

# Bupa Care Services NZ Limited - Erin Park Rest Home & Hospital

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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:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	Erin Park Rest Home & Hospital
<b>Services audited:</b>	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
<b>Dates of audit:</b>	Start date: 16 January 2020      End date: 17 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>	105



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
	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

Erin Park Rest Home and Hospital is part of the Bupa group of aged care facilities. The facility has 115 beds (51 rest home level and 64 hospital level) with 105 residents occupying beds during this full certification audit. Six of the rest home level rooms are certified dual purpose to accommodate hospital level residents. Only mobile hospital level residents are assessed as suitable to occupy these rooms.

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 service is managed by an experienced management team. The care home manager is supported by a clinical manager, unit coordinators and a Bupa regional manager.

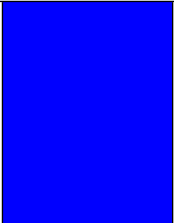
The residents and relatives interviewed all spoke positively about the home, staff and the care provided.

There are well-developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who live in the service. Implementation is supported through the Bupa quality and risk management programme. Quality initiatives are implemented which provide evidence of improved services for residents.

This audit did not identify any areas for improvement.


Two continued improvement ratings have been awarded around restraint minimisation and infection control.

## 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.		All standards applicable to this service fully attained with some standards exceeded.
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Staff ensure that the care provided focuses on the individual, values each resident's autonomy and maintains their privacy and choice. The service complies with the Code of Health and Disability Consumers' Rights. 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 is 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.
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The care home manager is supported by the clinical manager, unit coordinators, registered nurses, caregivers and support staff. The quality and risk management programme includes a service philosophy, goals and a quality and risk management programme. Quality activities are conducted, which generates improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes and results. Resident and family meetings are held regularly. 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 has been implemented. Appropriate employment processes are adhered to. The staff roster schedules 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.		Standards applicable to this service fully attained.
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There is a comprehensive admission package available prior to or on entry to the service. Resident records reviewed provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six-monthly. There is evidence of other allied health and specialist input into resident care.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines completes education and medicines competencies. The medicines records reviewed included documentation of allergies and sensitivities and are reviewed at least three-monthly by the general practitioners.

An integrated activities programme is implemented for all residents. There is also a specific programme for the younger people. The programme includes community visitors and outings, entertainment and activities that meets the recreational preferences and abilities of the residents.

All food and baking is completed on site. All residents' nutritional needs are identified and documented. Choices are available and are provided. The organisational dietitian reviews the Bupa menu plans.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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Chemicals are stored securely throughout the facility. The building holds a current building WOF. Resident rooms are single, spacious and personalised. All rooms, ensuites and communal bathrooms are large enough for mobility equipment. There is a mobility bathroom with shower on each floor. Communal areas within each area/community are easily accessed with appropriate seating and furniture to accommodate the needs of the residents. External areas are safe and well maintained. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. 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. A first aider is on duty at all times. The facility temperature is comfortable and constant. Electrical equipment has been tested and tagged. All medical equipment and hoists have been serviced and calibrated. Hot water temperatures are monitored.

Appropriate training, information and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies for at least three days.

## Restraint minimisation and safe practice

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

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (registered nurse) is responsible for coordinating/providing education and training for staff. The 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>	2	99	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: 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), clinical manager/RN and all eighteen staff (six caregivers (three on the AM shift and three on the PM shift), two unit coordinators/RNs, three registered nurses (RNs), one enrolled nurse, one activities staff, one cleaner, one housekeeping supervisor, one cook, one physiotherapist, one maintenance staff) confirmed their familiarity with the Code and could provide examples of how the Code is applicable to their job role and responsibilities. Interviews with eight residents (two young persons with a disability - one rest home, one hospital, two hospital and four rest home) and eleven relatives (eight hospital, three rest home) confirmed the services being provided are in line with the Code. The Code is discussed at resident and staff meetings, evidenced in meeting minutes.</p>
<p>Standard 1.1.10: 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 and resuscitation and is committed to meeting the requirements of the Code of Health and Disability Services Consumers Rights. There were signed general consents including outings in all eleven resident files reviewed. Resuscitation treatment plans, and advance directives were completed in the files reviewed.</p> <p>Discussions with caregivers, and registered nurses (RNs) confirmed that they were familiar with the</p>

