

Bupa Care Services NZ Limited - The Booms Home & Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bupa Care Services NZ Limited
Premises audited:	The Booms Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 11 November 2020 End date: 12 November 2020
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	61

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bupa The Booms Care Home provides rest home, hospital and dementia levels of care for up to 69 residents. There were 61 residents during the audit.

This unannounced surveillance audit was conducted against a subset of the Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family, management and staff.

The facility manager is a registered nurse who has been in the role for a year. She was previously a clinical manager. She is supported by a Bupa relief clinical manager with considerable experience in aged care. The service is currently recruiting for a new clinical manager.

The service has an established quality and risk management system. Residents, families and the general practitioner interviewed commented positively on the standard of care and services provided.

This audit has identified one area requiring improvement around documenting care interventions.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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The service has a culture of open disclosure. Families are regularly updated of residents' condition including any acute changes or incidents. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified ongoing involvement with the community

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The care home manager is supported by administrative staff, a relief clinical manager, registered nurses, caregivers and support staff. Quality activities generate improvements in practice and service delivery. Monthly staff meetings are held to discuss quality and risk management processes and results. Resident and family meetings are held, and satisfaction is monitored via annual satisfaction surveys. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated.

A comprehensive education and training programme is implemented with a current plan in place. Appropriate employment processes are adhered to. There is a roster that provides sufficient and appropriate staff cover for the effective delivery of care and support.

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.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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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 demonstrate service integration and are reviewed at least six-monthly. Resident files include medical notes by the contracted general practitioner/nurse practitioner and visiting allied health professionals.

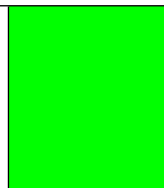
Medication policies reflect legislative requirements and guidelines. Registered nurses and senior caregivers are responsible for the administration of medicines. Medication charts are reviewed three-monthly by the GP/nurse practitioner (NP).

The activities coordinator implements 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 requirements are identified at admission and accommodated. Residents were satisfied with the meals and commented positively on the baking provided. There are snacks available at all times.

Safe and appropriate environment

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

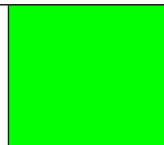


Standards applicable to this service fully attained.

The building has a current warrant of fitness. There is a reactive and planned maintenance programme in place. Chemicals are stored safely throughout the facility. There is sufficient space to allow the movement of residents around the facility using mobility aids. The internal areas are able to be ventilated and heated. The outdoor areas are safe and easily accessible, including a safe and secure dementia unit garden. Emergency systems are in place in the event of a fire or other emergency. There is a first aider 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.

Restraint minimisation and safe practice policies and procedures are in place. There were two residents using bedrails. Six residents were using enablers. A registered nurse is the designated restraint coordinator. Staff are provided with training in restraint minimisation and challenging behaviour management, which begins during their orientation. Staff are expected to complete a restraint minimisation competency every year.

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. A registered nurse is the infection control coordinator who is responsible for the collation of infections and orientation and education for staff. There is a suite of infection control policies and guidelines to support practice. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. There were no reported outbreaks.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	15	0	1	0	0	0
Criteria	0	40	0	1	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints policy describes the management of the complaints process. Complaints forms 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. Staff interviewed including: four caregivers, two registered nurses (RNs), the cook, a housekeeper and the activities person were able to describe the process around reporting complaints.</p> <p>An electronic complaints register is maintained. Twelve complaints have been received since January 2020, six were reviewed. Each verbal or written complaint included an investigation, met expected timeframes and corrective actions were put into place where indicated. Complaints are linked to the quality and risk management system. All six complaints had been signed off as resolved. Four of the complaints were around resident care. All four documented a post complaint follow up including, a debrief for staff, additional training and / or individual staff follow up. The central Bupa quality team provided assistance to complaints resolution as needed.</p> <p>Discussions with residents and families confirmed that issues are addressed promptly and that they feel comfortable to bring up any concerns with the care home manager and/or clinical manager.</p>
<p>Standard 1.1.9: Communication</p>	<p>FA</p>	<p>Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. A</p>

