

Bupa Care Services NZ Limited - Bethesda Rest 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: Bethesda Rest 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: 18 May 2021 End date: 18 May 2021

Proposed changes to current services (if any): One room in the Harewood community hospital unit was removed in December 2020 to include a sluice and store area, therefore reducing the total beds from 91 to 90.

Total beds occupied across all premises included in the audit on the first day of the audit: 74



Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bethesda Care Home is a Bupa residential care facility. The facility is a purpose-built building that has a total of 90 beds. The service is certified for hospital (geriatric and medical), rest home and dementia care. Occupancy on the day of audit was 74 residents.

One room in the hospital unit was removed in December 2020 to include a sluice and store area, reducing the total beds from 91 to 90.

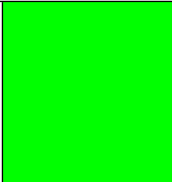
This unannounced surveillance audit was conducted against a subset of the Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations and interviews with residents,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

Bethesda Care Home is managed by a care home manager who has been in the role since October 2020. She is supported by a clinical manager who has been in the role for six months. The care home manager and clinical manager are supported by two-unit coordinators and a Bupa regional manager. Staff spoke positively about the support/direction and management of the current management team.

There is 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 surveillance audit identified no areas of improvement.

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 rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. 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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Bethesda Care Home is implementing the organisational quality and risk management system that supports the provision of clinical care. A care home manager and clinical manager are responsible for the day-to-day operations of the facility. Quality activities are conducted, and this generates improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes. An annual resident/relative satisfaction survey is completed and there are regular resident/relative newsletters. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and followed through. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training programme has been implemented with a current training plan in

place. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. Registered nursing cover is provided 24 hours a day, seven days a week.

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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Residents are screened and approved, prior to entry to the service. Registered nurses are responsible for each stage of service provision. The registered nurses assesses and reviews residents' needs when health changes against, outcomes and goals. Resident files included: medical notes and notes of other visiting allied health professionals. Residents interviewed confirmed they were involved in the care planning and review process. Each resident has access to an individual and group activities programme. The group programme is varied and includes outings and community involvement. Medication policies reflect legislative requirements and guidelines. The service uses an electronic medication system. Staff who are responsible for the administration of medicines, complete annual education and medication competencies. The general practitioner reviews medications three-monthly. All meals are prepared on-site. Individual and special dietary needs are catered, and alternative options are available for residents with dislikes. A dietitian has reviewed the menu. Residents interviewed responded that their likes and dislikes are catered for.

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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Bupa Bethesda has a current building warrant of fitness and reactive and preventative maintenance occurs. All equipment is tagged and tested annually. There is easy access to all internal and external communal areas with seating and shade provided in the garden areas. The dementia areas are secure.

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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The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. There were no residents using any restraints or enablers at the time of the audit. Staff receive education on restraint minimisation.

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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There is a monthly surveillance programme, where infections are collated, analysed and trended with previous data. Where trends are identified, actions are implemented to reduce infections. The infection surveillance results are reported at the staff meetings and management quality meetings. Evidence is seen of education and staff involvement with any infections that are identified during the surveillance programme.

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	0	0	0
Criteria	0	41	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)
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 relatives on entry to the service. Complaints forms are in a visible location at the entrance to the facility. The care home manager maintains a record of all complaints, both verbal and written, by using the Riskman system. Six complaints made in 2020 and three complaints received in 2021 year to date were reviewed with evidence of appropriate follow-up actions taken. Documentation including follow-up conversations and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). A complaint made through Canterbury District Health Board (CDHB) in April 2021 is currently being investigated and is still open. Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<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. Ten incidents/accidents forms selected for review indicated that family/whānau were informed. Seven residents (three hospital and four rest home care including one younger person) interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Four relatives (one hospital, one rest home and two dementia level of care) interviewed stated that they are kept informed when their family member's health status changes. A monthly newsletter is produced for residents and relatives keeping them informed on facility matters and activities. An interpreter policy and contact details of interpreters is available. The</p>