<p>informed choices and give informed consent.</p>		<p>requirements to obtain informed consent for personal care and entering rooms.</p> <p>Discussion with relatives confirmed that the service actively involves them in decisions that affect their relative's lives.</p> <p>Informed consent processes were also being reviewed through the six-monthly MDT meeting with residents and relatives and also links to the quality system through satisfaction surveys and internal audits.</p>
<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>	<p>FA</p>	<p>A policy describes the role of advocacy services. Staff receive annual training on advocacy services. Information about accessing advocacy services information is available at the entrance foyer and includes advocacy contact details. The information pack provided to residents at the time of entry to the service also provides residents and family with advocacy information.</p> <p>The complaints process includes informing the complainant of their right to contact the Health and Disability Commissioner's Advocacy Service (HDC advocacy). One complaint reviewed for 2019 reflected input by HDC advocacy. Interviews with staff, residents and relatives confirmed that they were aware of advocacy services and how to access an 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>	<p>FA</p>	<p>Residents are encouraged to be involved in community activities and maintain networks with family and friends. Care staff interviewed reported that residents are encouraged to build and maintain relationships. The residents and families interviewed confirmed visiting can occur at any time. All residents, and in particular residents on the young persons with disability (YPD) contract are encouraged to maintain their independence, access to family and friends and links to the community with examples provided.</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>	<p>FA</p>	<p>The complaints policy describes the management of the complaints process. Complaints forms and a suggestions box are available at the entrance to the facility. Information about complaints is provided on admission. Interviews with residents and families demonstrated their understanding of the complaints process. All care staff interviewed were able to describe the process around reporting complaints.</p> <p>A complaints register is maintained electronically using RiskMan. Seventeen complaints were received in 2019. All complaints documented in the register included an acknowledgement of the complaint, and investigation. Five complaints were reviewed in detail. Expected timeframes as determined by HDC were met and corrective actions were put into place (where indicated). Complaints are linked to the quality and risk management system. Staff are kept informed regarding complaints that are raised.</p>

