | plans/re-assessments). Discussion around complaints/concerns are documented at staff meeting minutes. There have been no DHB or HDC complaints.  |
| Standard 1.1.2:<br>Consumer Rights<br>During Service<br>Delivery<br><br>Consumers are informed of their rights.   | FA | 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 discusses the Code with the resident and the family/whānau. Information is given in the information pack to the resident, next of kin or enduring power of attorney (EPOA) to read and discuss. There are code of rights brochures and advocacy information readily available at the main reception.  |
| Standard 1.1.3:<br>Independence,<br>Personal Privacy,<br>Dignity, And Respect<br><br>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.                        | FA | The service has policies that 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 training on abuse and neglect.  |
| Standard 1.1.4:<br>Recognition Of Māori<br>Values And Beliefs<br><br>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. | FA | The service has established Māori cultural policies to help meet the cultural needs of its Māori residents. The service has established links with local Māori advisors and kaumātua linked to local maraes. The service has access to the DHB Whānau Ora team and interpreter services. A cultural assessment is completed during the resident's entry to the service. There was one resident who identified as Māori on the day of audit. The resident file reviewed identified the residents Māori cultural beliefs including the importance of consultation with family/whānau. Staff interviewed could describe how cultural support and advice could be provided for the Māori resident. Staff training includes cultural awareness for all staff last in June 2019. |

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| <p>Standard 1.1.6:<br/>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 and/or their family/whānau have input. Discussions with staff confirmed that they are aware of the need to respond to the cultural needs of the residents. Residents are encouraged to maintain their cultural and spiritual links with community groups/churches.</p>   |
| <p>Standard 1.1.7:<br/>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 (as sighted in all eight employees' files audited). 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.</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. The care home manager is a registered nurse. Registered nursing staff are available seven days a week, 24 hours a day. The service receives support from the district health board and external agencies which includes visits from specialists and staff education and training. The service contracts a physiotherapist for three hours a week and is supported by an RN who is the moving and handling champion assisting in staff training and hoist competences. Registered nurses have portfolios of interest such as two wound care champions, continence champion, infection control coordinator and restraint coordinator. A physiotherapy assistant (also the activity coordinator) for six hours week was appointed in September 2019 to assist with resident exercises and staff training. The service has a quality goal around reducing falls, falls assessments, GP reviews, falls prevention plans, walking groups and equipment (sensor mats, mobility aids) and education. A review of the last quarter identified a downward trend from 25 falls in October 2019 to 13 in December 2019. Staff recognition of good practice is celebrated at staff meetings with "staff member of the month", "health and safety member of the month", "most valuable RN of the month" and "outstanding caregiver of the month" all nominated by their colleges. A staff SMILE programme is in place to encourage staff engagement in the service. There is a robust education and training programme for staff that includes in-service training, impromptu training and competency assessments.</p> |

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| <p>Standard 1.1.9:<br/>Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p> | <p>FA</p> | <p>Policies alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accidents and incidents are entered onto the on-line reporting tool, RiskMan, which alerts the care home manager and unit coordinators. Fifteen accident/incident forms reviewed, identified the family/whānau had been informed. Family interviewed confirmed that they are notified of any changes in their family member's health status. There are monthly resident meetings which cover all aspects of service provision. Meeting minutes are displayed on the resident noticeboard. The meetings are open to families to attend. Newsletters are available for families and residents.</p> <p>Residents and family members interviewed, stated that they were welcomed on entry and were given time and explanation about the services and procedures. An interpreter policy and contact details of interpreters is available and used where indicated.</p>   |
| <p>Standard 1.2.1:<br/>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>Wattle Downs Care Home is a Bupa residential care facility. The care facility has a total of 60 dual-purpose beds, suitable for rest home and hospital (medical and geriatric) levels of care. The service is split into two communities; 30-bed Acacia community on the ground floor and 30-bed Mahia community on the first floor. During the audit there were 59 residents (26 rest home and 33 hospital level of care). Two hospital level residents were under the long-term chronic health condition contract (LTS-CHC). All other residents were on the age-related residential care (ARRC) contract. The care home manager liaises closely with the village manager. The service offers a seven-day complimentary respite care.</p> <p>Bupa has an overarching business plan with goals set by head office. A vision, mission statement and objectives are in place. Goals focus around the people (customers and staff), risk management and sustainable performance. Annual quality/health and safety goals for the facility have been determined and are regularly reviewed by the care home manager and two-unit coordinators in consultation with the clinical advisor for Bupa and the operations manager who visits the site monthly. A quarterly report is prepared by the care home manager and provided to the Bupa clinical service improvement team on the progress and actions that have been taken to achieve the Wattle Downs Care Home quality goals of reducing falls and providing RN leadership and clinical oversight. These quality goals will continue on for 2020.</p> <p>The care home manager is an experienced RN who has worked for Bupa for the past 10 years and has been in this role since October 2015. There is a vacancy for a clinical manager who resigned in June 2019. A second unit coordinator was appointed in October 2019 who will continue to develop leadership and management skills. There is now a unit coordinator for each community to support and guide care staff.</p> <p>The care home manager has maintained over eight hours annually of professional development activities related to the role including workshops for care home managers, six monthly regional meetings and annual Bupa managers</p> |

