

Bupa Care Services NZ Limited - Sunset Rest Home & Hospital

Current Status: 30 September 2014

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Partial Provisional Audit conducted against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) on the audit date(s) specified.

General overview

Bupa Sunset currently provide rest home, hospital and dementia care for up to 98 residents. The purpose of this partial provisional audit was to verify (i) the extra six beds added to the original 21 bed dementia unit, (ii) the addition of 20 new hospital level beds in a newly purpose-built wing; and (iii) verify the current rest home and hospital beds as suitable to provide rest home or hospital level care (dual purpose). This has resulted in all beds (other than the secure dementia unit) being available for this purpose.

The reconfigured services will provides rest home, hospital and dementia care for up to 122 residents. The previous audit finding around medications has been addressed.

Improvements identified at this audit are related to the completion of the building including obtaining a certificate of public use and approved fire evacuation scheme prior to occupancy.

HealthCERT Aged Residential Care Audit Report (version 4.2)

Introduction

This report records the results of an audit against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) of an aged residential care service provider. The audit has been conducted by an auditing agency designated under 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).

It is important that auditors restrict their editing to the content controls in the document and do not delete any content controls or any text outside the content controls.

Audit Report

Legal entity name:	Bupa Care Services NZ Limited
Certificate name:	Bupa Care Services NZ Limited - Sunset Rest Home & Hospital
Designated Auditing Agency:	Health and Disability Auditing New Zealand Limited
Types of audit:	Partial Provisional Audit
Premises audited:	Sunset Rest Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Intellectual; Residential disability services - Physical
Dates of audit:	Start date: 30 September 2014 End date: 30 September 2014
Proposed changes to current services (if any): Increase dementia care beds from 21 to 27 beds (approved October 2013). Additional 20 new hospital beds (new wing). Change in the number of dual purpose beds from 40 to 95 (including the new 20 hospital beds). New total number of facility beds 122.	
Total beds occupied across all premises included in the audit on the first day of the audit:	98

Audit Team

Lead Auditor	XXXXXXXX	Hours on site	4	Hours off site	3
Other Auditors		Total hours on site		Total hours off site	
Technical Experts		Total hours on site		Total hours off site	
Consumer Auditors		Total hours on site		Total hours off site	
Peer Reviewer	XXXXXXXX			Hours	1

Sample Totals

Total audit hours on site	4	Total audit hours off site	4	Total audit hours	8
Number of residents interviewed		Number of staff interviewed		Number of managers interviewed	3
Number of residents' records reviewed		Number of staff records reviewed		Total number of managers (headcount)	3
Number of medication records reviewed	12	Total number of staff (headcount)	77	Number of relatives interviewed	
Number of residents' records reviewed using tracer methodology				Number of GPs interviewed	

Declaration

I, XXXXXXXX, Director of Christchurch hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Act.

I confirm that:

a)	I am a delegated authority of Health and Disability Auditing New Zealand Limited	Yes
b)	Health and Disability Auditing New Zealand Limited has in place effective arrangements to avoid or manage any conflicts of interest that may arise	Yes
c)	Health and Disability Auditing New Zealand Limited has developed the audit summary in this audit report in consultation with the provider	Yes
d)	this audit report has been approved by the lead auditor named above	Yes
e)	the peer reviewer named above has completed the peer review process in accordance with the DAA Handbook	Yes
f)	if this audit was unannounced, no member of the audit team has disclosed the timing of the audit to the provider	Not Applicable
g)	Health and Disability Auditing New Zealand Limited has provided all the information that is relevant to the audit	Yes
h)	Health and Disability Auditing New Zealand Limited has finished editing the document.	Yes

Dated Monday, 13 October 2014

Executive Summary of Audit

General Overview

Bupa Sunset currently provide rest home, hospital and dementia care for up to 98 residents. The purpose of this partial provisional audit was to verify (i) the extra six beds added to the original 21 bed dementia unit, (ii) the addition of 20 new hospital level beds in a newly purpose-built wing; and (iii) verify the current rest home and hospital beds as suitable to provide rest home or hospital level care (dual purpose). This has resulted in all beds (other than the secure dementia unit) being available for this purpose.

The reconfigured services will provides rest home, hospital and dementia care for up to 122 residents. The previous audit finding around medications has been addressed.

Improvements identified at this audit are related to the completion of the building including obtaining a certificate of public use and approved fire evacuation scheme prior to occupancy.

Outcome 1.2: Organisational Management

The service is managed by an experienced care home manager and clinical manager who are supported by an operational manager. There are robust company quality systems in place. The site business plan includes stages of development for the new extension of 20 hospital beds and increase in dementia beds. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. There is an annual education schedule that is being implemented. Core competencies are completed annually and a record of completion is maintained. All caregivers that work in the dementia unit have completed the required dementia standards.