		<p>Discussions with residents and relatives confirmed that issues are addressed promptly and that they feel comfortable to bring up any concerns with the managers.</p> <p>There have been no HDC complaints received.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Posters display the Code throughout the facility and leaflets are available in the foyer of the facility. 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 or clinical manager discusses the Code with the resident and family/whānau. The 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 that align with requirements of the Privacy Act and Health Information Privacy Code. During the audit, staff were observed gaining permission prior to entering residents' rooms. Care staff interviewed demonstrated an understanding of privacy and could describe how choice is incorporated into residents' cares. Young people with disabilities are able to maintain their personal, gender, sexual, cultural, religious and spiritual identity. They are able to maintain their individual identity and their personal privacy and dignity is respected, confirmed in interviews.</p> <p>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 undertake annual training on abuse and neglect.</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 implemented Māori cultural policies to help meet the cultural needs of their Māori residents. Bupa has developed Māori Tikanga best practice guidelines, which are posted in visible locations. The service has established links with a Māori cultural advisor. Te Oranga Kaumātua Kuia provides additional cultural support. Staff training includes cultural safety. This training begins during the new employee's induction and continues as an annual in-service.</p> <p>Fourteen residents identified as Māori during the audit. One Māori resident's file was reviewed, and this resident was interviewed. This resident had a cultural assessment completed that identified their iwi, values and beliefs. They reported that their cultural values and beliefs were being met by the service. They stated that they are treated with respect and is involved with decision-making that affects their care. Their consent is gained prior to implementing changes to their care plan. They are very satisfied living at Erin Park and feels that their gradual improvement in their physical and mental health is the direct result of the care provided by the staff.</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 are satisfied that the residents' cultural and individual values are being met. Information gathered during assessment, including the residents' cultural beliefs and values are used to develop a care plan, which the resident (if appropriate) and/or their family/whānau are asked to consult on (confirmed in an interview with one family member of a non-English speaking resident). Discussions with staff confirmed that they are aware of the need to respond to the cultural needs of the residents and were able to provide examples of ways this is being achieved.</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>Professional boundaries are defined in job descriptions. Interviews with 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>	CI	<p>Evidence-based practice is evident, promoting and encouraging good practice. A minimum of two registered nursing staff are available seven days a week, 24 hours a day. A minimum of five caregivers are scheduled at any one time.</p> <p>The service receives support from the Counties Manukau District Health Board, which includes visits from specialists. Physiotherapy services are comprehensive. A physiotherapist is on site 12 hours per week and is supported by a physiotherapy assistant for 32 hours per week. All new residents are assessed by a physiotherapist.</p> <p>There is a robust in-service education and training programme for staff. Students undertaking health and well-being qualifications and student enrolled nurses are accepted for placement. Podiatry services and hairdressing services are provided. The service has links with the local community and encourages residents to remain independent.</p> <p>A focused activities programme for residents under the age of 65 has recently been implemented. Van outings specifically for this age group take place once per month and group activities (in-house) are also directed specifically towards the younger residents. Wi-Fi access is available to residents.</p> <p>Erin Park has utilised the hospice palliative outcome initiative which is a service linked to end of life planning. The facility has reduced the number of restraints used from nine in January 2019 to one the following year (January 2020). This has resulted in a rating of continuous improvement.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Residents interviewed stated they were welcomed on entry and are given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Fifteen incidents/accidents forms were viewed. The accident/incident form includes a section to record family notification and all forms reviewed indicated family were informed. Families interviewed also confirmed they were notified of any changes in their family member's health status.</p> <p>Interpreter services are available through the DHB with family members and staff utilised in the first instance. One family member interviewed of a resident who is unable to communicate in English reported that staff are able to communicate effectively using non-verbal sign language. Signage is posted in this resident's room to assist with translation.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Erin Park Rest Home and Hospital is part of the Bupa group of aged care facilities. The facility has 115 beds (51 rest home level and 64 hospital level) with 105 residents occupying beds during this full certification audit. Six of the rest home level rooms are certified dual purpose to accommodate hospital level residents. Only mobile hospital level residents are assessed as suitable to occupy these rooms.</p> <p>During the audit there were 105 residents (40 rest home level and 65 hospital level). Eleven residents were on a YPD contract (three rest home including two respite, and eight hospital). The YPD contract includes residents with intellectual and physical disabilities. Seven residents (five hospital, two rest home) were on a long-term support chronic health condition (LTS-CHC) contract and one resident (hospital) was funded by ACC. Six residents in total were on respite (which includes the two (previously stated) YPD residents, three rest home and one hospital). The remaining residents were on an age residential related contract.</p> <p>The Bupa organisation has documented vision and values statements that are shared with staff and are displayed. There is an overall Bupa strategic plan and risk management plan. Additionally, Erin Park has specific annual quality goals identified that link to the strategic plan and are reviewed quarterly. Work was underway to develop goals for 2020 at the time of the audit.</p> <p>The care home manager is an experienced RN who has managed this facility since May 2018. She has been employed with Bupa for 15 years. The clinical manager (RN) has been in the role since March 2018. This is his first role as a clinical manager. There are job descriptions for both positions that include responsibilities and accountabilities.</p> <p>Bupa provides a comprehensive orientation and training/support programme for their managers.</p>

		Managers and clinical managers attend annual organisational forums and regional forums six monthly. The manager and clinical manager maintain at least eight hours annually of professional development activities related to managing an aged care facility.
<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>The clinical manager undertakes the role of care home manager during brief absences with support from the regional manager. A Bupa relieving manager covers the role of the care home manager for extended periods.</p> <p>The service has well developed policies and procedures at a service level and an organisation plan that is structured to provide appropriate and safe quality care to those who use the service including residents that require hospital, rest home and disability levels of care. The service promotes a person/family centred approach to care.</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>	FA	<p>A comprehensive quality and risk management programme is being implemented. Interviews with managers and staff reflected 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. New policies or changes to policy are communicated to staff, evidenced in meeting minutes and on the staff noticeboard.</p> <p>Data collected (eg, falls, medication errors, wounds, skin tears, challenging behaviours, infections) are collated and analysed every month with results communicated to staff in a range of meetings (eg, staff, quality, qualified staff, ancillary services). Corrective actions are implemented where data reflects negative trends over a period of three months (or three data points) or more. Falls in 2019 remained fairly stable. The number of skin tears, bruises and incidents of challenging behaviours per 1000 bed nights have also remained relatively stable and the rate of infections have dropped.</p> <p>A facility wellness check was completed in early 2019 with evidence of corrective actions implemented where actions were required. The internal audit programme is being implemented as per the internal audit calendar. Areas of non-compliance include the initiation of a corrective action plan with sign-off by a manager when implemented. Audit results are shared in meetings.</p> <p>Resident and relative satisfaction surveys were completed in 2019. Resident overall satisfaction rates increased from 7.7 (out of 10) in 2018 to 8.6 in 2019. Relatives overall satisfaction rates were slightly</p>