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|  |    | conference.   |
| <p><b>Standard 1.2.2:<br/>Service Management</b></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 senior unit coordinator is in charge with support from the operations manager. For extended absences, a Bupa relieving care home manager is rostered. The care home manager and two-unit coordinators share the on-call requirement.</p>  |
| <p><b>Standard 1.2.3:<br/>Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>                         | FA | <p>An established quality and risk management system is embedded into practice. Quality and risk data, including trends in data is discussed in monthly heads of department, quality staff meetings, health and safety, infection control, clinical and staff meetings. The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) resident falls, infection rates, complaints received, restraint use, pressure injuries, wounds, and medication errors. Corrective actions are implemented when service shortfalls are identified and signed off when completed. Wattle Downs Care Home reports, analysis and consequent corrective actions were sighted. Interviews with staff and review of meeting minutes/quality action forms and toolbox talks confirmed staff are kept informed on quality data and quality improvements. Quality and risk data are shared with staff via meetings and meeting minutes displayed in the staffroom.</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. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff. There is hard copy of policies and procedures available and also available to staff on the intranet.</p> <p>An annual internal audit schedule was sighted for the service, with evidence of internal audits occurring as per the audit schedule. Audit summaries are completed for all audits identifying if there are any areas of non-compliance requiring corrective actions. Audit summary forms are submitted to the quality meeting and outcomes discussed, signed off as completed and documented in meeting minutes which are shared with all staff. Re-audits are completed for audit results less than 90%.</p> <p>There are resident/relative surveys conducted and analysed annually. The 2019 resident/relative survey evidenced</p> |

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|  |           | <p>an increase in satisfaction of 77% compared with the resident/relative satisfaction survey result in 2018 at 53%. Corrective actions were developed and completed in areas where quality improvements were identified such as improving the dining experience and meal service (link CI 1.3.13.1). Results are fed back to residents/relatives at meetings and through newsletters.</p> <p>Health and safety goals are established and regularly reviewed. Health and safety policies are implemented and monitored by the health and safety manager at head office. The care home manager and health and safety representatives have completed an on-line health and safety course for Worksafe representatives. A health and safety representative (unit coordinator) was interviewed about the health and safety programme. The health and safety committee meet three monthly and review accident/incidents, review the hazard register (last July 2018), report on weekly walk-a-rounds and provide reports to the quality meeting. All new staff and contractors undergo a health and safety orientation programme. There is annual health and safety training and updates as part of the education planner. A health and safety staff noticeboard keep staff informed on health and safety matters and display health and safety committee minutes. Bupa has attained tertiary level of the ACC partnership programme in 2019.</p> <p>Falls prevention strategies include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls.</p> |
| <p><b>Standard 1.2.4:<br/>Adverse Event Reporting</b></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>FA</p> | <p>Individual reports are completed on RiskMan for each near miss and incident/accident with immediate action noted, relative notification and any follow-up action(s) required such as post falls assessments. Fifteen accident/incident forms were reviewed for December 2019. Data collected on incident and accident forms include time, location, activity at the time of fall and footwear worn at the time of accident. Neurologic observations had been completed for unwitnessed falls and where there was an obvious knock to the head. Data collected is linked to the quality management system and reported at the quality, health and safety and facility meetings.</p> <p>The care home manager and unit coordinators were aware of their requirement to notify relevant authorities in relation to essential notifications. There have been four section 31 notifications for three facility acquired unstageable pressure injuries (May, June and December 2019) and one facility acquired suspected deep tissue pressure injury (June 2019).</p>   |
| <p><b>Standard 1.2.7:<br/>Human Resource Management</b></p>  | <p>FA</p> | <p>Human resources policies include recruitment, selection, orientation and staff training and development. Eight staff files reviewed (one-unit coordinator, two RNs, three caregivers, one activity coordinator and one cook) all documented a recruitment process, signed employment contracts, job descriptions, appraisals and completed</p>  |