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>record of communication with families is retained in each resident file. Three hospital relatives and three with a family member in the dementia unit interviewed stated they are notified promptly of any incidents/accidents. Residents/relatives have the opportunity to feedback on service delivery through annual surveys and open-door communication with management. Resident meetings encourage open discussion around the services provided (meeting minutes sighted). Accident/incident forms reviewed evidenced relatives are informed of any incidents/accidents. Relatives interviewed stated they are also notified promptly of any changes to residents' health status.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. There is access to an interpreter service as required.</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>The Booms Home and Hospital (The Booms) is owned and operated by Bupa Care Services NZ. They provide rest home, dementia and hospital (medical and geriatric) levels of care for up to 69 residents. On the day of audit, the facility's occupancy was 61. There were 11 rest home level residents, 19 dementia level residents and 31 hospital level residents. There were two hospital and one dementia level care resident funded through the post-acute convalescent care contract (PACC) and two rest home residents funded through the long-term chronic conditions contract (LTS-CHC). All remaining residents were under the ARCC 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. The Booms has specific annual quality goals identified that link to the strategic plan and are reviewed each month in the staff/quality meetings. Quality goals for 2020 include: staff orientation and training and falls reduction for residents. The health and safety goal is to ensure incidents are logged onto Riskman within 24 hours.</p> <p>The Booms has an experienced care home manager who is a practising registered nurse (RN). She has been in the role for a year having been the clinical manager prior to this role. The care home manager is supported by a Bupa relief clinical manager/RN who is experienced in the role. The Booms is currently recruiting for a permanent clinical manager.</p> <p>The care home manager has maintained at least eight hours annually of professional development activities relating to managing an aged care facility.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has</p>	<p>FA</p>	<p>The Booms continues to implement the Bupa quality and risk management programme. Interviews with the care home manager 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</p>

<p>an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>reviewed. The Bupa head office sends a monthly information sheet to all Bupa facilities. The information sheet communicates new policies, changes to policy, information, reminders, education due, Covid information and quality processes (as examples) each month. This information is communicated to staff, evidenced in meeting minutes and on the staff noticeboard.</p> <p>A quality and risk management programme is documented. A quality plan is documented annually with documentation reviewed confirming that a review of the 2020 plan has been completed. Quality initiatives for 2020 included reducing falls, reducing skin tears and improving staff training and orientation. The health and safety goal included timely logging of all issues onto Riskman. Annual resident and relative surveys document an improvement over 2020 from 2019. Posters were posted for residents and relatives documenting issues raised and the action the service will be taking ("you said- we did").</p> <p>One to two monthly quality meeting minutes sighted evidenced staff discussion around progress towards quality goals, health and safety, infection control, complaints and concerns and survey feedback. The service collates accident/incident and infection control data using the Bupa quality database. Monthly comparisons include detailed trend analysis and graphs.</p> <p>Facility meetings held also included: staff meetings, clinical review meetings and RN meetings. Daily head of department meetings are also implemented.</p> <p>There is a robust internal audit programme that covers all aspects of the service. All internal audits have been completed as per schedule with a corrective action plan where shortfalls have been identified.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide practice. The manager is responsible for health and safety education, internal audits and non-clinical accident/incident investigation. There is a current hazard register. Staff confirmed they are kept informed on health and safety matters at meetings.</p> <p>Falls management strategies include assessments after falls and individualised strategies. The service has detailed emergency plans covering all types of emergency situations and staff receive ongoing training around this.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the</p>	<p>FA</p>	<p>There is an accident and incident reporting policy. Adverse events are investigated by the clinical manager and/or registered nursing staff, evidenced in all ten accident/incident reports generated electronically on Riskman. Monthly reports are generated, which are discussed at the quality meeting, health and safety meeting and, RN meetings. Individual resident incidents are also part of the clinical review meetings. Action plans were documented for adverse incident trends and for trends outside the set Bupa parameters.</p> <p>Ten incident forms were reviewed. All incident forms identified a timely RN assessment of the resident and corrective actions to minimise resident risk. Neurological observations had not all been completed according to Bupa policy (link 1.3.6.1). The next of kin had been notified for all required incidents/accidents. The RNs and</p>