<p>conducive to effective communication.</p>		<p>residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. A site-specific introduction document to the dementia unit provides information for family, friends and visitors to the facility.</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>Bethesda Care Home is part of the Bupa group of care homes. The service provides care for up to 90 residents at hospital, rest home and dementia level of care. There is a 45-hospital bed unit (Harewood community) including 20 dual-purpose beds, 25 rest home bed unit (Highsted community) and a 20-bed dementia care unit (Camellia community). On the day of the audit there were 74 residents in total. There were 25 hospital residents including two residents on younger person with disabilities (YPD) contracts, 32 rest home residents (12 in the hospital unit) including one rest home resident on a YPD contract, one resident on a long-term support chronic health contract (LTS-CHC) and one resident on respite care. There were 17 dementia residents in the dementia unit. All other residents were under the age-related residential care (ARRC) contract.</p> <p>Bethesda Care Home is managed by a care home manager who has been in the role since October 2020 and has been at Bupa since 2011. She is supported by a clinical manager who has been in the role for six months. The care home manager and clinical manager are supported by two-unit coordinators and a Bupa regional manager (who was present at the time of the audit). Staff spoke positively about the support/direction and management of the current management team.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. Bethesda Care Home develops and implements quarterly quality reports on progress toward meeting quality goals, these are forwarded to Bupa the continuous service improvements team (CSI). The regional manager visits monthly and there is fortnightly regional care home manager zoom meetings. There were quality goals which also linked to the organisation's quality and health and safety goals.</p> <p>The care home manager has maintained over eight hours annually of professional development activities related to managing an aged care service. A Southern Bupa managers meeting is booked for May 2021.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and</p>	<p>FA</p>	<p>The Bupa quality and risk management programme is being implemented at Bethesda Care Home. Interviews with the managers and staff reflect their understanding of the quality and risk management systems. There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed at head office. New policies or changes to policy are communicated to staff, evidenced in meeting minutes. Bethesda Care Home is benchmarked against Bupa rest home, hospital and dementia level of care data. Corrective action plans are established and implemented for indicators above the benchmark. Quality indicator data collected in Riskman (e.g., falls, medication errors, antipsychotic drug usage, wounds, skin tears, pressure injuries and complaints) are collected, collated, and analysed with results</p>

