

Bupa Care Services NZ Limited - Accadia Manor Rest Home

Introduction

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

The audit has been conducted by 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: Accadia Manor Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 27 October 2021 End date: 28 October 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: 28

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 Accadia is part of the Bupa group. The service is certified to provide rest home care (excluding dementia) for up to 29 residents. On the day of audit there were 28 residents.

This certification audit was conducted against the Health and Disability Standards and the contract with the district health board. This 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.

Bupa Accadia is managed by an experienced general manager who has been in the role for eleven months. She is supported by an acting clinical manager (on secondment), Bupa regional quality partner and an operations manager. Family and residents interviewed spoke positively about the care and support provided.

There were no shortfalls identified during this audit.

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.
--	--	--

Bupa Accadia endeavours to ensure that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. Staff demonstrated an understanding of residents' rights and obligations. Residents receive services in a manner that considers their dignity, privacy, and independence. Written information regarding consumers' rights is provided to residents and families. Evidence-based practice is evident, promoting and encouraging good practice. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service.

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.
---	--	--

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

A quality and risk management programme is established. Interviews with staff, and review of meeting minutes demonstrate a culture of quality improvements. Residents receive services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. There is an in-service training calendar in place. Registered nursing cover is provided eight hours per day, Monday to Friday. There are a clinical manager and facility manager available on call 24/7 as part of the Bupa regional on call roster.

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.

Access to the facility is appropriate and efficiently managed with relevant information provided to the potential resident/family.

The acting clinical manager and the registered nurse are responsible for undertaking all aspects of assessments, care planning and evaluation for all residents. Care plans are developed in consultation with the family. Care plans are individualised, based on a comprehensive range of information and include potential risks and related interventions. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals. Residents are referred or transferred to other health services as required.

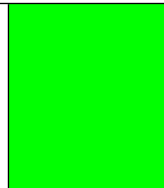
Medicines are safely managed and administered by staff who are competent to do so.

An activities programme offers a variety of individual and group activities and meets the needs of the residents.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. The service has a food safety plan. Choices are available and are provided. The organisational dietitian reviews the Bupa menu plans.

Safe and appropriate environment

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




Standards applicable to this service fully attained.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. At least one first aid trained staff member is on duty at all times, including on outings.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. The building holds a current building warrant of fitness.

Electrical equipment has been tested and tagged. All medical equipment including the hoist have been serviced and calibrated. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies for at least three days. A staff member trained in CPR and first aid is on duty at all times.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
---	--	--

Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. At the time of audit there were no residents using restraints or enablers. The approval process for restraint use includes ensuring the environment is appropriate and safe.

Infection prevention and control

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

Standards applicable to this service fully attained.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (clinical manager) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. The service engages in benchmarking with other Bupa facilities. There have been two respiratory outbreaks since the previous audit which were appropriately managed.

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	45	0	0	0	0	0
Criteria	0	93	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location in English and in Māori. Policy relating to the Code is implemented and staff can describe how the Code is incorporated in their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through in-service education and training. Interviews with eight staff (two caregivers on the AM and PM shifts, one registered nurse (RN), one kitchen manager, one cleaner, one maintenance officer, one administrator, and one activities coordinator) confirmed their understanding of the key principles of the Code and its application to their job role and responsibilities.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for personal care and day-to-day activities.</p> <p>Clinical files reviewed showed that general informed consent for care has been gained appropriately using the Bupa's consent forms. Consents were also sighted for specific procedures such as influenza vaccine and Covid-19 vaccination, media consent, van outings and wound photo charts. Staff were observed to gain consent for day-to-day care.</p>

		<p>Advance directives if known were on the resident files. Copies of enduring power of attorney (EPOA) were in resident files as appropriate. Advance care planning, establishing and documenting EPOA requirements and processes for residents who are unable to consent is defined and documented, as relevant, in the resident's record. There was evidence in files reviewed of family/EPOA discussion with the GP for a medically indicated not for resuscitation status. Discussions with relatives demonstrated they are involved in the decision-making process, and in the planning of resident's care.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Information on advocacy support services is included in the resident information pack that is provided to residents and their family on admission. Pamphlets on advocacy services are available at the entrance to the facility. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy support services. Staff receive education and training on the role of advocacy services.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents may have visitors of their choice at any time. The service encourages the residents to maintain relationships with their family, friends, and community groups by encouraging their attendance at functions and events and providing assistance to ensure that they are able to participate in as much as they can safely and desire to do. Resident/family meetings are held monthly.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The general manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register. Discussions with residents and relatives confirmed they are provided with information on complaints and complaints forms. Complaints forms are also located in a visible location at the entrance to the facility, next to a suggestions box. Two complaints have been received in 2021 (year-to-date) and were reviewed in detail. Timescales for acknowledgement, investigation and resolution were adhered to. Meeting minutes evidenced staff are informed of complaints and correct actions.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their</p>	FA	<p>Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception. The managers (general manager, acting clinical manager) and RNs discuss aspects of the Code with residents and their</p>