		<p>lower for 2019 when compared to 2018. The 2019 results have been shared with staff, residents and relatives and corrective actions have been implemented (where applicable).</p> <p>Health and safety goals are established and regularly reviewed. Health and safety policies are implemented and monitored by the 13 members of the health and safety team. The health and safety officer is the care home manager. Risk management, hazard control and emergency policies and procedures are being implemented. Hazard identification forms and a hazard register are in place. Health and safety information is available in the staff room. All new staff and contractors undergo a health and safety orientation programme.</p> <p>Falls prevention strategies include a comprehensive investigation of residents' falls on a case-by-case basis to ensure that strategies to reduce falls have been implemented. The facility has purchased beds that can be lowered to low levels, sensor mats and a device that detects a resident moving in their bed. A physiotherapist assesses residents at risk of falling and oversees falls prevention exercise classes. She is assisted by a physiotherapy assistant.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an accident and incident reporting policy documented for the service. RiskMan is the electronic system used to collect and collate adverse event data. Adverse events are investigated by the clinical manager and/or registered nursing staff, evidenced in all fifteen accident/incident forms reviewed (four pressure injuries, one skin tear, one bruise, nine falls). Neurological observations are completed for unwitnessed falls. 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. A registered nurse conducts clinical follow-up of residents and the clinical manager signs off each adverse event.</p> <p>Discussions with the care home manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications with examples provided (pressure injuries [2], call bell outage, police investigations [2]).</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 that cover recruitment and the staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity. Copies of practising certificates are held for all health professionals. Ten staff files were reviewed (three RNs, four caregivers, one physiotherapy assistant, one enrolled nurse, one kitchen assistant). Reference checks are completed before employment is offered. The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. Caregivers have three months to complete their orientation at which time they are awarded a level three Careerforce certificate in health and wellbeing.</p>



		<p>An education programme is being implemented. In-services are offered multiple times to ensure staff are able to attend. All staff participate in education and training relevant to physical disability and young people with physical disabilities. Three staff are Careerforce assessors. The care home manager, clinical manager and registered nursing staff regularly attend external training. Three RNs have a professional development recognition portfolio (PDRP) through either Bupa (1) or the DHB (2). A competency programme is implemented with RNs completing clinical competencies (eg, blood sugar levels, medication management and controlled drugs, syringe driver, enteral feeding, nebulisers, oxygen concentrators).</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 is in place. Sufficient staff are rostered on to manage the care requirements of the residents. At least two registered nurses and five caregivers are on site at any one time.</p> <p>The two rest home wings (Rimu and Kowhai) with 40 rest home and five hospital residents is staffed on the AM shift with one-unit coordinator/RN Monday – Friday and either an RN or a senior caregiver on the weekends. Four long shift (eight hour) caregivers cover the AM shift. The PM shift is staffed with an EN Monday – Friday and an RN or senior caregiver on the weekends and two long shift caregivers. The night shift is staffed with one RN and one caregiver.</p> <p>A second unit coordinator/RN oversees the two hospital wings Monday – Friday. One hospital wing (Nikau) with 30 hospital residents is staffed on the AM shift with an RN, four long and one short shift caregiver (0700 – 1300). The PM is staffed with one RN, three long and one short shift (2030) caregiver and the night shift is staffed with two caregivers. The RN from the rest home oversees the Nikau wing during the night shift.</p> <p>The second hospital wing (Matai) is located one floor below Nikau and had one rest home and twenty-nine hospital level residents at the time of the audit. It is staffed on the AM shift with one RN, four long and one short shift (1330) caregiver. The PM is staffed with one RN, three long and one short shift (2130) caregiver and the night shift is staffed with one RN and two caregivers. (Note: the rest home level resident in Matai was initially a hospital level resident who after being reassessed at rest home level chose not to change rooms).</p> <p>Extra staff can be called on for increased residents' requirements. Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.2.9: Consumer Information Management</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</p>