Rosters are in place for the new hospital wing, management of dual purpose beds and increase in dementia residents. Staff are stable and there are registered nurses available for the additional shifts. Bupa has a casual pool of staff able to fill vacancies until appointments are made.

Outcome 1.3: Continuum of Service Delivery

There is a medication system in place that aligns with medication legislative requirements. The hospital wings have one main medication room. Registered nurses only administer medications. The previous finding around medication administration has been addressed. There is a safe food service process in place. Food is transported to each area in bain marries. Resident likes and dislikes are known and alternative choices offered. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. Dietary preferences, likes, dislikes are written up on the kitchen whiteboard.

Outcome 1.4: Safe and Appropriate Environment

The changes to the service's five wings are as follows; (i) Rimu wing has been increased from 21 dementia care beds to 27 beds with the extension of six new rooms. (ii) Kowhai wing is 28 hospital beds (dual purpose); and the addition of a new 20 bed hospital wing, making a total of

48 hospital (dual purpose) beds. (iii) Kauri wing- total of 24 beds (dual purpose) with the intention that this wing will be mainly utilised as a rest home wing. (iv) Matai wing – 23 beds (dual purpose).

The existing building holds a current warrant of fitness. The new hospital extension had an inspection in preparation for the issue of a certificate for public use dated 11 August 2014. Previous building findings have been signed off as corrected and an application has been made for issue of certificate when construction has been completed. There is one shower room to be completed and the completion of the renovations to the existing hospital lounge and dining area. Reactive and preventative maintenance occurs. There is a 52 week planned maintenance programme in place. Existing hosts have been serviced June 2014. There are adequate numbers of communal bathrooms throughout the facility. The communal lounges and dining areas are appropriate for the increase in resident numbers.

All chemicals are stored in a locked cleaner's room. All other chemicals used in service areas and sluice rooms (rest home, hospital and dementia) are stored in a locked area. Safety data sheets and product wall charts are available. .

The existing laundry is well equipped and adequately staffed to cope with the increase of laundry and personal clothing for the maximum number (20) of additional hospital residents. There is a large "commercial" laundry being built on-site that will service seven Bupa care homes.

The fire inspection service are on site the day of audit to inspect the fire ratings in the new and renovated areas. There is a temporary fire evacuation plan in place (sighted) and the final approval will be signed off when construction and renovations are complete. Staff have received appropriate training, information, and equipment for responding to emergencies is provided. There are civil defence kits in each area including the new wing.

Outcome 3: Infection Prevention and Control

The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The scope of the infection control programme policy and infection control programme description are available. There is a job description for the infection control coordinator (clinical manager) and clearly defined guidelines. There is an established and implemented infection control programme that is linked into the risk management system that is reviewed annually. The infection control programme for Bupa Sunset reviewed annually. The infection control co-ordinator is supported by the Bupa quality and risk team. Infection control training is provided at least twice each year for staff.

Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
Standards	0	13	0	2	0	0	0
Criteria	0	33	0	2	0	0	0

	UA Negligible	UA Low	UA Moderate	UA High	UA Critical	Not Applicable	Pending	Not Audited
Standards	0	0	0	0	0	0	0	35
Criteria	0	0	0	0	0	0	0	66

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.4.2: Facility Specifications	Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	PA Low			
HDS(C)S.2008	Criterion 1.4.2.1	All buildings, plant, and equipment comply with legislation.	PA Low	The building is yet to be fully completed and signed off.	Ensure a certificate of public use is obtained and forwarded to the DHB and HealthCERT prior to occupancy.	Prior to occupancy
HDS(C)S.2008	Standard 1.4.7: Essential, Emergency, And Security Systems	Consumers receive an appropriate and timely response during emergency and security situations.	PA Low			
HDS(C)S.2008	Criterion 1.4.7.3	Where required by legislation there is an approved evacuation plan.	PA Low	There is a temporary fire evacuation plan in place (sighted).	Ensure an approved fire evacuation plan is in place	30

Continuous Improvement (CI) Report

Code	Name	Description	Attainment	Finding

NZS 8134.1:2008: Health and Disability Services (Core) Standards

Outcome 1.2: Organisational Management

Consumers receive services that comply with legislation and are managed in a safe, efficient, and effective manner.

Standard 1.2.1: Governance (HDS(C)S.2008:1.2.1)

The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.