rights.		family on admission. Discussions relating to the Code are also held during the monthly resident/family meetings. Interviews with four residents and three relatives confirmed that the residents' rights are being upheld by the service. Interviews with residents and family also confirmed their understanding of the Code and its application to aged residential care.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	Residents are treated with dignity and respect, confirmed in interviews with care staff, residents, and family, and during observations. Privacy is ensured, and independence is encouraged. Discussions with residents and relatives were positive about the service in relation to their values and beliefs being considered and met. Residents' files and care plans identify residents preferred names. Values and beliefs information are gathered on admission with family involvement and are integrated into the residents' care plans. Spiritual needs are identified. There is a policy on abuse and neglect and staff receive regular training.
Standard 1.1.4: Recognition Of Māori Values And Beliefs Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.	FA	The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. They value and encourage active participation and input of the family/whānau in the day-to-day care of the resident. There were no residents who identified as Māori at the time of the audit, however staff interviewed could describe how Māori values and beliefs are identified in resident care plans and map of life. They also confirmed that they are aware of the importance of whānau in the delivery of care for Māori residents. Māori consultation is available through the documented iwi links and the local DHB Māori lead.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	The service identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. All residents and relatives interviewed confirmed they are involved in developing the resident's plan of care, which includes the identification of individual values and beliefs. All care plans reviewed included the resident's social, spiritual, cultural, and recreational needs.
Standard 1.1.7: Discrimination Consumers are free from any	FA	A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee. Code of conduct training is also provided through the in-service training programme. Professional boundaries are defined in job descriptions. Interviews with

discrimination, coercion, harassment, sexual, financial, or other exploitation.		caregivers confirmed their understanding of professional boundaries, including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available on morning shift, seven days a week. A general practitioner (GP) visits the facility fortnightly and as needed. The GP reviews residents identified as stable every three months, with more frequent visits for those residents whose condition is not deemed stable. Physiotherapy services are provided by referral as required. A podiatrist visits regularly. The service has links with the local community and encourages residents to remain independent.</p> <p>The facility has a relatively new management team in place. The general manager has extensive experience in health and disability management and the acting clinical manager is a registered nurse (RN) with nineteen years of aged care experience. Recent improvements in the care home have included refurbishment projects throughout the facility including new carpets. Feedback from a recent staff survey highlighted improvements in staff engagement, empowerment, and perceived management support (an increase of 18% from 2020). Resident surveys show consistently high results in overall satisfaction.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident's file. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Fifteen accident/incident forms reviewed identified that family are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes or following an adverse event.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. The information pack is available in large print and is read to residents who require assistance. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>Residents and families confirmed they received regular communication and updates regarding Covid-19 levels, restrictions, and associated infection control measures.</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 Accadia is an aged residential care facility that provides care for up to 29 residents at rest home level of care. On the day of the audit there were 28 residents. All residents were under the age-related residential care contract (ARCC).</p> <p>Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan and these goals are regularly reviewed.</p> <p>The care home manager has been in the role for eleven months and has eight years' experience in health care management. The acting clinical manager was seconded to cover maternity leave appointed in August 2021 and has nineteen years of nursing experience in aged care. Staff spoke positively about the support and direction provided by the management team.</p> <p>The general manager and acting clinical manager have maintained over eight hours annually of professional development activities related to management and aged care.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The acting clinical manager, who is employed full time, is the second in charge with additional support provided by the Bupa operations manager and regional quality partner. A senior registered nurse covers the clinical role of the clinical manager in her absence.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>The quality and risk management programmes are established and embedded into practice. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p> <p>Interviews with the managers and staff reflect their understanding of the quality and risk management systems. The monthly monitoring and collation of quality and risk data includes (but is not limited to) resident falls, infection rates, complaints received, restraint use, pressure areas, wounds, and medication errors. Trends and the analyses of quality and risk data are available electronically (on RiskMan) and are utilised for quality improvement by the service.</p> <p>An annual internal audit schedule was sighted for the service, with evidence of internal audits occurring as per the audit schedule and corrective actions being implemented when service</p>