<p>Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>		<p>are protected from unauthorised access by being locked away in the nurses' stations. Informed consent to display photographs is obtained from residents/family/whānau on admission. Other residents or members of the public cannot view sensitive resident information. Entries in records are legible, dated and signed by the relevant care staff. Individual resident files demonstrated service integration with only medication charts held 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>	<p>FA</p>	<p>There are policies and procedures to safely guide service provision and entry to services, including a comprehensive admission policy. The clinical manager visits prospective residents prior to entry to service to ensure services can safely provide care. Information gathered on admission is retained in residents' records. Relatives interviewed stated they were well informed upon admission. The service has a well-developed information pack available for residents/families/whānau at entry.</p> <p>The admission agreement reviewed aligns with the service's contracts. Eleven admission agreements viewed were signed. Exclusions from the 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>	<p>FA</p>	<p>The service has a policy that 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. Transfer notes and discharge information was available in resident records of those with previous hospital admissions (two were reviewed). All appropriate documentation and communication were completed. Transfer to the hospital and back to the facility post-discharge, was well documented in progress notes.</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>Bupa has comprehensive policies and procedures in place for all aspects of medication management, including self-administration. The RN checks all medications on delivery against the medication chart and any pharmacy errors recorded and fed back to the supplying pharmacy. The service uses an electronic medication management system and robotic packs.</p> <p>Registered nurses, enrolled nurse and senior caregivers responsible for the administering of medications have completed annual medication competencies and annual medication education. Other competencies completed by RNs include insulin administration and syringe driver. Twenty-two medication charts were reviewed across two floors and three medication rooms - (two hospital and one rest home). Photo identification and allergy status as well as three monthly GP reviews were documented.</p> <p>The medication fridges on each floor had temperatures recorded daily and these were within acceptable ranges. Room temperatures had recently been commenced and rooms were at an acceptable</p>

		<p>temperature on the day of audit. The rooms were clean, well-organised and secure. All medications in trolleys are within the expiry date and eye drops dated on opening. The RNs interviewed were knowledgeable about medication management.</p> <p>The use of 'as required' (PRN) medications are monitored and electronically signed with times and purpose of administration.</p> <p>There was no resident's self-medicating, systems are in place should a resident decide to self-medicate. Two charts were reviewed for residents receiving insulin. All included records of BSLs and administered insulin (as per GP instructions).</p> <p>All medications in trolleys are within the expiry date and eye drops dated on opening. The RNs in all areas were observed during the lunchtime medicines round and correct procedures are followed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The head cook oversees the procurement of the food and management of the kitchen. He is supported by a team of kitchen staff and cooks. There is a well-equipped kitchen and all meals are cooked on site. A food control plan has been approved until November 2020. Meals are served directly from the kitchen in the rest home and from a bain marie on one floor of the hospital and hot boxes on the other. Special equipment such as lipped plates is available. On the day of audit, meals were observed to be hot and well presented.</p> <p>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 on a kitchen whiteboard. Recent improvements have included; culturally diverse meals and summer BBQs. The four-weekly menu cycle is approved by the Bupa dietitian. All resident/families interviewed were very satisfied with the meals and the 2019 survey for both families and resident recorded 78% satisfaction with meals – an improvement from 2019.</p>
<p>Standard 1.3.2: 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</p>	FA	<p>The service records the reasons for declining service entry to potential residents should this occur and communicates this to potential residents/family/whānau. 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. Potential residents would be referred back to the referring agency if entry were declined.</p>