<p>service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>caregivers interviewed could discuss the incident reporting process. The clinical manager collects incident forms, investigates and reviews and implements corrective actions as required.</p> <p>The facility manager interviewed could describe situations that would require reporting to relevant authorities. The service has not needed to report any issues to the Ministry of Health</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources management policies in place, which include recruitment and staff selection processes. Relevant checks are completed to validate the individual's qualifications, experience and veracity. Copies of up to date practising certificates continue to be held for all health professionals. Six staff files were reviewed (two RNs, two caregivers, an activity coordinator and one cleaner). Reference checks are completed before employment is offered. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation package is specific to the job role and responsibilities.</p> <p>An in-service education programme is being implemented that is complimented by toolbox talks during handovers and a range of annual competency assessments. In-service education is being rostered as an annual study day; this has ensured 100% attendance for mandatory subjects. There is a minimum of one staff available twenty-four hours a day, seven days a week with a current first aid/CPR certificate. There are eight RNs plus the manager and clinical manager. Five are interRAI trained (including the manager and clinical manager).</p> <p>Twelve caregivers are regularly rostered to work in the dementia unit. Ten have completed the required dementia qualification and two are in the process. Dementia training is linked to the Bupa 'person first' training and all staff who work in the dementia unit are required to undertake person first training, staff in the dementia unit (and other areas) were all knowledgeable regarding the person first philosophy.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>A staff rationale and skill mix policy is in place. Sufficient staff are rostered to manage the care requirements of the residents. Extra staff are called on for increased residents' requirements with examples provided.</p> <p>Both the acting clinical manager and care home manager are RNs who work Monday – Friday. They are supported by a full-time unit coordinator/RN. The service was in the final stages of recruiting a permanent clinical manager at the time of audit.</p> <p>Dementia wing has 19 residents at the time of audit.</p> <p>There is an RN/ unit coordinator on duty Monday to Friday, an additional senior caregiver is rostered for the AM shifts at the weekends.</p> <p>AM: Two caregivers are rostered, both full shifts. PM: Three caregivers, two full shifts and one shorter shift. Nights:</p>

		<p>one caregiver. An activities staff is rostered seven days a week for six hours per day.</p> <p>Hospital wing with 30 residents at the time of audit: One RN is rostered on each shift. AM: five caregivers are rostered (two full shifts and three short shifts); PM four caregivers are rostered; (two full shifts and two short shifts). Nights: one caregiver.</p> <p>Rest home wing, 11 residents at the time of audit: AM: two caregivers are rostered (one 7.00 am – 3.00 pm and one 7.00 am – 1.00 pm); PM two caregivers are rostered (3.00 pm – 9.00 pm and 4.30 pm – 10.30 pm); nights: one caregiver.</p> <p>Activities staff are rostered specifically for the rest home and hospital five days a week and seven days a week for the dementia unit. There are separate cleaning and laundry staff.</p> <p>Interviews with staff, residents and family members indicated that staffing is adequate to meet the needs of residents.</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, each resident had a safe place to store medication and each had an up to date assessment and consent. There are no standing orders in use. 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 medications. Staff have up to date medication competencies and there has been medication education in the last year. Registered nurses have syringe driver training completed by the hospice. The medication fridge temperature is checked daily and medication room temperature had been commenced. Eye drops are dated once opened.</p> <p>Staff sign for the administration of medications electronically. Ten medication charts were reviewed. Medications are reviewed at least three-monthly by the GP. There was photo identification 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</p>	<p>FA</p>	<p>There is a fully equipped commercial kitchen. The majority of food is prepared and cooked on-site. All kitchen staff have completed food safety training. A food services manual is available to ensure that all stages of food delivery to residents comply with standards, legislation and guidelines. All fridges and freezer temperatures are recorded daily on the recording sheet sighted. Food temperatures are recorded daily. The food control plan has been approved until September 2021. All food in the freezer and fridge was labelled and dated. All residents have a nutritional profile developed on admission, which identifies their dietary requirements, likes and dislikes. This profile is</p>