ARC A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.3d; D17.4b; D17.5; E1.1; E2.1 ARHSS A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.5

Attainment and Risk: FA

Evidence:

Bupa Sunset provides care for up to 98 residents across three levels of care, rest home, hospital and dementia care. On the day of audit there are 97 residents at the facility. The purpose of this partial provisional audit was to verify (i) the extra six beds added to the original 21 bed dementia unit (Rimu wing), (ii) the addition of 20 new hospital level beds in a newly purpose-built wing; and (iii) verify the current rest home and hospital beds as suitable to provide rest home or hospital level care (dual purpose). This has resulted in all beds (other than the secure dementia unit) being available for this purpose. The reconfigured services will provides rest home, hospital and dementia care for up to 122 residents.

The changes to the service's five wings are as follows; (i) Rimu wing has been increased from 21 dementia care beds to 27 beds with the extension of six new rooms. (ii) Kowhai wing is 28 hospital beds (dual purpose); and the addition of a new 20 bed hospital wing, making a total of 48 hospital (dual purpose) beds. (iii) Kauri wing- total of 24 beds (dual purpose) with the intention that this wing will be mainly utilised as a rest home wing. (iv) Matai wing – 23 beds (dual purpose). Occupancy on the day of audit was 21 residents in the dementia unit, 33 rest home and 43 hospital residents.

Bupa's overall vision is "taking care of the lives in our hands". There is an overall Bupa business plan and risk management plan. Bupa Sunset has a business plan that includes the five stages of facility development. The plan covers the demographics, occupancy, competitors, property overview and architectural plans. Stage three is the addition of a 20 bed hospital unit and renovation of the existing hospital wing dining and lounge areas.

The facility is managed by an experienced non-clinical care home manager who has been in the role for seven years. The clinical manager had been a registered nurse at the facility prior to her appointment in 2011 and has a total of eight years aged care experience. Both are supported by an operations manager. Bupa provides a comprehensive orientation and training/support programme for their managers. Managers and clinical managers attend annual organisational forums and regional forums six monthly.

ARC, D17.3di (rest home), D17.4b (hospital), the managers have maintained at least eight hours annually of professional development activities related to managing a hospital.

Criterion 1.2.1.1 (HDS(C)S.2008:1.2.1.1)

The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.1.3 (HDS(C)S.2008:1.2.1.3)

The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.2.2: Service Management (HDS(C)S.2008:1.2.2)

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.

ARC D3.1; D19.1a; E3.3a ARHSS D3.1; D4.1a; D19.1a

Attainment and Risk: FA

Evidence:

The organisation has well developed policies and procedures that are implemented at a service level and an organisation plan/processes that are structured to provide appropriate care to people who use the service including residents that require hospital, rest home and dementia level care. The service consults with the Bupa dementia leadership group, LCP facilitator, physiotherapist, dietitian, and Nurse Specialist (ADHB). Management have kept residents and families informed of building progress through resident meetings and newsletters (sighted). The property team take responsibility for the total building project and purchase of equipment. The clinical manager is present "on the floor" and is continually monitoring the well-being of residents and staff during this period of environmental change. The operations manager and care home manager confirmed the residents and staff have managed well during the renovations of the existing hospital communal areas. Management and the registered nurses, activity team and maintenance person meeting weekly on Mondays to discuss building progress. Daily de-brief meetings occur and physical viewing of the site. Staff are kept informed by memos and meetings and regular verbal communication. It has been necessary (for safety reasons) to use three of the new hospital bedrooms rooms, lounge and dining room (temporarily) until renovations have been completed within the existing hospital area. Staff have based themselves in the new nurses' station in order to closely monitor the residents. HealthCert and the DHB were notified and gave approval for the temporary arrangement.

The clinical manager provides cover in the absence of the care home manager. An experienced registered nurse relieves the clinical manager for annual leave, study leave etc. The care home manager is on call 24/7 for facility or staffing issues and the clinical manager covers clinical matters

Criterion 1.2.2.1 (HDS(C)S.2008:1.2.2.1)

During a temporary absence a suitably qualified and/or experienced person performs the manager's role.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.2.7: Human Resource Management (HDS(C)S.2008:1.2.7)

Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.

ARC D17.6; D17.7; D17.8; E4.5d; E4.5e; E4.5f; E4.5g; E4.5h ARHSS D17.7, D17.9, D17.10, D17.11

Attainment and Risk: FA

Evidence:

Register of practising certificates for the 13 RNs and four enrolled nurses are maintained. Practising certificates sighted for the GP, pharmacist and physiotherapist,

There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Six staff files were reviewed (clinical manager – who is also the infection control coordinator, two RNs, two caregivers and one cook). Performance appraisals are current in files reviewed.

