

Bupa Care Services NZ Limited - Whitby Rest Home and 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:	Whitby Rest Home and Hospital
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 18 March 2021 End date: 19 March 2021
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	96

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 Whitby Rest Home and Hospital provides; psychogeriatric services; hospital services - including medical services, rest home care and dementia care for up to 100 residents. Ninety-six residents were living at this facility during the audit.

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

The Bupa quality and risk management programme is being implemented at Bupa Whitby. Quality initiatives are implemented which provide evidence of improved services for residents.

The care home manager is appropriately qualified and experienced and is supported by a clinical manager and three unit coordinators.

Three of four shortfalls identified at the previous certification audit have been addressed. These were around, staff appraisals and training for dementia, care plan interventions and medication documentation. There continues to be a shortfall around storage of emergency water.

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

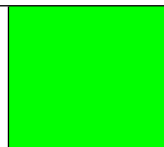
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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There is a business plan with goals for the service that has been regularly reviewed. Whitby Rest Home and Hospital has a fully implemented, robust, quality and risk system in place. Quality data is collated for accident/incidents, infection control, internal audits, concerns and complaints and surveys. Incidents are appropriately managed.

There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation and training programme that provides staff with relevant information for safe work practices. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

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.

There is an admission pack that provides information on all levels of care, including individual information for the dementia and psychogeriatric units. Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. Sufficient information is gained through the initial support plans, specific assessments, discharge summaries, and the care plans to guide staff in the safe delivery of care to residents. The care plans are resident, and goal orientated. Care plans are reviewed every six months or earlier if required. Files reviewed identified integration of allied health and team input into resident care. The general practitioner reviews residents at least every three months.

The activities team implements the activity programme to meet the individual needs, preferences and abilities of the resident groups. The programme encourages the maintenance of community links. There are regular entertainers, outings and celebrations. Activities are focused on meaningful and sensory activities in the dementia care and psychogeriatric units.

Medications are managed appropriately in line with accepted guidelines. Registered nurses, enrolled nurses and senior caregivers who administer medications have an annual competency assessment and receive annual education. Medication charts are reviewed three-monthly by the general practitioner. The community mental health practitioner visits regularly.

All meals are prepared and cooked on site. There is a current food control plan in place. Resident dietary needs are met, and alternative foods offered for dislikes. There are nutritious snacks available 24 hours.

Safe and appropriate environment

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The building has a current warrant of fitness and emergency evacuation plan. There is a reactive and planned maintenance system. Chemicals are stored safely throughout the facility.

There is sufficient space to allow the movement of residents around the facility using mobility aids. There are a number of small lounge areas and seating nooks throughout the facility in addition to its main communal areas. The internal areas are able to be ventilated and heated. The outdoor areas are safe and easily accessible and secure for the units that require this.

There is an emergency plan in the event of an emergency. There is an approved evacuation scheme and emergency management plan in place. There is a first aid trained staff member on duty 24 hours.

Restraint minimisation and safe practice

<p>Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.</p>		<p>Standards applicable to this service fully attained.</p>
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Staff receive training around restraint minimisation and the management of challenging behaviour. The service has appropriate procedures for the safe assessment and review of restraint and enabler use. During the audit, there were five residents using restraint and one resident using an enabler. The restraint coordinator reviews enabler use three-monthly.

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 management system is appropriate for the size and complexity of the service. The infection control coordinator (registered nurse) working together with the clinical manager, is responsible for coordinating and providing education and training for staff. The infection control manual outlined the scope of the programme and included a comprehensive range of policies and guidelines. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This included audits of the facility, hand hygiene and surveillance of infection control events and infections.

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	16	0	0	1	0	0
Criteria	0	45	0	0	1	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>	FA	<p>The complaints procedure is provided to residents and families during the resident's entry to the service. Complaints forms are located at the entrance to the facility. The complaints process is linked to advocacy services.</p> <p>A record of complaints received is maintained by the care home manager. Nine complaints were lodged in 2020 and three for 2021 (year-to-date). Three complaints were reviewed for 2021. Complaints are being managed in accordance with health and disability commissioner guidelines. All complaints reviewed were successfully dealt with and resolved. Staff are kept informed, as evidenced in the staff meeting minutes, there was evidence of individual staff follow-up as needed through an HR process.</p> <p>Discussions with residents and families/whānau confirmed that they are provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and</p>	FA	<p>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident's file. Interviews with the operations manager, the care home manager and clinical manager and sixteen staff (six caregivers, five registered nurses (RN), one enrolled nurse (EN) one cook, two activity staff</p>