		<p>shortfalls are identified and signed off when completed. Corrective actions are addressed in a timely manner and communicated to staff as evidenced in the meeting minutes. An annual satisfaction survey is completed. The 2020 results reflect a high level of resident satisfaction continuing on from the 2019 results.</p> <p>The health and safety programme includes specific and measurable health and safety goals that are regularly reviewed. The health and safety team meet monthly. Staff undergo annual health and safety training which begins during their orientation. Contractors are required to be inducted into the facility and sign a health and safety information sheet when this has been completed. The hazard register is reviewed regularly.</p> <p>Strategies are implemented to reduce the number of falls. This includes, (but is not limited to) ensuring call bells are placed within reach, the use of sensor mats, encouraging participation in activities, physiotherapy input and intentional rounding. The general manager has established a falls prevention committee which meets monthly to discuss strategies to achieve the desired 20% reduction in falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Incidents are coded in severity. All resident incidents logged with a high severity are immediately escalated to the Bupa head office and the regional operations manager.</p> <p>Fifteen accident/incident forms were reviewed (four skin tears, six falls, two infections and three bruises). Each event involving a resident reflected a clinical assessment and follow-up by a RN. All unwitnessed falls had consistent evidence of routine neurological observations over a 24-hour timeframe.</p> <p>The managers were aware of their requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications made since the last audit include notification of a new general manager, acting clinical manager and two outbreaks. Public health authorities were notified for the two respiratory outbreaks.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (one housekeeper, one maintenance, one kitchen manager, one caregiver and one activities coordinator) reflected evidence of implementation of the recruitment process, signed employment contracts and signed job descriptions.</p>

<p>accordance with good employment practice and meet the requirements of legislation.</p>		<p>A register of practising certificates 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 and includes documented competencies. New staff are buddied with more experienced staff.</p> <p>There is an annual education and training schedule in place that addresses all required areas. In-services are now being provided as a full day of training which has improved staff attendance from the previous year. Staff files reviewed indicated that they have achieved a minimum of eight hours annually of education.</p> <p>Both RNs have completed their interRAI training. There are six level 4 senior caregivers, with another two working on level 4 currently. All other caregivers are level 2.</p> <p>A competency programme is in place with different requirements according to work type (e.g., support work, registered nurse, and cleaner). Core competencies are completed annually, and a record of completion is maintained. RN competencies include assessment tools, BSLs/insulin administration, CD administration, moving & handling, nebuliser, oxygen administration, PEG tube care/feeds, restraint, wound management, CPR, and syringe driver.</p> <p>Annual performance appraisals are completed and up to date with the current annual schedule.</p> <p>Staff members interviewed confirmed they received regular communication and updates regarding Covid-19 levels, restrictions, and associated infection control measures along with regular training.</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 policy is in place that determines staffing levels and skill mix for safe service delivery. The staff roster provides sufficient and appropriate coverage for the effective delivery of care and support. Current staffing levels reflect a full complement of RNs and caregivers. The acting clinical manager/RN and general manager (non-clinical) are rostered Monday – Friday.</p> <p>There is one RN on duty on the morning shift (0645-1500) five days per week and the clinical manager works 0730-1600 on weekdays.</p> <p>There are two caregivers for the AM shift (one 0645-1500 and one 0645-1330) Monday to Friday. This increases on the weekends to three caregivers (two for 0645-1500 and one 0645-1100). Two caregivers are rostered for the PM shift (one 1445-1500 and one 1545-2300). There are two caregivers are rostered for the night shift (2245-0700).</p> <p>The on-call schedule is shared with four other Bupa care facilities. The general manager is on call approximately once every two months for non-clinical related issues and the acting clinical manager is also on call approximately once every two months.</p>