The service has a comprehensive 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. Interview with the clinical nurse manager confirm the caregivers when newly employed complete an orientation booklet that has been aligned with foundation skills unit standards (sighted in files reviewed). On completion of this orientation they have effectively attained their first national certificates. From this - they are then able to continue with core competencies level three unit standards. One caregiver appointment in June has recently completed their orientation booklet (sighted).

These align with Bupa policy and procedures. There is an annual education schedule that is being implemented. There is a registered nurse (RN) and enrolled nurse (EN) training day provided through Bupa that covers clinical aspects of care - e.g. wound management. External education is available via the DHB. There is evidence on RN staff files of attendance at the RN training day/s and external training. The clinical manager is a Careerforce workplace assessor.

Core competencies are completed annually and a record of completion is maintained - signed competency questionnaires sighted in reviewed files.

Bupa is the first aged care provider to have a council approved professional development recognition programme (PDRP). The Nursing Council of NZ has recently approved and validated their PDRP for five years. This is a significant achievement for Bupa and their qualified nurses. Bupa takes over the responsibility for auditing their qualified nurses. Five of 12 RNs have completed level 1 and one RN has completed level 2 of the PDRP. Two of four enrolled nurses have submitted their portfolios.

There is a staff member with a current first aid certificate on every shift.

E4.5d the orientation programme is relevant to the dementia unit and includes a session how to implement activities and therapies.

E4.5f. All caregivers have completed the required dementia standards

Criterion 1.2.7.2 (HDS(C)S.2008:1.2.7.2)

Professional qualifications are validated, including evidence of registration and scope of practice for service providers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.7.3 (HDS(C)S.2008:1.2.7.3)

The appointment of appropriate service providers to safely meet the needs of consumers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.7.4 (HDS(C)S.2008:1.2.7.4)

New service providers receive an orientation/induction programme that covers the essential components of the service provided.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.7.5 (HDS(C)S.2008:1.2.7.5)

A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.8: Service Provider Availability (HDS(C)S.2008:1.2.8)

Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.

ARC D17.1; D17.3a; D17.3 b; D17.3c; D17.3e; D17.3f; D17.3g; D17.4a; D17.4c; D17.4d; E4.5 a; E4.5 b; E4.5c ARHSS D17.1; D17.3; D17.4; D17.6; D17.8

Attainment and Risk: FA

Evidence:

There is an organisational staffing policy (359) that aligns with contractual requirements and includes skill mixes. The WAS (Wage Analysis Schedule) is based on the Safe indicators for Aged Care and Dementia Care and the roster is determined using this as a guide. Approval was obtained to occupy the additional six dementia beds in October 2013. There is an RN based in the dementia care unit on morning shifts Monday to Sunday. Caregiver numbers in the dementia unit align with WAS.

The provider intends to open 10 hospital beds initially and when fully occupied open the remaining 10 beds. There are two rosters showing the staff numbers required for each stage. The RN and caregiver numbers align with the company WAS and based on safe staffing levels.

Currently (across the service) there are three RNs on morning shift and the clinical manager, two RNs on afternoon shift (hospital and dementia) and two on night shift. An RN will be based in the new hospital unit on opening the first 10 beds. RNs work 12 hours shifts. Enrolled nurses will work within the rest home wing and dementia wings. Advised, there are two caregivers who have completed their NZ registration and will be appointed to the RN roles within the new hospital wing. A unit co-ordinator is to be appointed when all hospital beds become fully occupied. The service has sufficient numbers of RNs currently to cover the increase in beds.

The service is currently advertising for caregivers. Bupa have a casual pool of staff (all roles) based in Auckland who have completed the Bupa orientation package and are familiar with Bupa systems, policies and procedures and therefore provide consistency of care. These casual staff are readily available to fill any positions that may remain vacant on opening of the hospital wing. The service has identified a need to increase kitchen hand hours by four a day 8am to midday. Two part-time staff will be appointed.

There has been discussion with the contracted GP and an email (sighted) that states he will increase his visiting hours as required to meet the medical needs of the residents. The physiotherapist has also stated her hours are flexible to meet the needs of the residents. When dementia beds increased from 21 to 27 an acting unit co-ordinator was appointed to the dementia unit Monday to Friday.

Criterion 1.2.8.1 (HDS(C)S.2008:1.2.8.1)

There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Outcome 1.3: Continuum of Service Delivery

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.

Standard 1.3.12: Medicine Management (HDS(C)S.2008:1.3.12)

Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.