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| <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>  |           | <p>orientation programmes. A register of registered nursing staff and other health practitioner practising certificates is maintained. The orientation programme provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies. The RN orientation schedule has been extended from two weeks to three weeks including two classroom days.</p> <p>There is an implemented annual education and training plan that exceeds eight hours annually. Full study days are held quarterly and include compulsory training requirements. Toolbox talks are included as part of the staff meetings for any updates/topical concerns. There is an attendance register for each training session and an individual staff member record of training. The dementia care advisor provides education sessions on Person first and Dementia second philosophy of care. Care staff have the opportunity to further their Careerforce qualifications with an onsite assessor (unit coordinator). The RNs are encouraged to complete competent level of the Bupa professional development recognition programme.</p> <p>Staff are required to complete written annual core competencies. Registered nurses are supported to maintain their professional competency. There are implemented competencies for RNs including (but not limited to) medication administration, insulin administration, controlled drug administration, moving &amp; handling, oxygen administration, restraint, wound management and syringe driver.</p> <p>Four RNs, two-unit coordinators and the care home manager have completed interRAI training. InterRAI trained RNs have allocated time on the roster to complete interRAI assessments.</p> |
| <p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p> | <p>FA</p> | <p>A staff rationale and skill mix policy is in place. Sufficient staff are rostered on to manage the care requirements of the residents. The residents and relatives interviewed stated there were sufficient staff on duty to meet their needs. Care staff (across the afternoon and morning shifts) stated they had adequate numbers of staff to meet the level of care required for the residents. They feel supported by the RNs, unit coordinators and the care home manager who assist caregivers as required. The RNs and unit coordinators were observed to be actively supporting the care team on the days of audit. Every effort is made to replace staff sickness as evidenced on the roster. Three vacancies have been filled to commence 27 January 2020 including three caregivers and one kitchenhand. There has been stability in RNs over the past year.</p> <p>The service is split into two communities, 30-bed Acacia wing on the ground floor and 30-bed Mahia wing on the first floor.</p> <p>In the Acacia community there are 30 of 30 residents (18 rest home and 12 hospital residents). On the morning shift, there is one unit coordinator and one RN on duty on the morning and afternoon shifts. The RNs are supported by two caregivers on the full morning shift and three caregivers on the morning short shift (one is the floater between the two communities). On the afternoon shift there are two caregivers on full shift and two caregivers on short afternoon shift (one is the floater between the communities). There are two caregivers on</p>  |



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|   |    | <p>night shift.</p> <p>In the Mahia community, there are 29 of 30 residents (eight rest home and 21 hospital residents). There is one-unit coordinator on morning duty and one RN on duty the morning, afternoon and night shift. The night shift RN oversees the Acacia community on night shift. The RNs are supported by five caregivers on the morning shift (two on long shifts and three on short shifts), four on the afternoon shift (two full shifts and two 4 pm – 9 pm) and two caregivers on the night shift.</p> <p>There is an activity coordinator and activity assistant Monday to Friday. There are designated kitchen and household staff. .</p> |
| <p>Standard 1.2.9:<br/>Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>        | FA | <p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access. Information containing 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. Access to electronic systems are password protected.</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 are policies and procedures to safely guide service provision and entry to services including an admission policy. The service has an information pack available for residents/families at entry. The admission agreements reviewed met the requirements of the ARC contract. Exclusions from the service are included in the admission agreement. All long-term admission agreements sighted were signed and dated.</p>  |
| <p>Standard 1.3.10:<br/>Transition, Exit, Discharge, Or Transfer</p>  | FA | <p>Policy describes guidelines for death, discharge, transfer, documentation and follow-up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. The facility uses the 'yellow envelope' transfer system. Communication with family is made.</p>  |

