# Bupa Care Servces NZ Limited - Tasman Care Home

## Current Status: 11 November 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 Tasman Care Home is to be part of the Bupa group of facilities. Tasman Care Home is a new purpose-built facility including a total of 72 hospital and rest home (dual purpose) beds. The care centre is across four storeys. There are three separate units of 24 beds across floor 2, floor 3 and floor 4. This partial provisional audit included verifying the preparedness of the service to provide care across two service levels (rest home and hospital level care). The service has plans to open early January 2015.

The new service is managed by an experienced aged care management team. The facility manager (registered nurse) has experience managing another Bupa aged care facility. The facility manager is supported by a clinical manager who has previous aged care and clinical training experience.

The audit identified the new facility, staff roster and equipment is appropriate for providing rest home, and hospital – geriatric/medical level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new facility.

The corrective actions required by the service are all related to the completion of the building and implementation of the new service.

# 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 - Tasman Care Home |

|  |  |
| --- | --- |
| **Designated Auditing Agency:** | Health and Disability Auditing New Zealand Limited |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Types of audit:** | Partial Provisional Audit | | | |
| **Premises audited:** | Tasman Care Home | | | |
| **Services audited:** | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) | | | |
| **Dates of audit:** | **Start date:** | 11 November 2014 | **End date:** | 11 November 2014 |

**Proposed changes to current services (if any):**

Tasman Care Home is a new purpose-built facility including a total of 72 hospital and rest home (dual purpose) beds. The care centre is across four stories. There are three separate units of 24 beds across floor 2, floor 3 and floor 4. The intention is that the facility will mainly provide hospital level care, however they will provide rest home level care for up to 10 residents (if required).

|  |  |
| --- | --- |
| **Total beds occupied across all premises included in the audit on the first day of the audit:** |  |

## **Audit Team**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Lead Auditor** | XXXXXXXX | **Hours on site** | 3 | **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** | XXXXXXX |  |  | **Hours** | 1 |

## **Sample Totals**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total audit hours on site | 3 | Total audit hours off site | 4 | Total audit hours | 7 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of residents interviewed |  | Number of staff interviewed |  | Number of managers interviewed | 3 |
| Number of residents’ records reviewed |  | Number of staff records reviewed | 2 | Total number of managers (headcount) | 2 |
| Number of medication records reviewed |  | Total number of staff (headcount) |  | Number of relatives interviewed |  |
| Number of residents’ records reviewed using tracer methodology |  |  |  | Number of GPs interviewed |  |

## **Declaration**

I, XXXXXXXX, Director of Director 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 Friday, 28 November 2014

## **Executive Summary of Audit**

**General Overview**

Bupa Tasman Care Home is to be part of the Bupa group of facilities. Tasman Care Home is a new purpose-built facility including a total of 72 hospital and rest home (dual purpose) beds. The care centre is across four stories. There are three separate units of 24 beds across floor 2, floor 3 and floor 4. This partial provisional audit included verifying the preparedness of the service to provide care across two service levels (rest home, and hospital level care). The service has plans to open early January 2015.  
The new service is managed by an experienced aged care management team. The facility manager (registered nurse) has experience managing another Bupa aged care facility. The facility manager is supported by a clinical manager who has previous aged care and clinical training experience.   
The audit identified the new facility, staff roster and equipment is appropriate for providing rest home, and hospital – geriatric/medical level care.   
There are clear procedures and responsibilities for the safe and smooth transition of residents into the new facility.   
The corrective actions required by the service are all related to the completion of the building, and implementation of the new service.

**Outcome 1.1: Consumer Rights**

**Outcome 1.2: Organisational Management**

The clinical manager (RN) will fulfil the manager role during a temporary absence with support from the Bupa operations manager or relief manager's. The organisation has well developed policies and procedures that are structured to provide appropriate care for residents that require hospital (medical), and rest home level care.   
The service is currently in the process of negotiating contracts for podiatrist, dietitian and GP services.