ARC D1.1g; D15.3c; D16.5e.i.2; D18.2; D19.2d ARHSS D1.1g; D15.3g; D16.5i..i.2; D18.2; D19.2d

Attainment and Risk: FA

Evidence:

Medications are managed in line with accepted guidelines. The medications are stored in a locked trolley and locked medication in the existing rest home and hospital unit. There are three medication rooms in total. The dementia unit has locked medication cupboards and trolley within the key padded office area. The new hospital extension has a locked medication room. Registered nurses only administer medications and have completed annual medication competencies for oral medications, controlled drugs, oxygen, insulin and syringe driver. The clinical manager (interviewed) stated medication errors had reduced with RNs only administering the medications. All medication competent staff have completed annual medication education. The enrolled nurses and senior caregivers on night shift in the dementia unit complete competency for the checking of medications including controlled drugs. The service uses robotic roll system for regular medications and PRN medications are dispensed in monthly blister packs. All pre-packaged medications are checked on delivery against the medication chart. Discrepancies are fed back to the supplying pharmacy. All regular and PRN medications are prescribed for one to one use.

Controlled drugs are checked weekly. The six monthly pharmacy audit was completed March 2014. All medication stock is checked weekly. The hospital holds a bulk supply of morphine elixir only. All other controlled drugs are one for one use. There are policies and procedures in place should residents be assessed as competent to self-medicate. There is clinical equipment available including blood pressure and blood sugar level monitoring equipment, oxygen, suction, oxygen concentrators and other pharmaceuticals and equipment. The medication fridge is monitored daily.

Twelve resident medication signing sheets and medication charts were sampled. Signing sheets correspond to instructions on the medication chart. There are no signing gaps for non-packaged medications and these are being given according to instruction. This is an improvement since the previous audit. Controlled drugs are double signed on the signing sheet. Alerts on medication charts include diabetic, crushed medications, duplicates names, sensitivity and allergy.

Twelve medication charts sampled have photo identification and allergies/adverse reactions noted on the chart. All PRN medications prescribed have an indication for use on the medication chart. This is an improvement since the previous audit.

D16.5.e.i.2; Twelve of 12 medication charts sampled identified that the GP had reviewed the resident medication chart three monthly.

Criterion 1.3.12.1 (HDS(C)S.2008:1.3.12.1)

A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.12.3 (HDS(C)S.2008:1.3.12.3)

Service providers responsible for medicine management are competent to perform the function for each stage they manage.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.12.5 (HDS(C)S.2008:1.3.12.5)

The facilitation of safe self-administration of medicines by consumers where appropriate.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.12.6 (HDS(C)S.2008:1.3.12.6)

Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.3.13: Nutrition, Safe Food, And Fluid Management (HDS(C)S.2008:1.3.13)

A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.

ARC D1.1a; D15.2b; D19.2c; E3.3f ARHSS D1.1a; D15.2b; D15.2f; D19.2c

Attainment and Risk: FA

Evidence:

There is a cleaning schedule – kitchen (056) and a national menus policy (315) which states 'summer and winter menus are of a six weekly cycle and are to be used on a weekly rotational basis and the menus are available on the intranet'. The national menus have been audited and approved by an external dietitian. There is a monthly on-line teleconference for all Bupa facilities cooks. There is a cook (6am-3.30pm), kitchen hand (7am-3pm) and kitchen assistant (8am-midday) on daily and a kitchen team leader and kitchen hand who come on duty at 4pm to 7.30pm for the heating and serving of the evening meals.

Any changes to the menu are recorded. All baking and meals are cooked on-site. Resident likes and dislikes are known and alternative choices offered. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. Dietary preferences, likes, dislikes are written up on the kitchen whiteboard. Currently there are no special diets.

The cook meets cultural requirements for residents of other ethnicities such as Indian and Pacific Islander. There are pre-cooked meals which are frozen for these residents. Meals are transported in bain maries to the unit kitchens for serving. Alternative meals are labelled and ready for serving. The service has five bain maries (includes one for the new hospital unit). The cook (interviewed) is able to describe dietary interventions for residents noted to be losing weight such as high calorie foods, supplements and deserts/milk puddings for morning and afternoon teas. Lip plates and specialised utensils are provided to promote and maintain independence with meals. End cooked food temperatures are monitored each meal daily (records sighted). Holding temperatures of food in bain maries are monitored and recorded weekly. The kitchen has undergone extensions to increase working space and pantry storage (January to April 2014). All foods are dated in the pantry, chiller, freezer and facility fridges. The service has a well equipped kitchen that contains walk-in pantry, freezer, fridges, chillers, two combi-oven, gas hobs and hot plates, microwave and commercial baking equipment. Fridge and freezer temperatures are monitored and recorded daily. The chiller and freezer have visual displays. Temperature checks are taken on all chilled/inward good received. All chemicals are stored safely afterhours.