<p>provide an environment conducive to effective communication.</p>		<p>and the maintenance person) reflected their understanding of open communication.</p> <p>Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Electronic accident/incident forms reviewed identified family are kept informed. Relatives interviewed including: three with a family member in the psychogeriatric unit, one with a family member in the secure dementia unit and two hospital level, stated that they are kept informed when their family member's health status changes. Residents interviewed including two hospital level and one rest home agreed the staff kept them well informed.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.</p> <p>An introduction to the dementia and psychogeriatric unit booklet provides information for family, friends and visitors to the facility. This booklet is included in the enquiry pack along with a new resident's handbook providing practical information for residents and their families.</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>Bupa Whitby Rest Home and Hospital provides; psychogeriatric services; hospital services - including medical services, rest home care and dementia care for up to 100 residents. There were no dual-purpose beds. Ninety-six residents were living at this facility during the audit. This included eight rest home level residents, (including one respite), 38 hospital level, (including: one respite, one funded through ACC, one younger person disabled and one funded through the long-term support – chronic health conditions (LTS-CHC) contract), 33 residents in the dementia unit and 17 residents in the psychogeriatric unit. The remainder of residents were funded through the aged residential contract.</p> <p>A vision, mission statement and objectives are in place. The Bupa philosophy and strategic plan reflects a person/family-centred approach. Annual goals for the facility have been determined and are regularly reviewed by the care home manager with reporting through head office.</p> <p>The care home manager is a registered nurse and has extensive experience in managing aged care services. She is supported by an experienced clinical manager/registered nurse (RN) who has been employed at the facility for two years.</p> <p>The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to managing an aged care service.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has</p>	<p>FA</p>	<p>Whitby Rest Home and Hospital has implemented the Bupa quality and risk programme.</p> <p>There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. All new policies are communicated via the Bupa BMS monthly communication. The BMS is</p>

<p>an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>included as part of monthly meetings. Staff confirmed they are made aware of any new/reviewed policies.</p> <p>Covid restrictions disrupted the meeting schedules for Whitby rest home and hospital for 2020 and 2021. The service has implemented one to two monthly health and safety meetings and smaller unit meetings to ensure that staff are informed. Although the meetings have not always been according to the monthly plan; interviews with staff and a review of meeting minutes overall evidenced that information has been shared. The service has a new schedule in place for 2021 which has been commenced. Meeting minutes reviewed evidenced staff discussion around accident/incident data, health and safety, infection control, audit outcomes, concerns and survey feedback. The service collates accident/incident and infection control data. Monthly comparisons include detailed trend analysis and graphs.</p> <p>There is a robust internal audit programme that covers all aspects of the service and aligns with the requirements of the Health and Disability Services (Safety) Act 2001. Corrective actions are developed, implemented and signed off.</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>Since the previous audit, the service has documented and implemented a wide variety of improvement plans. Examples have included: improved and increased training for all staff, stabilising the staffing and roster, investment and improvements in staff culture, strengthening family links and community links. Residents, family and staff all praised the management team.</p> <p>The service has detailed emergency plans covering all types of emergency situations and staff receive ongoing training around this. Falls prevention strategies include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls. Falls prevention equipment includes sensor mats and chair alarms. Toileting plans, and intentional rounding are examples of strategies being implemented.</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</p>	<p>FA</p>	<p>Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required using the electronic system. Ten accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations were documented for unwitnessed falls. Fall follow-up included the use of hip protectors and personalised falls minimisation strategies. Incident forms for behaviours that challenge were documented well and were discussed in resident's six monthly multi-disciplinary meeting, there was also evidence of more frequent family meetings as needed. Data collected on incident and accident forms are linked to the quality management system.</p> <p>The care home manager and clinical manager are aware of their requirement to notify relevant authorities in relation</p>