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| <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</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>FA</p> | <p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were two residents self-administering on the day of audit. A consent form had been signed and the residents deemed competent to self-administer. There are no standing orders. There are no vaccines stored on site.</p> <p>The facility uses an electronic and robotic pack system. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. RNs and senior medication competent caregivers administer all medications. Staff attend annual education and have an annual medication competency completed. RNs are registered to attend syringe driver training with the hospice for February and April 2020. The medication fridge and treatment room temperatures are checked weekly. Eye drops are dated once opened.</p> <p>Staff sign for the administration of medications on the electronic system. Sixteen medication charts were reviewed (six rest home and ten hospital). Medications are reviewed at least three monthly by the GP. There was photo ID and allergy status recorded. 'As required' medications had indications for use charted.</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> | <p>CI</p> | <p>The service has a kitchen manager who works Monday – Friday 8 am – 4.30 pm. There are two other kitchenhands/cooks who cover the night meal and weekends. All cooks have current food safety certificates. The kitchen manager oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen and all meals are cooked on site. Meals are served in each area from bain maries. The temperature of the food is checked before serving. Special equipment such as lipped plates is available. On the day of audit, meals were observed to be hot and well presented. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge and freezer temperatures were monitored and recorded weekly. Food temperatures are checked, and these were all within safe limits. The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes were noted. The six weekly menu cycle is approved by the Bupa dietitian. Residents can request alternative meals. All resident/families interviewed were satisfied with the meals.</p> <p>The food control plan was verified March 2018.</p> <p>In response to a food satisfaction survey there have been changes to the variety of the menu and the dining</p> |

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|  |    | experience.  |
| <p>Standard 1.3.2:<br/>Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p> | FA | The service records the reason for declining service entry to residents should this occur and communicates this to residents/family. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Advised that potential residents would be referred back to the referring agency.  |
| <p>Standard 1.3.4:<br/>Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>   | FA | Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. InterRAI assessments had been completed for all long-term residents whose files were sampled. Overall the goals were identified through the assessment process and linked to care plan interventions. Other assessment tools in use included (but are not limited to) nutrition, pain and continence.   |
| <p>Standard 1.3.5:<br/>Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>   | FA | Care plans reviewed evidenced multidisciplinary involvement in the care of the resident. All care plans are resident-centred. Interventions documented support needs and provide detail to guide care. Short-term care plans are in use for changes in health status. Residents and relatives interviewed stated that they were involved in the care planning process. There was evidence of service integration with documented input from a range of specialist care professionals including the hospice nurse, wound care nurse and mental health care team for older people. The care staff interviewed advised that the care plans were easy to follow. |
| Standard 1.3.6:  | FA | When a resident's condition changes the RN initiates a GP consultation. Staff stated that they notify family   |

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| <p>Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>  |           | <p>members about any changes in their relative's health status. Care plans sampled had interventions documented to meet the needs of the residents and there is documented evidence of care plans being updated as residents' needs changed.</p> <p>Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence and wound care supplies.</p> <p>Wound assessment, wound management and wound evaluation forms are in place for all wounds. Wound monitoring occurs as planned. Two wounds have had input from the wound care nurse specialist. There are photos of the progress of all wounds. There are currently five pressure injuries being treated. Two are non-facility acquired. There are four stage two and one unstageable pressure injury. The unstageable has been documented on a Section 31. Pressure mattresses and cushions are in use. Heels are elevated as required.</p> <p>Monitoring forms are in use as applicable such as weight, vital signs and wounds. Behaviour charts are available for any residents that exhibit challenging behaviours. Caregivers document changes of position on turning charts.</p>   |
| <p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p> | <p>FA</p> | <p>There is one activities coordinator and one activities assistant who both work 32 hours a week in each community.</p> <p>There is a weekly programme in large print on noticeboards in all areas. Every Monday each resident is given a copy of the weekly programme to keep in their room. Residents have the choice of a variety of activities in which to participate and every effort is made to ensure activities are meaningful and tailored to residents' needs. These include exercises, Tai Chi, walking groups, knitting groups, bingo, news from the paper, and quizzes.</p> <p>Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a chat.</p> <p>There is a church service twice weekly. One is interdenominational and one Catholic.</p> <p>Van outings are twice weekly. There is pet therapy twice yearly and two family members bring in their dogs weekly.</p> <p>Special events like birthdays, Easter, Mothers' Day, Chinese New Year, Anzac Day and Melbourne Cup are celebrated. There are weekly entertainers.</p> <p>There is community input from the RSA and stroke club. Some residents go to the village to play games. There are also trips to shops, cafés and local markets.</p> <p>The long-term chronic healthcare resident is younger. The activities staff offer the resident more modern DVDs and books and the resident goes for walks to the local shops and is happy to join in the usual group activities.</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career and family. Resident files reviewed identified that the</p> |