There are a number of audits completed including; a) kitchen audit, b) environment kitchen, c) catering service survey, and d) food service audit. The cook (interviewed) receives feedback on the food service and meals through resident meetings and survey results. The most recent survey had a 93% resident satisfaction for food.

Staff have attended safe food handling and the main cook has completed his NZQA unit standards. All staff have attended chemical safety.

E3.3f; There is evidence of additional nutritious snacks available over 24 hours.

Criterion 1.3.13.1 (HDS(C)S.2008:1.3.13.1)

Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.13.2 (HDS(C)S.2008:1.3.13.2)

Consumers who have additional or modified nutritional requirements or special diets have these needs met.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.13.5 (HDS(C)S.2008:1.3.13.5)

All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Outcome 1.4: Safe and Appropriate Environment

Services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensures 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.

Standard 1.4.1: Management Of Waste And Hazardous Substances (HDS(C)S.2008:1.4.1)

Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.

ARC D19.3c.v; ARHSS D19.3c.v

Attainment and Risk: FA

Evidence:

There is a chemical/substance safety policy. There are policies on the following: - waste disposal policy - medical, sharps and food waste and guidelines as well as the removal of waste bins and waste identification. Specific waste disposal – infectious, controlled food, broken glass or crockery, tins, cartons, paper and plastics. Management of waste and hazardous substances is covered during orientation of new staff. All chemicals are stored in a locked cleaner's room. All other chemicals used in service areas and sluice rooms (rest home, hospital and dementia) are stored in a locked area. Safety data sheets and product wall charts are available. Approved sharps containers are available and meet the hazardous substances regulations for containers and these are easily identifiable. Gloves, aprons, and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Staff are observed wearing appropriate personal protective clothing when carrying out their duties.

Criterion 1.4.1.1 (HDS(C)S.2008:1.4.1.1)

Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.1.6 (HDS(C)S.2008:1.4.1.6)

Protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used by service providers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.2: Facility Specifications (HDS(C)S.2008:1.4.2)

Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.

ARC D4.1b; D15.1; D15.2a; D15.2e; D15.3; D20.2; D20.3; D20.4; E3.2; E3.3e; E3.4a; E3.4c; E3.4d ARHSS D4.1c; D15.1; D15.2a; D15.2e; D15.2g; D15.3a; D15.3b; D15.3c; D15.3e; D15.3f; D15.3g; D15.3h; D15.3i; D20.2; D20.3; D20.4

Attainment and Risk: PA Low

Evidence:

The existing building holds a current warrant of fitness. The new hospital extension had an inspection in preparation for the issue of a certificate for public use dated 11 August 2014. Previous building findings have been signed off as corrected and an application has been made for issue of certificate when construction has been completed. There is one shower room to be completed and the completion of the renovations to the existing hospital lounge and dining area. Reactive and preventative maintenance occurs. There is a 52 week planned maintenance programme in place. Existing hosts have been serviced June 2014.

ARC D15.3. Two new hoists (sighted) have been purchased for the new hospital wing, one standing hoist and the other a sling hoist. There are chair and wheel-on scales available for use. New equipment purchased and placed in bedrooms include electric beds, overbed tables, hospital lounge chairs, dining tables and chairs, air alternating mattresses and wheelchairs.

The living areas are carpeted and vinyl surfaces exist in bathrooms/toilets and kitchen areas. The corridors are wide and promote safe mobility with the use of mobility aids and transferring equipment. There are slight ramps with handrails in place. There is keypad on one external door for staff use only due to steep steps to an external service area. There is wheelchair access to an external courtyard with seating and shade.

New equipment (including hospital beds) has been purchased for all new areas.

E3.4d, The lounge area is designed so that space and seating arrangements provide for individual and group activities. There is enough space for the increase in dementia residents.

E3.3e; There are quiet, low stimulus areas that provide privacy when required. There is more than one lounge area.

E3.4.c; There is a safe and secure outside walking area and gardens area that is easy to access for dementia residents. The existing courtyard (totally landscaped) has seating and shade. The external area is safe and secure - there have been no alterations since the previous audit

Criterion 1.4.2.1 (HDS(C)S.2008:1.4.2.1)

All buildings, plant, and equipment comply with legislation.

Attainment and Risk: PA Low

Evidence:

The new hospital extension had an inspection in preparation for the issue of a certificate for public use dated 11 August 2014. Previous building findings have been signed off as corrected and an application has been made for issue of certificate when construction has been completed

Finding:

The building is yet to be fully completed and signed off.