<p>to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>to essential notifications. An example provided included a section 31 notification around an outbreak.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. The register of RNs practising certificates and allied health professionals is current. Seven staff files were reviewed (four RNs - including one unit coordinator, two caregivers and one activities person). All files contained relevant employment documentation including current performance appraisals and completed orientations. Current practising certificates were sighted for the registered nurses. All required staff have been employed and appropriate employment practices followed. The service has an orientation programme in place that provides new staff with relevant information for safe work practice in the provision of rest home, dementia, psychogeriatric and hospital level care. Staff interviewed believed new staff are adequately orientated to the service on employment.</p> <p>There is a comprehensive annual education planner in place that covers compulsory education requirements. The planner and individual attendance records are updated after each session. There is an attendance register for each training session and an individual staff member record of training. Staff are required to complete written core competencies each year. Opportunistic education (toolbox talks) has been provided frequently. The competency programme has different requirements according to work type (eg, caregivers, RN, and cleaner). Core competencies are completed annually, and a record of completion is maintained – competency register sighted.</p> <p>Ten of the fifteen RNs have completed interRAI training. Clinical staff complete competencies relevant to their role. The RNs and clinical manager have completed syringe driver training and have access to external training.</p> <p>Sixteen caregivers are employed to work in the dementia unit; nine caregivers have achieved a Careerforce qualification in dementia care, seven have enrolled and are in the process of completion and three of which have been employed less than 18 months.</p> <p>Seventeen caregivers are employed to work in the psychogeriatric unit; nine caregivers have achieved a Careerforce qualification in dementia care plus the additional unit standards for psychogeriatric care, eight have enrolled and are in the process of completion and three of which have been employed less than 18 months.</p> <p>The previous shortfall around staff appraisals and Careerforce unit standards for dementia and psychogeriatric care have been addressed.</p>
<p>Standard 1.2.8: Service Provider</p>	<p>FA</p>	<p>There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. There is a care home manager, a clinical manager (RN) who work Monday to Friday plus an additional RN over the weekend</p>

<p>Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>and three unit coordinators (RNs) rostered Monday – Friday (one for dementia care, one for psychogeriatric care and one for hospital and rest home).</p> <p>RN cover is provided 24 hours a day, seven days a week. RNs are supported by sufficient numbers of caregivers. Separate cleaning staff and laundry staff are employed seven days a week.</p> <p>Psychogeriatric: (17 residents are living in this 17-bed unit): there is a unit coordinator/RN on each morning shift and an RN on afternoon and night shifts. There are three caregivers on morning shift (two long shifts and one short shift), and two activity staff. There are three caregivers on afternoon shift and one short team assist shift. There is one caregiver on night shift.</p> <p>Dementia: (33 residents are living in this 33-bed unit): there is one RN on each morning, afternoon and night shift. There are four full shift caregivers on duty in the morning and an activity person. There are four caregivers on the afternoon shifts, and two caregivers on the night shift.</p> <p>The rest home (8 residents in this 9-bed unit): there is one caregiver on duty in the morning, afternoon and night shift.</p> <p>Hospital (38 residents in this 41-bed unit): in addition to the unit coordinator, there are two RNs on morning shift, two RNs on all afternoon shifts and one RN on at night. There are seven caregivers on duty in the morning (four long and three short), five caregivers on afternoon shift (four long and one short) and two caregivers on the night shift.</p> <p>Interviews with staff, residents and family members identified 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 policies and procedures in place for all aspects of medication management. Medications were stored safely in the four units. Registered nurses, enrolled nurses or senior caregivers who administer medications have completed their annual competency assessment. Medication education is provided annually. The RNs check the robotic rolls on delivery against the electronic medication charts. ‘As required’ medications are delivered in blister packs and checked regularly for expiry dates. On the day of audit there was one hospital resident who was partly self-medicating. They were given their analgesia (two tablets at a time) for them to take and report on when they had taken them. A competency assessment had been undertaken to determine the resident could safely do this. Medication fridge temperatures and treatment room temperatures had been checked daily and were within the acceptable range. Eyedrops were dated on opening. The impress stock in the hospital is checked weekly for expiry dates and stock levels.</p> <p>The facility uses an electronic medication management system. Twelve medication charts were reviewed (two rest home, four hospital, four dementia and two psychogeriatric). All charts reviewed had photo identification and allergy status identified. All medication charts evidenced three monthly reviews by the GP.</p> <p>All ‘as required’ medication had indications prescribed for use. Effectiveness of ‘as required’ medication</p>