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|   |    | <p>comprehensive individual activity plan is based on this assessment. Activity plans are evaluated at least six monthly at the same time as the review of the long-term care plan.</p> <p>Resident meetings are held monthly. Residents and families interviewed expressed satisfaction with the activities.</p>  |
| <p>Standard 1.3.8:<br/>Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>  | FA | <p>Except for one recent admission, all plans reviewed had been evaluated by the registered nurse six monthly or when changes to care occurred. Short-term care plans for short-term needs are evaluated and signed off as resolved or added to the long-term care plan as an ongoing problem. Activities plans are in place for each of the residents and these are also evaluated six monthly. The multidisciplinary review involves the RN, GP and resident/family if they wish to attend. There is at least a three-monthly review by the GP. The family members interviewed confirmed that they are informed of any changes to the care plan.</p> |
| <p>Standard 1.3.9:<br/>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 choice/needs.</p> | FA | <p>Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There was evidence of where residents had been referred to the wound care nurse specialist, mental health services for older people and the dietitian. Discussion with the registered nurse identified that the service has access to a wide range of support either through the GP, specialists and allied health services as required.</p>  |
| <p>Standard 1.4.1:<br/>Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of</p>  | FA | <p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. The hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Gloves, aprons, and goggles are available for staff.</p>  |

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| <p>exposure to waste, infectious or hazardous substances, generated during service delivery.</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 temporary warrant of fitness which was approved 8 January 2020 due to pending certificate to be issued from fire security. There is a maintenance person who works 32 hours a week. There is a contracted gardener. Contracted plumbers and electricians are available when required.</p> <p>Electrical equipment has been tested and tagged. The hoist and scales are checked annually. Hot water temperatures have been monitored randomly in resident areas and were within the acceptable range. The communal lounges, hallways and bedrooms are carpeted. The corridors are wide, have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens are well maintained. All outdoor areas have seating and shade. There is safe access to all communal areas. There are two lifts between floors. These are checked quarterly. One is large enough to transport beds.</p> <p>Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents. Bariatric equipment has recently been purchased.</p> |
| <p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p> | <p>FA</p> | <p>There are 36 rooms with ensuites. There are 24 rooms which share ensuites. There are two larger communal bathrooms to accommodate shower trollies. Fixtures, fittings and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs and hoists if appropriate. There are privacy signs on all shower/toilet doors.</p>  |

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| <p>Standard 1.4.4:<br/>Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>  | <p>FA</p> | <p>All rooms are single. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p>   |
| <p>Standard 1.4.5:<br/>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> | <p>FA</p> | <p>There are large and small lounges. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. The dining rooms are spacious. There is a hairdressing salon.</p>  |
| <p>Standard 1.4.6:<br/>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>                     | <p>FA</p> | <p>All laundry is done off site. There is a 'dirty' laundry where dirty laundry is picked up from and a 'clean' laundry where clean laundry is returned. There is a laundry and cleaning manual. and safety data sheets. Personal protective equipment is available. Cleaning and laundry services are monitored through the internal auditing system. The cleaner's equipment was attended at all times or locked away. All chemicals on the cleaner's trolley were labelled. There are sluice rooms on each floor for the disposal of soiled water or waste and the sluicing of soiled linen if required. The sluice rooms and the laundry are kept closed when not in use.</p> |