<p>maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>communicated to staff.</p> <p>An internal audit programme is in place. In addition to scheduled monthly internal audits, an annual facility health check is conducted by an external Bupa representative. Areas of non-compliance include the initiation of a corrective action plan with sign-off by either the care home manager or clinical manager when implemented. There are a range of meetings that include monthly head of department, quality, health and safety, infection control meetings, along with regular and diarised meetings such as clinical/RN, staff, kitchen, and activity staff meetings. A resident/relative satisfaction survey was completed in October 2020 which reflected positive comments from relatives and residents. The overall satisfaction result for 2020 was 92%. Corrective actions have been established around unsatisfactory weekend food/meals and lack of cleaning staff. Residents/relatives were informed of the survey results in a newsletter and at the bi-yearly resident/relative meeting.</p> <p>The health and safety programme includes a specific and measurable health and safety goal that is developed by head office. Health and safety goals are established and regularly reviewed. A health and safety representative (RN) was interviewed about the health and safety programme. The health and safety committee meet monthly and hazard management is discussed. There is a current hazard register in place. All new staff and contractors undergo a health and safety orientation programme. There is annual health and safety training and updates as part of the education planner. A health and safety staff noticeboard keep staff informed on health and safety matters and display health and safety committee minutes. Bupa belongs to the ACC Partnership Programme and have attained the tertiary level. Falls prevention is discussed each month and there is a specific action plan in place for falls minimisation. Individual falls minimisation is documented in resident's care plans.</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>	<p>FA</p>	<p>Individual reports are completed for each incident/accident, with the immediate action noted and any follow-up action(s) required. Ten accident/incident forms for March, April and May 2021 were reviewed. Each event involving a resident reflected an initial clinical assessment by a registered nurse (RN) and follow-up action and corrective actions implemented and signed off. Episodes of behaviours that challenge were documented through the incident /accident process and included family communications. Neurological observations were documented for falls related incidents. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Incidents are benchmarked and analysed for trends.</p> <p>Discussions with the care home manager and unit coordinator confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications completed for 2020 and 2021 year to date.</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 in place, including recruitment, selection, orientation and staff training and development. Six staff files reviewed (one clinical manager, one unit coordinator, two caregivers, one activities coordinator and one cook) evidenced implementation of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. A register of practising certificates including all health professionals involved in the service is maintained. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g., RN, support staff) and includes documented competencies.</p> <p>Staff interviewed believed new staff are adequately orientated to the service. There is an implemented annual education and training plan that exceeds eight hours annually. Full study days are held quarterly and include compulsory training requirements. Toolbox talks are included as part of the staff meetings for any updates/topical concerns. There is an attendance register for each training session and an individual staff record of training. The RNs are encouraged to complete competent level of the Bupa professional development recognition programme. There are implemented competencies for RNs including (but not limited to) medication administration, insulin administration, controlled drug administration, moving & handling, oxygen administration, restraint, wound management and syringe driver.</p> <p>Core competencies are completed annually, and a record of completion is maintained (signed competency questionnaires sighted in reviewed files). Bethesda Care Home has 13 RNs in total and ten have completed interRAI training. There are 34 caregivers in total. Completed Careerforce training is as follows; five have completed level four, 14 have completed level three and 13 have completed level two training. There are 15 caregivers who work routinely in the dementia unit. Seven of the 15 have completed their dementia unit standards, seven caregivers are in progress of completing (all within 18 months of starting) and one new staff member has not yet completed. The dementia care advisor provides education sessions on Person first and Dementia second philosophy of care. Staff training included sessions on privacy/dignity, spirituality/counselling and social media to ensure the needs of younger residents are met.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled</p>	<p>FA</p>	<p>The staffing levels meet contractual requirements. The care home manager and the clinical manager are on duty Monday to Friday and on-call after hours. Sufficient numbers of caregivers' support RNs. Interviews with the residents and relatives confirmed staffing overall was satisfactory and increased to manage resident acuity and occupancy. At the time of the audit there were 74 residents in total. 25 hospital residents, 32 rest home residents and 17 dementia level care residents. Staffing levels are as follows:</p> <p>Harewood community hospital unit; 45 beds (20 dual purpose), there were 25 hospital level residents and 12 rest home residents. There is a unit coordinator from Monday to Friday who is supported by one RN and six caregivers (two long shifts and four short shifts) on the morning shift, one RN and four caregivers (three long shifts and one</p>