		administered was documented in the progress notes. Antipsychotic management plans are used for residents on antipsychotics and a focus on the reduction of antipsychotic use was evident.
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals and baking are prepared and cooked in a well-equipped kitchen. The kitchen manager/cook is supported by a team of cooks, a chef and morning and afternoon kitchenhands. There was one qualified chef, three cooks and two kitchenhands who have all completed food safety and hygiene training. The remaining four kitchenhands were undergoing training. A contracted dietitian (Pure Foods) had forwarded the four weekly summer menu in November 2020 – the winter menu was yet to be forwarded. The menu offers an alternative option and pureed food. The service accommodates special dietary requirements including gluten free diets. The kitchen manager receives a nutritional profile for each resident and is notified of any changes to dietary requirements. Religious and cultural dietary requirements are met. Resident dislikes are known and accommodated. All meals are delivered in hot boxes/bain marie containers to the units where they are plated. Lip plates are provided to encourage resident independence with eating. Staff were observed to be sitting with residents and assisting them with meals and fluids. There were sufficient fluids and nutritious snacks in the unit fridges.</p> <p>The food control plan has been verified and expires 22 September 2021. The temperatures of refrigerators, freezers, chiller, incoming chilled goods and end-cooked food temperatures are taken and recorded. All food is stored appropriately, and date labelled. The dishwasher wash and rinse temperatures are taken and recorded. Cleaning schedules are maintained.</p> <p>Residents and relatives have the opportunity to feedback on the service through meetings and surveys. Residents and the family members interviewed commented very positively on the meals provided.</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>Resident care plans reviewed were person-centred, caregivers interviewed described individual care for residents. When a resident condition changes the RN initiates a GP visit or nurse specialist referral. The family is notified of any changes in the resident's health status including incidents/accident, infections, GP visits and medication changes. A record of relative notifications is maintained on the family contact form in the resident file. Relatives interviewed confirmed they are kept informed, and the needs of their relatives were being met. Short-term care plans were used to guide staff in the delivery of care to meet for short-term/acute needs. Four incident forms for unwitnessed falls all documented neurological observations as per policy. Restraint monitoring was documented as per care plan for two residents with restraint (two hospital level residents). The previous shortfalls have been addressed.</p> <p>Sufficient continence products are available and resident files reviewed included a continence assessment and plan as part of the plan of care. Specialist continence advice is available through the DHB as needed and this could be described.</p>

		<p>Staff have access to sufficient medical supplies and wound dressings. There had been a focus on wound care and the prevention of skin tears. The facility currently had no pressure injuries, one healing wound and two skin tears. Wound assessments, wound management and evaluation forms were in place for these. The previous findings had been addressed. There were pressure injury interventions in place for residents at risk of pressure injuries and pressure prevention equipment was seen to be in use. Access to specialist advice and support is available as needed.</p> <p>Monitoring forms are utilised to monitor residents' state of wellbeing and the effectiveness of interventions. Residents who identified with pain had a pain management plan, and relief was documented in progress notes. The previous finding has been addressed. Interviews with registered nurses and caregivers demonstrated understanding of the individualised needs of residents. Monitoring forms reviewed included two hourly turning charts, nutritional records, fluid balance charts, bowel records, weekly/monthly weight, blood sugar levels, vital signs and neurological recordings.</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>The service employs four activity coordinators and one diversional therapist (DT) who provide activities Monday to Friday 9.30 am to 4.30 pm in the dementia and psychogeriatric units and from 9 am to 1 pm in the rest home and hospital units. The weekends have some set activities including entertainment and resources available for crafts, colouring, music, one-on-one times, chats and walks. Care staff incorporate activities into their roles within the dementia and psychogeriatric units. There are volunteers involved in activities in all of the units particularly at the weekend.</p> <p>Each unit has a separate activity programme and offers group and individual activities to meet the residents cognitive, physical, intellectual and emotional abilities. Activities offered within the units include a variety of exercises (ball toss, balloon tennis, move to the groove) and gym time with an aerobics instructor, arts and crafts, word games and puzzles, high teas, reminiscing, movies and sing-a-longs. There are many activities that are combined and take place in the large hospital lounge including musical entertainment, crafts, gym time and church services. Residents attend combined activities as appropriate and under supervision. Entertainment and canine friends visit the dementia and psychogeriatric units. Other visitors to the facility include church groups, choirs, pre-school children and youth groups. There are combined ladies and men's groups. The service has a wheelchair access van which goes out six times per week for outings/scenic drives for residents in each unit. The van driver has a first aid certificate. Themes and events are celebrated.</p> <p>There are one-on-one activities for residents who choose not to be involved in group activities. There are personalised activity plans for younger residents under 65 years that reflects their interests or hobbies.</p> <p>Each resident has a map of life (profile) and an activity assessment completed on admission. Individual activity plans are incorporated in the My Day, My Way activity and socialising section of the long-term care plan. The service receives feedback and suggestions for the programme through resident meetings and direct feedback from</p>