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| <p>Standard 1.4.7:<br/>Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>  | <p>FA</p> | <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation was sighted last December 2019. Fire training, civil defence and security situations are part of orientation of new staff and ongoing as part of the education plan. Emergency equipment and civil defence bins are checked monthly. There are adequate supplies in the event of a civil defence emergency including food, water (4,000L tank), torches, radio and gas cooking. Short-term back-up power for emergency lighting is in place and the service has a priority to hire a generator.</p> <p>A minimum of one person (RNs and senior caregivers) trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. The first aider responds to emergency village calls from the call centre. Activities staff are also trained in first aid procedures.</p> <p>There are call bells in the residents' rooms, ensuites and lounge/dining room areas. Residents were observed to have their call bells in close proximity. The calls bells are connected to the pager system and monitored for standard response times below five minutes.</p> <p>Security systems and CTV internal and external cameras are in place to ensure residents are safe. Automated security gates have been installed which close at 9 pm.</p> |
| <p>Standard 1.4.8:<br/>Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p> | <p>FA</p> | <p>All bedrooms and communal areas have ample natural light and ventilation. There are heat pumps in communal areas and infrared heaters in residents' rooms and underfloor heating and heat pumps. Staff and residents interviewed stated that this is effective. There is one outdoor area where residents smoke. All other areas are smoke free. There is centralised air conditioning and sun blinds provided in rooms.</p>  |
| <p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of</p>   | <p>FA</p> | <p>Bupa has an established infection control (IC) programme that is being implemented. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service and has been linked into the incident reporting system. A registered nurse has been in the role five months and has completed induction to the role with a defined job description that outlines the responsibility of the role. The infection control coordinator attends monthly teleconferences with the Bupa infection control specialist and other Bupa infection</p>   |



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| <p>infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>   |           | <p>control coordinators. The infection control and prevention programme is reviewed annually in consultation with facility infection control team and Bupa personnel at head office.</p> <p>Visitors are asked not to visit if unwell. There are sufficient hand sanitisers appropriately placed throughout the facility and adequate supplies of personal protective equipment and outbreak management supplies. Influenza vaccines are offered to residents and staff. There has been a 91% staff uptake for 2019.</p>  |
| <p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>   | <p>FA</p> | <p>There are adequate resources to implement the infection control programme at Bupa Wattle Downs. The infection control coordinator attended an infection control regional study day September 2019 with updates on hand hygiene, vaccinations, measles outbreak, outbreak management and MROs. The infection control coordinator is supported by the infection control team representative of all areas of service. The team meet at least two monthly and meeting minutes are made available to staff. The infection control coordinator and infection control team have access to infection control specialist at head office and the DHB, Bupa consultant geriatrician, GPs and public health.</p> |
| <p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and</p> | <p>FA</p> | <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme. Policies and procedures are reviewed at head office in consultation with Bupa infection control coordinators. Staff are informed of any new/reviewed policies and procedures.</p>   |

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| appropriate/suitable for the type of service provided.  |    |   |
| <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 facility is committed to the ongoing education of staff and residents. Education is facilitated by the infection control coordinator who has completed training to ensure knowledge of current practice. Infection control education is included in orientation for all staff and annually as part of the ongoing education plan. All infection control training has been documented and a record of attendance has been maintained. Infection control competencies are completed.</p> <p>Resident education occurs as part of daily cares and infection control concerns/matters discussed at resident meetings.</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, resources, and education needs within the facility. Infections are included on a monthly on-line register and a monthly report is completed by the infection control coordinator. There are standard definitions of infections in place appropriate to the complexity of service provided. The service receives a monthly report from the laboratory for the inclusion of micro-organisms into the monthly data. Surveillance data is analysed for trends and corrective actions/improvements. The service has identified an improvement for the reduction of urinary tract infections (UTI) based on 2019 statistics and has a goal to reduce UTIs by 50% in 2020. Infection control data is collated monthly and reported at the quality, RN and staff meetings and is linked with the quality management programme. Benchmarking occurs against other Bupa facilities.</p> <p>Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GP that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility. There have been two confirmed norovirus outbreaks (June and November 2019). Case logs, email correspondence with public health and a section 31 for each outbreak was sighted.</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. A registered nurse has overall responsibility for restraint in consultation with the RNs and the National Restraint Coordinator. There was one hospital level resident with an enabler bedrail and seven hospital level residents with restraints (six bedrails and one lap belt).</p> <p>All necessary documentation has been completed in relation to the enabler. 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</p>   |