managed by the organisation, where appropriate.		
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Bupa assessment booklets on admission and care plan templates were comprehensively completed in the eleven resident files reviewed. The facility has embedded the interRAI assessment protocols within its current documentation.</p> <p>All files reviewed identified that risk assessments have been completed on admission. Initial interRAI assessments had been completed according to timeframes and reviewed at least six-monthly as part of the evaluation and multi-disciplinary review process. Additional assessments for management of behaviour, pain, wound care and restraint were completed according to need. For the resident files reviewed, formal assessments and risk assessments were in place and reflected into care plans.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Eleven resident files were reviewed for this audit. Care plans reviewed were individualised and demonstrated service integration and input from allied health and specialists. Long-term care plans sampled identified interventions to support current medical needs and links to specialists involved in resident care.</p> <p>The eleven files reviewed included four younger residents (two younger people with disabilities, one ACC and one LTC-CC contracted residents). The files reviewed were resident-centred, including interventions to support ADLs and medical needs. The care plans and activity plans also identified specific goals around activities and community involvement. Resident-centred goals were reviewed at the multi-disciplinary review meetings with the resident.</p> <p>Residents and family members interviewed confirmed they are involved in the development and review of care plans. Short-term care plans were in use for changes in health status.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>The resident care summary and care plans reviewed included interventions that reflected the resident's current needs. When a residents' condition changes the RN initiates a GP visit or specialist referral. Residents interviewed reported their needs were being met. Family members interviewed stated the care and support met their expectations for their relative. There was documented evidence of relative contact for any changes to resident health status. Registered nurses were regularly involved in resident daily care and ongoing assessments as identified in the progress notes. The GP praised the care and support provided by the service.</p> <p>Continence products are available and resident files included bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is</p>

		<p>available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed stated there is adequate continence and wound care supplies.</p> <p>A sample of wound documentation was reviewed including a review of the five current pressure injuries (one grade one, facility acquired and one grade two externally acquired; at rest home level, and three hospital level, one grade two and two grade one; all facility acquired). Wound assessment and management plans provide a record of wound progress and these are being documented as per policy.</p> <p>Monitoring charts were well utilised, and examples sighted included (but not limited to), weight and vital signs, blood glucose, pain, food and fluid, turning charts and behaviour monitoring as required.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>Activities are provided across five days with activities held during the morning and afternoons. There is a programme for rest home level and a programme for hospital level. The service has recently created a 'young person's department'. This is to provide activities specifically for the 19 younger residents who live at Erin Park (from a variety of funding contracts). The younger persons activities are developed with the residents at weekly younger resident group meetings. Activities include a monthly younger person trip out and activities based on the requests. Two younger residents interviewed praised the activities.</p> <p>There is one activities coordinator (40 hrs weekly - trained DT) one activities assistant, and a physiotherapy assistant who assists with the exercise component of activities. All have attended Bupa activities study days. On the day of audit, residents were observed being actively involved with a variety of activities.</p> <p>The activities coordinator has developed a TV and computer system that is used to display all upcoming events and captures past events like photos of the planting session of the front garden. This allows information to be constantly available and especially useful for informing families out of normal office hours. It also allows them to display staff notices, upcoming event etc.</p> <p>Church groups visit weekly and cultural theme days are regularly held. Events such as birthdays, Easter and Mother's Day are celebrated. All residents are encouraged to attend community events/groups.</p> <p>Residents are encouraged to maintain links with the community with visits to clubs and other community groups. There are regular entertainers to the home and residents go on regular outings and drives. The service had a wheelchair hoist van. The family/resident completes a 'Map of Life' on admission, which includes previous hobbies, community links, family, and interests. The individual activity plan is incorporated as part of the long-term care plan under the sections 'socialising and activities' and 'my day, my way'. Resident files reviewed identified that the individual activity plan is reviewed at least six monthly.</p> <p>Residents/family have the opportunity to provide feedback on the activity programme through resident</p>

		meetings (with an advocate) and satisfaction surveys. Residents and family interviewed stated the activity programme was varied and there were lots to choose.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Written evaluations reviewed described the resident's progress against the resident's identified goals. InterRAI assessments have been completed in conjunction with the six-monthly reviews. There was documented evidence where long-term care plans had been updated where health conditions had changed. The multidisciplinary review (MDR) involves the RN, GP, physiotherapist, activities staff and resident/family. The family are notified of the outcome of the review if unable to attend. Residents interviewed confirmed involvement in the MDR meetings. There is at least a one or three-monthly review by the medical practitioner. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	Referral to other health and disability services is evident in the sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Discussion with the unit coordinators and RNs identified that the service has access to a wide range of support either through the GP, Bupa specialists and allied services. Files reviewed included referral to a number of services including (but not limited to) dietitian, wound care specialist, speech language therapist, and occupational therapist.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are policies and procedures on waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan.  There are documented policies, procedures and an emergency plan to respond to significant waste or hazardous substance management.  Material safety datasheets are available in the laundry and the sluices on each floor. There is a secure sluice on each floor with a sanitiser. There is a sharps container in the treatment rooms on each floor. Gloves, aprons and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn.
Standard 1.4.2: Facility	FA	The service displays a current building warrant of fitness. Hot water temperatures are checked monthly.