		residents and families. Residents interviewed spoke positively about the activities programme.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The registered nurses evaluate initial care plans within three weeks of admission. Care plan evaluations are documented. A letter is sent out to families inviting them to attend a multidisciplinary team meeting (MDT). Members of the MDT include the GP, RN, care staff, DT/activity person, resident (as appropriate) and family member. Allied health professionals involved in the residents' care such as the physiotherapist or dietitian provide input into the MDT evaluation of care. Records of the MDT meeting are maintained, and the cares evaluated against the resident goals. Any changes following the MDT meeting are updated on the care plan. Copies of the updated care plan are sent to the family member if they have been unable to attend.</p> <p>Short-term care plans are evaluated regularly and either resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files reviewed.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building has a current building warrant of fitness that expires 26 June 2021. A maintenance person is employed full-time and attends the health and safety committee meetings. Repairs and maintenance requests are logged into a maintenance book, checked daily and signed off when completed. A 52-week planned maintenance schedule is in place and maintained.</p> <p>Medical equipment including hoists and weighing scales have been calibrated. Electrical testing and tagging have been completed annually. The hot water temperatures are monitored monthly and are maintained below 45 degrees Celsius. Contractors for essential services are available 24/7.</p> <p>The wide corridors and rails 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. The external areas and gardens are well maintained. There is outdoor furniture and seating and shaded areas. There is safe wheelchair access to all communal areas.</p> <p>There is a secure garden with walking pathways, seating and shade off the dementia unit. The psychogeriatric unit has secure outdoor gardens with a courtyard and undercover outdoor decking and outdoor furniture.</p> <p>The caregivers and RNs interviewed stated that they have all the equipment referred to in care plans necessary to provide care.</p>
<p>Standard 1.4.7: Essential, Emergency, And</p>	PA Moderate	<p>An approved fire evacuation plan is in place. There are emergency management plans to ensure health, civil defence and other emergencies are included. Fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are</p>

<p>Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>part of orientation of new staff. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, blankets and gas cooking, but insufficient water. Short-term back-up power for emergency lighting is in place.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times.</p> <p>There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity.</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>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control manual. Definitions of infections are in place, appropriate to the complexity of service provided. The infection control coordinator collects the infection rates each month, identifies trends and uses the information to initiate quality activities within the facility including training needs. The infection control coordinator provides infection control data, trends and relevant information to the quality risk team and clinical meetings. Areas for improvement are identified, corrective actions developed and followed up. This data is monitored and evaluated monthly at head office. There are key performance indicators for all infection types.</p> <p>Care staff interviewed were aware of infection rates. Systems are in place that are appropriate to the size and complexity of the facility. There have been no outbreaks.</p> <p>A Bupa companywide Covid strategy and pandemic plan was available to staff on site with education and associated resources relating to hand hygiene, PPE and donning/doffing procedures. The Bupa crisis management plan (including pandemic) has been updated and has been personalised to the service. A recent DHB audit for Covid evidenced a very good result.</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>A regional restraint group at an organisation level reviews restraint practices. The Whitby restraint committee is responsible for restraint review and use, they meet three- monthly. There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. There are clear guidelines in the policy to determine what restraint is and what an enabler is. The restraint policy includes comprehensive restraint procedures. Discussion with the restraint coordinator (RN) confirmed the service's commitment to reducing restraint use.</p> <p>There was one resident with an enabler (a bed rail). There were five residents with restraint; all with a bed rail and a lap belt, all were hospital residents. All restraint use is recorded on a restraint register.</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 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	<p>PA</p> <p>Moderate</p>	<p>There are adequate supplies in the event of a civil defence emergency including food, blankets and gas cooking, but insufficient water. Short-term back-up power for emergency lighting is in place.</p>	<p>The service stored water for an emergency but not sufficient for 20 litres per person per day as required by the Wellington region civil defence guidelines.</p>	<p>Ensure sufficient water is stored.</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.