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|   |    | that are congruent with the definition in NZS 8134.0. Staff education including assessing staff competency on RMSP/enablers has been provided. Restraint is discussed as part of clinical staff meetings.  |
| <p>Standard 2.2.1:<br/>Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p> | FA | <p>The restraint approval process is described in the restraint minimisation policy. Roles and responsibilities for the restraint coordinator (RN) and for staff are documented and understood. The restraint approval process identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements. The restraint coordinator provides quarterly reports to the National Restraint Coordinator and attends twice yearly restraint coordinator teleconferences which incorporates education and updates. Care staff complete annual education on safe restraint practice and challenging behaviours last June 2019. Restraint competencies are completed annually.</p> |
| <p>Standard 2.2.2:<br/>Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>  | FA | <p>A restraint assessment tool is completed for residents requiring an approved restraint for safety. Assessments are undertaken by the restraint coordinator in partnership with the RNs, GP, resident and their family/whānau. Restraint assessments are based on information in the care plan, resident/family discussions, observations and accident/incidents.</p> <p>Ongoing consultation with the resident and family/whānau are evident. Three files for residents using restraint were reviewed (one lap belt and two bedrails). The completed assessment considered those listed in 2.2.2.1 (a) - (h).</p>   |
| <p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>  | FA | <p>Procedures around monitoring and observation of restraint use are documented in policy. Approved restraints are documented. The restraint coordinator is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialed before implementing restraint.</p> <p>Restraint authorisation is in consultation/partnership with the restraint coordinator, resident, family and the GP. The use of restraint is linked to the resident's restraint care plan including associated risks with restraint use. An</p>  |

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|   |    | <p>internal restraint audit, conducted annually, monitors staff compliance in following restraint procedures.</p> <p>Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Consistent evidence to verify restraint checks (including cares) were sighted on the monitoring forms for the residents using restraint.</p> <p>A restraint register is in place providing an auditable record of restraint use and is completed for residents requiring restraints and enablers.</p> |
| <p>Standard 2.2.4:<br/>Evaluation</p> <p>Services evaluate all episodes of restraint.</p>   | FA | <p>The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations are conducted three-monthly as evidenced in three resident files where restraint was in use. The restraint coordinator reported that restraint use is also discussed in the RN meetings. This was confirmed in the meeting minutes.</p>  |
| <p>Standard 2.2.5:<br/>Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p> | FA | <p>The Bupa restraint minimisation programme is discussed and reviewed at a national level and includes identifying trends in restraint use, reviewing restraint minimisation policies and procedures and reviewing the staff education and training programme.</p>  |

## Specific results for criterion where corrective actions are required

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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.

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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   |
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| <p>Criterion 1.3.13.1</p> <p>Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer</p> | CI                | <p>It was identified in the residents' satisfaction survey in 2018 that a number of residents were not satisfied with the variety of the menu and the mealtime experience. These results were discussed at a staff, quality and resident meeting and it was decided to put a corrective action plan in place to improve the variety of meals and the whole dining experience.</p> | <p>The following action plan was developed; one more bain marie was purchased so meals are served hot in each level, more variety was introduced to the menu and advice on this was sought from residents. Gravy jugs were placed on the tables at meal times, fruit bowls were made available in each level, a monthly international menu was introduced, a choice of drinks was made available on the drinks trolley at mealtimes, no TV on during meal times instead soothing music is played, menus are displayed on the residents tables as well as on the noticeboard, rice is provided as an alternative to potato on a daily basis, more staff are available to assist at mealtimes, mealtimes are protected (no administration of medications), alternatives may be requested, kitchen staff visit residents at mealtimes to enquire about the meal and the meal service, and education from a Bupa dementia care advisor regarding dining room experience.</p> <p>Resident survey results (overall food rating) increased from 5.7 % in 2018 to 7.9% in 2019.</p> |

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End of the report.