		Residents and relatives stated there were adequate staff on duty at all times. Staff stated they feel supported by the RN, acting clinical manager and general manager.
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident 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. An initial support plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held securely. Archived records are secure in separate locked and secure areas. Electronic files (RiskMan) are backed up using cloud-based technology. Residents' files demonstrated service integration. Entries are legible, timed, dated and signed by the relevant caregiver or nurse, including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>There are policies and procedures to safely guide service provision and entry to services including an admission policy. The service has an information pack available for residents/families at entry. Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination Service.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments, and signed admission agreements in accordance with contractual requirements.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>The service has a policy that describes guidelines for death, discharge, transfer, documentation, and follow-up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. Transfer notes and discharge information was available in resident records of those with previous hospital admissions.</p> <p>One of the files reviewed had recent admission to the public hospital. A discharge report was obtained upon re-admission to the service, and this was filed in the resident's file. All appropriate follow ups were completed including the next GP review timeframe, medication reconciliation upon arrival to the service, follow-up lab tests and re-appointment schedule to visit a specialist. Document review evidenced that these were all completed. Transfer to the hospital and back to the facility post-discharge was well documented in progress notes.</p>

<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were three residents fully self-administering on the day of audit and a fourth resident was self-administering their inhalers. All policies and procedures had been adhered to. Those residents had a current medication administration competency signed by the GP.</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. The RN, acting clinical manager and senior medication competent caregivers administer medications. All staff have up-to-date medication competencies. The medication fridge and room temperature are checked daily. Eye drops are dated once opened. Standing orders are not used.</p> <p>Staff sign for the administration of medications on the electronic system. Twelve 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 prescribed.</p> <p>Medications are stored securely in accordance with requirements. Documentation around administration of medications was completed as per policy.</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 food service is provided on site by a team consisting of kitchen manager, weekend cook and three kitchen assistants and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian.</p> <p>There is a well-equipped kitchen, and all meals are cooked on site. Meals are served in the dining room from a bain marie. The kitchen also prepares and serves meals for 14 residents from the village.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan which is effective until 22 September 2022. Food temperatures are monitored appropriately and recorded as part of the plan. The kitchen manager has a Royal Public Health & Hygiene certificate and City & Guilds certificate 7061 and 7062. All kitchen staff have completed hazard and chemical training. The kitchen manager attended Bupa Management Essential training this year. The kitchen manager and one of the kitchen assistants are part of the health and safety committee.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary</p>

		<p>profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet residents' nutritional needs, is available.</p> <p>The kitchen fridge/chiller, freezer, inward goods, end-cooked and bain maire temperatures are taken and recorded daily. Perishable foods sighted in the kitchen and dining room fridge were dated. The dishwasher is checked regularly by the chemical supplier. Chemicals are stored safely. A cleaning schedule is maintained.</p> <p>Resident meetings and surveys, along with direct input from residents, provide resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes. The food services audit shows 98% compliance. Residents and families reported a level of 7.3/10 in food satisfaction in 2020.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The service records the reason for declining service entry to potential residents should this occur and communicates this to the potential residents/family. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency.</p> <p>If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and family. Examples of this occurring were discussed. On the day of audit, one resident was assessed for hospital level care and was transferred to another facility.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. InterRAI assessments had been completed for all residents whose files were sampled. Overall, the goals were identified through the assessment process and linked to care plan interventions. Other assessment tools in use included (but were not limited to): a) nutrition, b) pain, c) falls, d) skin, e) activities, f) cultural assessment, g) continence. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan. Residents and families interviewed confirmed their involvement in the assessment process.</p>
<p>Standard 1.3.5: Planning</p>	FA	<p>In all six files reviewed, the care plans were comprehensive and addressed the resident need. Care</p>