<p><b>Specifications</b></p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>Medical equipment and electrical appliances have been tested and tagged and calibrated. A maintenance person is employed full-time. A reactive and preventative maintenance programme is being implemented. There are contractors for essential service available 24/7. The corridors are wide with handrails and promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids where required. There is a lift between floors that is large enough for stretcher bed. There are sufficient seating areas throughout the facility.</p> <p>Caregivers interviewed confirmed there is adequate equipment to carry out the cares according to the resident needs as identified in the care plans. Occupational therapist assessments have been completed for equipment needs where needed.</p> <p>The exterior has been well maintained with safe paving, outdoor shaded seating, lawn and gardens. Garden areas have recently been revamped. The gardener has planted flowers in the gardens and hanging baskets and pots throughout the grounds for the pleasure of the residents. Herbs have also been planted for kitchen use resulting in fragrant dishes for all to enjoy. Water features have been purchased which display prominently within the rest home gardens.</p> <p>The service has also added umbrellas, tables and chairs in the garden for residents and families to enjoy and relax.</p>
<p><b>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</b></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>	FA	<p>There are rooms with full ensuites, rooms with shared ensuites and rooms without ensuites. There are sufficient numbers of resident communal toilets and showers in close proximity to resident rooms and communal areas. Visitor toilet facilities are available. Residents interviewed stated their privacy and dignity is maintained while attending to their personal cares and hygiene. The communal toilets and showers are well signed and identifiable and include large vacant/in-use signs.</p>
<p><b>Standard 1.4.4: Personal Space/Bed Areas</b></p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>The resident rooms are spacious enough to meet the assessed resident needs. Residents are able to manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. Caregivers interviewed reported that rooms have sufficient space to allow cares to take place. The bedrooms are personalised.</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 is a large lounge and dining room on each level. The dining rooms and lounges are spacious. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they are able to move around the facility and staff assisted them when required. Activities take place in any of the lounges.</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 is a laundry manual and cleaning procedures are available. All laundry is transferred off site to another Bupa facility for laundering.</p> <p>Erin Park monitors the effectiveness and compliance of cleaning and laundry policies and procedures. Staff have attended infection control education and there is appropriate protective clothing available. Manufacturers' data safety charts are available. Residents and family interviewed reported satisfaction with the laundry service and cleanliness of the room/facility.</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>There is an approved evacuation scheme in place. There is a comprehensive civil defence and emergency procedures manual in place. The emergency plan considers the special needs of young people with disabilities. The civil defence kit is readily accessible in a storage cupboard. The kit includes an up to date register of all residents' details. The facility is well prepared for civil emergencies and has emergency lighting and a gas BBQ. The kitchen has both electric and gas power. An adequate store of potable emergency water is kept. An emergency food supply, sufficient for three days, is kept in the kitchen. Extra blankets are also available. Hoists have battery packs and there are batteries that can be used to operate electric beds in the event of a power failure. Oxygen cylinders are available for use in the event of a power failure. There is a list of names and contact details of staff so that they can easily be contacted in an emergency. At least three days stock of other products such as medicines, continence products and PPE are held on site. There is a store cupboard of supplies necessary to manage an outbreak of infection.</p> <p>There is a minimum of one staff available 24/7 with a current first aid certificate. The facility is secured during the hours of darkness. An external security firm monitors the facility overnight. Appropriate training, information, and equipment for responding to emergencies is provided. Staff training in emergency management occurs. Fire evacuation drills are held at least six monthly.</p> <p>The call bell system is available in all areas and there are indicator panels in each area. During the tour of the facility residents were observed to have easy access to the call bells. Residents spoken to stated</p>



		that their bells are answered promptly.
<p>Standard 1.4.8: 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>	FA	All communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents and family interviewed stated the environment was warm and comfortable.
<p>Standard 3.1: Infection control management</p> <p>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.</p>	FA	The infection control programme and its content and detail is 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 unit coordinator (RN) and she is responsible for infection control across the facility. The committee and the Bupa governing body is responsible for the development of the infection control programme and its review. The monthly facility infection control committee consists of a cross-section of staff and there is external input as required from general practitioners, and Bupa quality & risk team. There have been no recorded outbreaks.
<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>	FA	There are adequate resources to implement the infection control programme at Erin Park. The infection control (IC) coordinator has maintained best practice by attending an external infection control & prevention training day. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.
<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</p>	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 staff and scope of the programme.