Corrective Action:

Ensure a certificate of public use is obtained and forwarded to the DHB and HealthCERT prior to occupancy.

Timeframe (days): Prior to occupancy (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.2.4 (HDS(C)S.2008:1.4.2.4)

The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.2.6 (HDS(C)S.2008:1.4.2.6)

Consumers are provided with safe and accessible external areas that meet their needs.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.4.3: Toilet, Shower, And Bathing Facilities (HDS(C)S.2008:1.4.3)

Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.

ARC E3.3d ARHSS D15.3c

Attainment and Risk: FA

Evidence:

All the hospital bedrooms in the new wing have hand basins and shared toilets. The area has three large communal shower/toilet rooms. There are privacy locks and signage in place. The third shower/toilet room is still under construction (link 1.4.2.1).

Six new dementia rooms are single rooms and include hand basins and shared toilets. There are adequate communal shower rooms and toilets within the dementia facility. All toilets throughout the facility have wheelchair access, appropriate placement of handrails, call bells and privacy locks and signage. The bedrooms are closely located to the communal areas with access to the external courtyard. The rooms are constantly being monitored by staff entering and exiting the dementia care unit.

Criterion 1.4.3.1 (HDS(C)S.2008:1.4.3.1)

There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.4.4: Personal Space/Bed Areas (HDS(C)S.2008:1.4.4)

Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.

ARC E3.3b; E3.3c ARHSS D15.2e; D16.6b.ii

Attainment and Risk: FA

Evidence:

The hospital bedrooms are all single and spacious enough to manoeuvre hoists and other mobility equipment to safely deliver care. Bedroom furnishings have been purchased, however residents are encouraged to personalise their rooms as space allows. The dual purpose rooms are all spacious enough for the use of hoists etc.

The additional six dementia care bedrooms are located within the secure dementia area and there is adequate space for the resident to move freely around the room.

The six additional beds are located inside the secure doors along the corridor that leads to the communal lounge/dining room (existing). There is an additional smaller lounge (quiet space) within the dementia unit.

Criterion 1.4.4.1 (HDS(C)S.2008:1.4.4.1)

Adequate space is provided to allow the consumer and service provider to move safely around their personal space/bed area. Consumers who use mobility aids shall be able to safely maneuver with the assistance of their aid within their personal space/bed area.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining (HDS(C)S.2008:1.4.5)

Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.

ARC E3.4b ARHSS D15.3d

Attainment and Risk: FA

Evidence:

The new hospital wing has a spacious open plan dining room and lounge spacious enough to accommodate the hospital lounge chairs. The communal areas are easily accessible.

Both the existing and new hospital wing have a separate open plan dining and lounge area. The new hospital wing dining and lounge area has been approved to use temporarily until the existing lounge/dining area in the hospital wing renovations have been completed (link 1.4.2.1).

The additional six dementia bedrooms are located closely to the communal areas. The lounge and dining room areas are spacious enough for the additional six residents. There is an additional smaller lounge (quiet space) within the dementia unit. The bedrooms are closely located to the communal areas with access to the external courtyard. The rooms are constantly being monitored by staff entering and exiting the dementia care unit.

Criterion 1.4.5.1 (HDS(C)S.2008:1.4.5.1)

Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.4.6: Cleaning And Laundry Services (HDS(C)S.2008:1.4.6)

Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.

ARC D15.2c; D15.2d; D19.2e ARHSS D15.2c; D15.2d; D19.2e

Attainment and Risk: FA

Evidence:

The existing laundry is well equipped and adequately staffed to cope with the increase of laundry and personal clothing for the maximum number (20) of additional hospital residents. There is a large "commercial" laundry being built on-site that will service seven Bupa care homes. A laundry manager and staff will be appointed and report directly to the operations manager. There are dedicated cleaning staff. The laundry and cleaning service is monitored through internal auditing and resident and family feedback. On the day of audit the environment is clean and tidy. The laundry is well equipped and there is adequate supplies of linen sighted in the areas. The effectiveness of laundry procedures and chemicals used is monitored by an external chemical provider. Staff have attended chemical safety training. Cleaning trolleys are locked away in designated cupboards/rooms when not in use.

Criterion 1.4.6.2 (HDS(C)S.2008:1.4.6.2)

The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.6.3 (HDS(C)S.2008:1.4.6.3)

Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.7: Essential, Emergency, And Security Systems (HDS(C)S.2008:1.4.7)

Consumers receive an appropriate and timely response during emergency and security situations.