<p>and/or experienced service providers.</p>		<p>short shift) on the afternoon shift and one RN and two caregivers at night.</p> <p>Highsted community rest home unit; 25 beds, there were 20 rest home residents: There is a RN who is supported by two caregivers (one long shift and one short shift) on the morning shift, two caregivers (one long shift and one short shift) on the afternoon shift and one caregiver at night.</p> <p>Camellia community dementia unit: 20 beds, there were 17 dementia care residents. There is a unit coordinator from Monday to Friday who is supported by two caregivers (one long shift and one short shift) on the morning shift, one RN and two caregivers (one long shift and one short shift) on the afternoon shift and one RN and one caregiver at night. The unit coordinator and RNs on the afternoon and night shifts cover both the Camellia community dementia and Highsted community rest home units.</p> <p>Activities staff are allocated to the rest home, hospital and dementia care unit.</p> <p>There are designated food services staff, cleaning and laundry staff seven days a week.</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, including self-administration. The RN checks all medications on delivery against the medication and any pharmacy errors recorded and fed back to the supplying pharmacy. The service uses an electronic medication management system and four weekly robotic packs. Medication charts (electronic) are backed up daily and can be accessed remotely in case of a power failure. Registered nurses are medication competent; caregivers responsible for administering of medications have completed annual medication competencies and annual medication education (last August 2020). RNs working with residents requiring syringe driver medication administration have all completed competencies. Medication errors are completed on an electronic adverse event report and corrective actions implemented. There were no recent medication errors recorded for 2021. The standing orders have been approved by the GPs annually and reflects amendments to legislation.</p> <p>There are three self-medicating residents in the Highsted community rest home unit and all competencies and documentation were up-to-date and reviewed on a three-monthly basis. The medications are stored securely in the resident's room. The medication fridges in each of the three medication rooms (including dementia unit) had temperatures recorded daily and these are within acceptable ranges. All medication rooms (including the dementia unit) have room temperatures recorded within acceptable range and with keypad entry. Each area has its own lockable medication trolley. Ten medication charts were reviewed across three units. Photo identification and allergy status was documented. All electronic medication charts had been reviewed by the GP at least three-monthly. Nutritional supplements for residents with unintentional weight loss were documented in the medication chart.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The facility has a large kitchen with a receiving area and food preparation area. The kitchen manager attends the MDT meetings with RNs to catch up on changes to resident needs and visits the dining areas at mealtimes to talk with the residents around meals. All baking and meals are cooked on-site in the main kitchen. Kitchen staff are advised and updated with any changes to residents' dietary preferences, cultural needs, likes and dislikes. Alternatives are provided if a resident has specific dietary needs or would like an alternative to the main meal being served. Special events are celebrated. Special diets such as diabetic desserts, vegetarian, pureed and alternative choices for dislikes are accommodated.</p> <p>Aspects of the menu can be altered to accommodate cultural preferences. The menus are seasonal and rotate on a four-weekly basis. The menu has been audited and approved by an external dietitian. There is a current food control plan in place which expires November 2021. The kitchen manager advised that there are snacks available across the service throughout the day including fruit, yoghurt, and ice-cream. Kitchen staff include a kitchen manager, breakfast cook, and four kitchenhands. All kitchen staff have completed food safety education. Kitchen fridge, food and freezer temperatures are monitored and documented daily. Meals are transported to dining rooms and bain maries are used. Residents can have breakfast in their room. The dinner meal is cooked during the day and heated and probed at night prior to serving.</p> <p>Audits are completed throughout the year, audits are reviewed, and action plans implemented where required. All foods are dated in the fridges and freezers. Dry goods are stored in dated sealed containers. Chemicals are stored safely. Cleaning schedules are maintained. Moulds are used to improve the presentation of pureed meals. Special equipment such as 'lipped plates' and built-up spoons are available as needs required. Background noise is reduced, and quiet music is played during mealtimes. Staff were observed in the hospital wing assisting residents with their meals at the midday meal. Complimentary comments were received about the food service from many of the residents and family interviewed. The recent resident satisfaction score for food was 8.5 (out of 10) and relative satisfaction survey scored 8.4 (out of 10) which was an improvement from the previous year.</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>FA</p>	<p>Documentation, observation and interview with the registered nurse verified that care provided to the residents was consistent with their needs, goals and plan of care. The interview with the GP confirmed that discussion and referral to allied health professionals took place in a timely manner. When medical input was required, he was notified promptly, and any medical orders were appropriately carried out. Family/whānau expressed that assistance was given according to the wishes of their relatives. Specialised equipment including hoists, transfer belts, pressure relieving mattresses and cushions were available for use. Continence and wound care products were in stock for use. Wound documentation include wound assessment, wound management, and evaluation plans were in place for all wounds across the services. There were seventeen recorded wounds including one Stage 1 pressure injury (hospital level resident), one complex fungating tumour (hospital level resident), skin tears and three chronic leg ulcers.</p> <p>Minor skin tears have a short-term care plan that is appropriate for an assessment, plan and reviews for these</p>