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.		
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. The infection control coordinator has access to the Bupa intranet with resources, guidelines best practice and group benchmarking.  Infection control training is regularly held as part of the annual training schedule. IC competencies and toolbox talks are also held.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. There is close liaison with the general practitioners that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.  Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data is available to all staff. Infections statistics are included for comparison. Corrective actions are established where trends are identified.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The restraint policy includes the definitions of restraint and enablers and comprehensive restraint procedures. Interviews with the care staff confirmed their understanding and the differences between restraints and enablers. The restraint coordinator is a unit coordinator/RN. She has a very good understanding of this role and its responsibilities.  Enablers are assessed as required for maintaining safety and independence and are requested voluntarily by the residents. At the time of the audit, the service had no residents who had voluntarily requested an enabler. Only one resident was using a T-belt as a restraint (link to CI 1.1.8.1). Residents using an enabler undergo an assessment process similar to those residents being assessed for a

		restraint. The restraint coordinator interviewed stated the resident signs a consent for use of an enabler.
<p>Standard 2.2.1: 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. The roles and responsibilities for the restraint coordinator (RN) and for staff are documented and understood, as evidenced in interviews with the restraint coordinator and care staff. The restraint approval form identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements.</p>
<p>Standard 2.2.2: 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/RN in partnership with the resident and their family/whānau. Restraint assessments are based on information in the care plan, resident/family discussions and observations.</p> <p>One hospital-level resident's file was reviewed where one restraint (t-belt) was in use. Ongoing consultation with the family was evident. The completed assessment considered those listed in 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. The restraint coordinator/unit coordinator is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialled before implementing restraint.</p> <p>Restraint authorisation is in consultation/partnership with the resident and family and the restraint coordinator. In the file reviewed, the use of restraint was linked to the resident's care plan.</p> <p>Internal audits measure staff compliance in following restraint procedures. Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Monitoring is documented on a specific restraint monitoring form, evidenced in the resident's file where restraint was in use.</p> <p>A restraint register is in place providing an auditable record of restraint use and is completed for all</p>

		residents requiring restraints and enablers.
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations occur three-monthly as part of the ongoing reassessment of residents on the restraint register, and as part of the care plan review. Families are invited to be included as part of this review. A review of one file of a resident using a restraint identified that their restraint evaluations were up to date.
Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.	FA	Restraint coordinators from the Bupa aged care facilities discuss and review restraints at the six-monthly Bupa teleconference restraint meetings. Meeting minutes include (but are not limited to) a review of the restraint and challenging behaviour education and training programme for staff and review of the organisation's restraint policies and procedures (link 1.1.8.1).

## 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.

No data to display
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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
<p>Criterion 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>Good practice was evident at Erin Park with a number of quality initiatives implemented. In particular, the use of restraint has been actively minimised.</p>	<p>Nine restraints were used in January 2019 (seven bedrails and two t-belts). A quality initiative was implemented to reduce the number of restraints. Each resident was reassessed to determine their need for restraint and families were consulted. The number of residents using restraint was proactively minimised and eventually removed. Only one resident was using restraint (t-belt) at the time of the audit.</p>
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes</p>	CI	<p>The infection control coordinator is proactive in her role. All identified infections are reviewed, she ensures that a short-term care plan is in place and that RiskMan has been correctly updated. Ongoing infection review includes; evaluation of the resident when antibiotics have</p>	<p>Monthly infections are reviewed, and a report documented to the general staff and quality meeting. Trends are documented and comparison between similar sites undertaken. Where trends have been identified or a spike in any infection noted, the infection control coordinator provides toolbox talks and ensures that handover notes include the precautions needed to prevent cross infection. As a result of training, coaching, handover notes and proactive management of identified infections, the incident of infections in the rest home has reduced from six to five total infections per 1000 bed days during January to May 2019 to between 0.9 to 1.7 per 1000 bed days October to December</p>

are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.		stopped and a resident and care plan review to ensure all appropriate care is in place.	2019. Staff interviewed were very knowledgeable regarding infection control. The GP commented that infections were managed well.
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End of the report.