<p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>		<p>plans evidenced service integration with progress notes, activities notes, medical and allied health professionals' notes. The needs identified by the interRAI assessments were reflected in care plans reviewed.</p> <p>Residents and families reported participation in the development and ongoing evaluation of care plans. In all files reviewed there was evidence of relative/EPOA/welfare guardian involvement in care planning. Care plans reviewed provided evidence of individualised support. Short-term care plans are in use for short-term needs and changes in health status. Caregivers interviewed stated that the care plans were easy to follow, and short-term residents care needs changes communicated both verbally on relevant staff and through written and verbal handovers.</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>The RN and the acting clinical manager complete care plans for residents. Progress notes in all six files reviewed had detailed progress which reflected the interventions detailed in the long-term care plans. When a resident's condition changes, the acting clinical manager initiates a GP consultation. Staff stated that they notify family members about any changes in their relative's health status and family interviewed confirmed this. There was documented evidence of relative contact for any changes to resident health status on the family/whānau contact form held in the residents' files. All care plans sampled had interventions documented to meet the needs of the resident. Care plans have been updated as residents' needs changed.</p> <p>Resident falls are reported on an electronic register and written in the progress notes. Neurological observations are completed for unwitnessed falls or falls where residents hit their heads.</p> <p>The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed. Care staff interviewed stated there are adequate clinical supplies and equipment provided including continence and wound care supplies. A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs.</p> <p>Wound assessment, wound management and evaluation forms are documented, and wound monitoring occurs as planned. There are currently 15 wounds which includes minor skin tears and bruises which were closely monitored. There also were two cellulitis, one chronic ulcer, and two skin lesions. The chronic wound has had input from the GP. All wound documentation reviewed were fully completed. Assessment and wound treatment plans were followed up by staff.</p> <p>Monitoring forms are in use as applicable such as weight, vital signs, wounds, and behaviour.</p>
<p>Standard 1.3.7: Planned Activities</p>	<p>FA</p>	<p>The activities programme is provided by an experienced activities coordinator. She is on duty from 0900 – 1600 Monday to Thursday and 0900 to 1530 on Fridays. The caregivers coordinate set</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>activities in the weekends.</p> <p>The weekly activities programmes are displayed around the facility and on noticeboards. Residents who do not participate regularly in the group activities, are visited for one-on-one sessions. All interactions observed on the day of the audit evidenced engagement between residents and the activity coordinator. Activities offered reflected residents' goals, ordinary patterns of life and were age appropriate. The activity programme is broken down into physical, cognitive, creative, and social activities. Residents' participation in activities were recorded, which includes spectrum from active participation to limited activity.</p> <p>Each resident has a Map of Life developed on admission. The Map of Life includes previous careers, hobbies, life accomplishments and interests which forms the basis of the activities plan. Socialising and activities are included in the My Day, My Way care plan. The activity coordinator is involved in the six-monthly review. The service receives feedback and suggestions for the programme through surveys and resident meetings. Residents and relatives interviewed commented positively on the activity programme and outings. There are outings at least twice a week.</p> <p>Due to the Covid-19 pandemic, community involvement was closely monitored and included health screening on entry to the facility.</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>Six care plans reviewed had been evaluated by the RN or acting clinical manager at least six monthly and most often earlier, when changes to care occurs. A written evaluation is completed that describes progress to meeting goals. Where the evaluation reflects change in health status or usual activities this is updated in the care plan. Residents' care is also evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN or the acting clinical manager and required follow-up is completed. Short-term care plans for short-term needs are evaluated and signed off as resolved or added to the long-term care plan as an ongoing problem. Activities plans are in place for each of the residents and these are also evaluated six-monthly. There are three monthly reviews by the GP for all residents. Family members interviewed confirmed that they are informed of any changes to the care plan.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or</p>	<p>FA</p>	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a contracted GP service, residents may choose to use another medical practitioner. There were three other GPs who provide medical services to the home. If the need arises either the resident's GP or the acting clinical manager sends referrals to seek specialist</p>

<p>referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>input. Referral documentation and consultation records are maintained on resident files. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place. Material safety datasheets were readily accessible for staff. Chemical bottles sighted had correct manufacturer labels. Chemicals were stored safely throughout the facility. Personal protective clothing was available for staff and seen to be worn by staff when carrying out their duties on the day of audit. A spills kit is available.</p>
<p>Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building holds a current building warrant of fitness, which expires on 14 December 2021. A request book for repairs is maintained and signed off as repairs are completed. There is a part-time maintenance officer who carries out the 52-week planned maintenance programme. The checking and calibration of medical equipment including hoist, has been completed annually. All electrical equipment has been tested and tagged. Hot water temperatures have been tested (randomly) and recorded monthly with corrective actions for temperatures outside of the acceptable range. Preferred contractors are available 24/7.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids, where required. There is outdoor furniture and seating with shade in place, and there is wheelchair access to all areas. The external areas are paved and landscaped.</p> <p>The caregivers and RN interviewed stated that they have all the equipment required to provide the care documented in the care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal</p>	FA	<p>All rooms have their own full ensuite bathroom. There are adequate visitor and staff toilet facilities available. Communal toilets have appropriate signage and privacy locks. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning.</p> <p>Water temperatures are monitored, and temperatures are maintained at or below 45 degrees Celsius. Residents interviewed reported their privacy is maintained at all times.</p>