<p>and nutritional needs are met where this service is a component of service delivery.</p>		<p>reviewed six-monthly as part of their care plan review. Changes to residents' dietary needs are communicated to the kitchen staff. Residents' weights are recorded routinely each month or more frequently if required. Residents and relatives interviewed reported satisfaction with food choices and meals, which were well presented. The four-weekly menu cycle is approved by the Bupa dietitian. There are snacks available at all times.</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>	<p>PA Low</p>	<p>Long term care plans reviewed did not include all interventions to reflect 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.</p> <p>Continence products are available and resident files include bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed state there is adequate continence and wound care supplies.</p> <p>Wounds documented on the wound logs included six residents with skin tears in the dementia unit, six at rest home level and 13 at hospital level, including one stage one pressure injury. Wound documentation was reviewed for all wounds. Wound assessment and management plans were documented including regular evaluations. The clinical manager reviews all wounds on a regular basis.</p> <p>Caregivers reported that a range of equipment was readily available as needed including hoists and manual handling equipment. Caregivers reported that equipment was made available as needed.</p> <p>Monitoring charts were documented and examples sighted included (but not limited to), weight and vital signs, pain, food and fluid, turning charts and behaviour monitoring as required, however neurological observations and blood glucose monitoring were not always completed according to the care plan or Bupa policy.</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,</p>	<p>FA</p>	<p>There is one activities coordinator (diversional therapist) and one activities assistant who work four days on and four days off in the rest home and hospital. There are two activities assistants who each work four days on and four days off in the dementia unit. The Booms continues to provide a varied and interesting activity programme.</p> <p>There is a weekly programme in large print on noticeboards and residents also have a copy in their rooms. 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, games, quizzes, music and walks outside.</p> <p>Individual activities are provided in resident's rooms or wherever applicable for residents who prefer to stay in their</p>

<p>and the setting of the service.</p>		<p>room or who need individual attention.</p> <p>On the days of the audit, residents were observed being actively involved with a variety of activities. A copy of the programme is available in the lounges, on noticeboards and in each resident room. The group programme includes residents being involved within the community with social clubs, churches and schools.</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 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. Resident meetings are held monthly.</p> <p>During the lockdown each resident wrote a personal message on a white board (or the activity coordinator wrote it for them). A photo was taken of the resident with the board and sent to families. Families reported that this gave them great comfort and was recognised as 'a good idea' .</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Residents are reassessed using the interRAI process at least six-monthly or if there has been a significant change in their health status. Six monthly assessments included a multidisciplinary review to which families were invited. There was documented evidence that care plan evaluations were current in resident files sampled. Care plan reviews are signed as completed by the RN. The files sampled documented that the GP had reviewed residents three-monthly (for those that had been at the service longer than three months) or when requested if issues arise or their health status changes. The registered nurses interviewed explained the communication process with the GP. Short-term care plans were evident for the care and treatment of residents and had been evaluated and closed or transferred to the long-term care plan if required.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires 30 June 2021. There is a maintenance person on-site for 30 hours a week. Contractors are used when required. The gardener is contracted.</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. There is a mixture of carpet and vinyl flooring throughout the rest home and hospital. All corridors 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 were well maintained. All outdoor areas have seating and shade. There is safe access to all communal areas. The dementia unit garden is securely fenced.</p> <p>Caregivers interviewed stated they have adequate equipment to safely deliver care for all levels of care.</p>

<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>There is a policy describing surveillance methodology for monitoring of infections. The ICC collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data including trends is discussed at staff and management meetings. Meeting minutes are available to staff. Trends are identified and analysed, and preventative measures put in place. The organisation completes benchmarking across Bupa facilities.</p> <p>Systems in place are appropriate to the size and complexity of the facility.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There were two hospital level residents using bedrails as a restraint. Six hospital level residents were using enablers (one lap belt and five bedrails).</p> <p>A registered nurse is the restraint coordinator. She understands strategies around restraint minimisation. Staff interviews, and staff records evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definitions of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education including assessing staff competency on RMSP/enablers has been provided. Restraint is discussed as part of staff and clinical review meetings.</p>

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Low	Families, residents and the nurse practitioner all agreed that the care provided is of a high standard. A wide range of equipment was readily available to assist care staff providing care. The RNs reported a supportive management and access to allied service. Not all care plan interventions were documented as needed and not all monitoring was documented.	(i). One resident in the dementia unit did not have specific interventions to manage behaviours that challenge documented, the same resident did not have blood sugar monitoring documented according the time frames in the care plan. (ii) Of seven fall related incident forms reviewed that required neurological observations, three were not according to Bupa time frames.	<p>(i). Ensure that the care plans document the care and interventions needed. (ii), Ensure that all monitoring is documented.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.