ARC D15.3e; D19.6 ARHSS D15.3i; D19.6

Attainment and Risk: PA Low

Evidence:

The fire inspection service are on site the day of audit to inspect the fire ratings in the new and renovated areas. There is a temporary fire evacuation plan in place (sighted) and the final approval will be signed off when construction and renovations are complete. Staff have received appropriate training, information, and equipment for responding to emergencies is provided. There are civil defence kits in each area including the new wing. A third water tank has been installed to ensure there is adequate water store in the use of an emergency. The kitchen holds at least two weeks of food supplies. The kitchen has both electric and gas cooking. There are barbeques available. The service has a generator.

There is a modern call bell system in place with corridor indicator panels. Calls have a standard and emergency call bell. Call bells are placed appropriately in all bedrooms, bathrooms and shower rooms and communal areas. Staff received calls through the pagers they wear. Call bell lights outside of the bedroom also indicate the location of the call. All staff have a current first aid certificate. Security checks are carried out by the RNs as part of their duties. Bedroom windows have security locks on windows. The facility has CTV operating within the facility and externally.

D19.6: There are emergency management plans in place to ensure health, civil defence and other emergencies.

Criterion 1.4.7.1 (HDS(C)S.2008:1.4.7.1)

Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.7.3 (HDS(C)S.2008:1.4.7.3)

Where required by legislation there is an approved evacuation plan.

Attainment and Risk: PA Low

Evidence:

The fire inspection service are on site the day of audit to inspect the fire ratings in the new and renovated areas.

Finding:

There is a temporary fire evacuation plan in place (sighted).

Corrective Action:

Ensure an approved fire evacuation plan is in place

Timeframe (days): 30 (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.7.4 (HDS(C)S.2008:1.4.7.4)

Alternative energy and utility sources are available in the event of the main supplies failing.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.7.5 (HDS(C)S.2008:1.4.7.5)

An appropriate 'call system' is available to summon assistance when required.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.7.6 (HDS(C)S.2008:1.4.7.6)

The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.4.8: Natural Light, Ventilation, And Heating (HDS(C)S.2008:1.4.8)

Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.

ARC D15.2f ARHSS D15.2g

Attainment and Risk: FA

Evidence:

The new hospital wing bedrooms have ceiling heating panels that are individually thermostat controlled. The corridors and communal areas have ceiling fans that are remote controlled. There is plenty of natural light in resident's bedrooms (hospital and dementia care) bedrooms and communal areas.

Criterion 1.4.8.1 (HDS(C)S.2008:1.4.8.1)

Areas used by consumers and service providers are ventilated and heated appropriately.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.8.2 (HDS(C)S.2008:1.4.8.2)

All consumer-designated rooms (personal/living areas) have at least one external window of normal proportions to provide natural light.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

NZS 8134.3:2008: Health and Disability Services (Infection Prevention and Control) Standards

Standard 3.1: Infection control management (HDS(IPC)S.2008:3.1)

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.

ARC D5.4e ARHSS D5.4e

Attainment and Risk: FA

Evidence:

The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The scope of the infection control programme policy and infection control programme description are available. There is a job description for the infection control coordinator (clinical manager) and clearly defined guidelines. There is an established and implemented infection control programme that is linked into the risk management system that is reviewed annually. The facility has access to professional advice within the organisation and has developed close links with the GP's, Community Lab, the infection control and public health departments at the local DHB and an external infection control consultant. There are two monthly quality/IC meetings and RN/EN meetings also include a discussion and reporting of infection control matters and the consequent review of the programme. Information from these meetings is passed onto the registered nurse and staff meetings. Minutes are available for staff. All staff receive orientation in infection control and attend infection control education twice yearly. There are tool box talks that also occur at handovers. The infection control co-ordinator has attended external training and completed a post graduate paper on leadership that included infection control. Each unit (including the new hospital wing) has an outbreak kit readily available for use. There have been no infections since the previous audit. There are notices at the entrance and hand hygiene dispensers located at the main entrance and throughout the facility. The number of chest infections have reduced over the winter with good uptake of the flu vaccine for 90 of 97 residents and 60 of 85 staff. Surveillance data is collected across the three service levels and benchmarked at head office. Corrective action plans are raised for any infections above the KPI level.

Criterion 3.1.1 (HDS(IPC)S.2008:3.1.1)

The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters in the organisation leading to the governing body and/or senior management.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 3.1.3 (HDS(IPC)S.2008:3.1.3)

The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 3.1.9 (HDS(IPC)S.2008:3.1.9)

Service providers and/or consumers and visitors suffering from, or exposed to and susceptible to, infectious diseases should be prevented from exposing others while infectious.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 3.5.7 (HDS(IPC)S.2008:3.5.7)

Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.

Attainment and Risk: Not Audited

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*