hygiene requirements or receiving assistance with personal hygiene requirements.		
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	All residents' rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms. Staff interviewed reported that rooms have sufficient space to allow cares to take place. Residents are encouraged to bring their own pictures, photos, and furniture to personalise their room, as observed during the audit.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	There is a main lounge, dining room and library area. The library, lounge and dining room are accessible and accommodate the equipment required for the residents. The lounge and dining area are large enough to cater for activities. Residents are able to move freely through and around these areas and furniture is placed to facilitate this. Residents were seen to be moving freely both with and without assistance throughout the audit. There are private seating areas if residents wish to have some quiet time or speak privately with friends or family.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. The laundry has a dirty to clean workflow and entry and exit doors. All linen and personal clothing is laundered on site. The chemical provider monitors the effectiveness of the laundry process. Cleaning trolleys are kept in designated locked cupboards when not in use. Residents and family interviewed reported satisfaction with the cleaning and laundry service. Internal audits also monitor the effectiveness of the cleaning and laundry processes.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>There are emergency/disaster management plans in place to guide staff in managing emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-service programme. At least one staff member is on duty at all times with a current first aid certificate. Fire evacuation drills take place every six months (last 21 June 2021). Smoke alarms, sprinkler system and exit signs are in place. The service has alternative gas facilities for cooking in the event of a power failure, with a backup system for emergency lighting and battery backup.</p> <p>Emergency food supplies sufficient for three days are kept in the kitchen. Extra blankets are available. There are civil defence kits that are regularly checked. There is water stored (800 litre tank plus bottled) to ensure a minimum of four litres per day for three days per resident.</p>

		Call bells were evident in residents' rooms, lounge areas and toilets/bathrooms. Residents were sighted to have call bells within reach during the audit and this was confirmed during resident and relative interviews. The service has a visitor's book at reception for all visitors, including contractors, to sign in and out. The facility is secured at night. Access by the public is limited to the main entrance.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	General living areas and resident rooms are appropriately heated and ventilated. The facility has underfloor central heating that is thermostatically controlled. All bedrooms and communal areas have at least one external window.
Standard 3.1: Infection control management There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.	FA	The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Staff are well-informed about infection control practises and reporting. The infection control coordinator (clinical manager) is responsible for infection control across the facility. The infection control committee and the Bupa governing body is responsible for the development and review of the infection control programme. Hand sanitisers are appropriately placed throughout the facility. Visitors are asked not to visit if they are unwell. The majority of residents have received both doses of the Pfizer Covid-19 vaccine with staff vaccination ongoing in conjunction with the local DHB. Residents and staff are offered the influenza vaccine. Covid-19 scanning/manual sign in is mandatory on entry to the facility and the use of face masks is required as part of level 2 restrictions. Covid-19 education has been provided for all staff, including hand hygiene and use of PPE. Bupa has monthly infection control teleconferences for information, education, and discussion and Covid updates should matters arise in-between scheduled meeting times. There have been two outbreaks (respiratory) in 2021 which were appropriately managed and included liaison with the local DHB. Public health authorities were notified.
Standard 3.2: Implementing the infection control programme There are adequate human, physical,	FA	There are adequate resources to implement the infection control programme at Bupa Accadia. The infection control committee meet monthly and then feed into staff, clinical and quality meetings. The IC coordinator has completed training in infection control. External resources and support are available through the Bupa quality & risk team, external specialists, microbiologist, GP, wound

and information resources to implement the infection control programme and meet the needs of the organisation.		nurse specialist and DHB when required.
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme. Policies are updated regularly and directed from head office.
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff.</p> <p>The infection control coordinator has access to the Bupa intranet with resources, guidelines best practice, education packages and group benchmarking.</p> <p>Consumer education is expected to occur as part of the daily 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>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.</p> <p>Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data including trends, analysis and corrective actions/quality are discussed at staff and clinical meetings.</p> <p>Infections are entered into the electronic database for benchmarking. Corrective actions are</p>

		<p>established where trends are identified.</p> <p>Hand sanitisers are appropriately placed throughout the facility. Visitors are asked not to visit if they are unwell. The majority of residents and all staff working in care have received both doses of the Pfizer Covid-19 vaccine. Residents and staff are offered the influenza vaccine. Covid-19 scanning/manual sign in is mandatory on entry to the facility and the use of face masks is required as part of level 2 restrictions. Covid-19 education has been provided for all staff, including hand hygiene and use of PPE.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<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. Interviews with the restraint coordinator (clinical manager), RN and care staff confirmed their understanding of restraints and enablers. At the time of the audit, the service had no residents using any restraints or enablers. Bupa Accadia is classed by Bupa as being restraint free, having had no restraints or enablers for at least six months. Staff training is provided around restraint minimisation and management of challenging behaviours.</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.

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.