		<p>wounds. The ulcers are all included in the resident's long-term care plans. Registered nurses interviewed were aware of when and how to get specialist wound advice and the district nurse and wound nurse specialists are involved in the care of one chronic wound. Annual training is provided related to wound care management including management of PI, nutrition and hydration, skin management. Monitoring records for (but not limited to) weight, food and fluids, blood sugars, regular turns, physical checks, behaviours and routine observations demonstrates that appropriate cares are occurring. The medical needs of the LTS-CHC and YPD resident were comprehensively described, and interviews and observations confirmed these are met.</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 assistants and two diversional therapists. The four-activity staff are currently working towards gaining a Careerforce qualification in diversional therapy. Activities are provided across seven days from 10.00am to 4.30pm in the rest home and hospital. The diversional therapist is allocated to the dementia unit from 1- 6 pm alternating with an activity assistant across seven days. Residents in the dementia unit have a 24-hour activities plan completed to assist caregivers to divert behaviour as appropriate. Caregivers allocated to the dementia unit confirmed activities are implemented for residents in the dementia unit over a 24-hour period when needed. There is a separate activities programme for the residents in the dementia unit which provided for flexibility, includes one on one activities and entertainers.</p> <p>The programme includes balloon therapy, news reading, structured walks and dance therapy. Special events are celebrated as a combined activity. Activity staff are supported by an occupational therapist who meets with the team six weekly. Activities meet the abilities of resident groups including a programme for younger people, a holistic approach to activities and include aspects of resident's life and past routine. One-on-one time is spent with residents who are unable to or choose not to join in the group activities. Residents are encouraged to maintain links with the community with visits to clubs, men shed, and other community outreach visits weekly. There are regular entertainers to the home and residents go on regular outings and drives. There is a craft group and walking group. The service had a wheelchair hoist van. The van driver and activity staff have current first aid certificates.</p> <p>Residents and family interviewed stated the activity programme is varied and meaningful. Interviews with younger residents confirmed that they are supported to maintain interests in the community and activities meet their interest and preferences. Residents interviewed confirmed they receive a monthly newsletter and can provide feedback about activities and the service at a monthly resident meeting or annual resident/relative survey. 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 into the 'my day my way' care plan and is reviewed at the same time as the care plan. Resident's meetings are held bi-monthly, as well as six monthly meetings/education sessions with the Health and Disability Advocate. The 2020 resident and relative feedback survey evidence a 95% satisfaction in the activities provided.</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>Written evaluations reviewed described the resident's progress against the residents identified goals. Interventions have been updated as a result of the evaluation. InterRAI assessments have been completed in conjunction with the six-monthly reviews. Short-term care plans for short-term needs were evaluated and either resolved or added to the LTCP as an ongoing problem. The multidisciplinary review (MDT) involves the RN, GP (if available), physiotherapist, activities staff and resident/family. The family are notified of the outcome of the review if unable to attend. Specific goals are reviewed at this meeting with residents on YPD contracts. Residents interviewed confirmed involvement in the MDT meetings. There is at least a 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.</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 warrant of fitness expires on 1 January 2022. A reactive and preventative maintenance programme is being implemented. The hot water temperatures are monitored weekly and maintained between 43-45 degrees Celsius. 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. There are quiet, low stimulus areas that provide privacy when required. The lounge areas are designed so that space and seating arrangements provide for individual and group activities. Outdoor areas are maintained with walking pathways.</p> <p>Residents were observed moving freely around the areas with mobility aids where required. The external areas are all landscaped. There is outdoor furniture and shaded areas. There is wheelchair access to all areas. The dementia unit is secure with doors open into an enclosed landscaped paved courtyard. One room in the Harewood community hospital unit was removed in December 2020 to include a sluice and store area, therefore reducing the total beds from 91 to 90.</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. Definitions of infections are in place, appropriate to the complexity of service provided. The infection control nurse collates monthly data for all infections based on signs and symptoms of infection. Surveillance of all infections in the units is entered separately into a monthly infection summary. Surveillance results are reported at monthly quality meetings and facility meetings. The minutes are made available to staff to read. Trending and analysis of infections monthly and annually is reported to Bupa lead infection control manager. The data has been monitored, evaluated and benchmarked at organisational level. Appropriate actions have been taken where rates have been above the national benchmarking. Organisational preparedness for preventing and controlling COVID-19 are part of the monthly teleconference meetings with the Bupa national infection control lead. Systems in place are appropriate to the size and complexity of the facility. The service maintains a large supply of PPE.</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 restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. There were no residents using any restraints or enablers at the time of the audit. Staff receive education on restraint minimisation, last completed in March 2021. Interviews with the staff confirmed their understanding of restraints and enablers.</p>
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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.

No data to display

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.