The newly built facility has been designed with input from evidence based practice models, resident and staff consultation, experiential evidence from the global Bupa Care Homes team, and from evaluation and identified improvements from previous Bupa NZ developments.

There are comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development. The service has a comprehensive orientation programme 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.   
There is an annual education schedule that is to be commenced on opening. A competency programme is to be implemented for all staff with different requirements according to work type (e.g. support work, registered nurse, cleaner). A draft staffing roster is in place for all areas of the facility.

**Outcome 1.3: Continuum of Service Delivery**

The organisations medication policy and procedures follow recognised standards and guidelines for safe medicine management practice in accord with the guideline: Safe Management of Medicines.   
The service is planning to use two weekly robotic packs and has a contract with a pharmacy in Auckland. There is a secure treatment room on each floor. New medication trolleys have been purchased for each area.

The national menus have been audited and approved by an external dietitian. The new kitchen includes two areas, one for cooking and one for clearing up. There is kitchen staff employed; all have completed food safety certificates. The large spacious kitchen included freezers, a chiller and walk-in pantry.   
Each floor has a locked kitchenette that has a servery out to the dining areas. These are all key-pad locked and include a servery area, fridge and dishwasher. Bain maries have been purchased to transport the food from the main kitchen to the kitchenettes in each area.

**Outcome 1.4: Safe and Appropriate Environment**

The facility is purpose built and is spacious. The facility is in the process of being completed and due to open January 2015. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Tasman Care Home.  
There are centrally located nurse station’s with windows/doors opening out into each of the lounge areas. This ensures that staff are in close contact with residents even when attending to paper work or meetings.   
Material safety data sheets are to be available in the laundry and the sluices in each wing. Each sluice has a sanitiser. Gloves, aprons and goggles are available for staff.  
All rooms and communal areas allow for safe use of mobility equipment. The facility has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space on each floor for storage of mobility equipment.  
A procurement manager assists with ensuring appropriate purchase of equipment e.g. hoists, air relief mattresses. There is a chattel list developed and approved by head office for all new equipment (including medical equipment) for the new facility (sighted). All rooms and ensuites have been designed for hospital level care. There is a mobility bathroom with shower on each floor.   
There is one external courtyard/garden area and two floors have covered decks. Landscaping is in the process of being completed.   
All three floors have a mobility toilet near the lounge. Each resident room has either a shared ensuite or single ensuite. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment. Shared units have locks and green/red lights to identify occupied. These can be opened if necessary by staff in an emergency.  
There is a large open plan lounge/dining area on each floor.   
Appropriate training, information, and equipment for responding to emergencies is provided at induction and as part of the annual training programme. The call bell system is available in all areas with visual display panels. Call bells are available in all resident areas, including (but not limited to); bedrooms, en-suite toilet/showers, communal toilets, and dining/rooms. The call bell system will also be connected to staff pages.   
The facility is appropriately heated and ventilated. There are ceiling heaters in resident rooms and ceiling heat pumps in hallways and lounge areas.

**Outcome 2: Restraint Minimisation and Safe Practice**

**Outcome 3: Infection Prevention and Control**

The IC programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The scope of the IC programme policy and IC programme description are available. There is a job description for the IC coordinator and clearly defined guidelines. The Infection Control programme is designed to link to the Quality and Risk Management system. The programme is reviewed annually at an organisational level.   
The service plans to establish monthly IC meetings. Towards the end of 2008, Bupa introduced a regional infection control group (RIC) for the three regions in NZ. The meetings are held six monthly and terms of reference are clearly documented. The IC coordinator will attend the northern meeting. 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.

## **Summary of Attainment**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **CI** | **FA** | **PA Negligible** | **PA Low** | **PA Moderate** | **PA High** | **PA Critical** |
| **Standards** | 0 | 11 | 0 | 4 | 0 | 0 | 0 |
| **Criteria** | 0 | 28 | 0 | 7 | 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 1.3.12: Medicine Management | Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | PA Low |  |  |  |
| HDS(C)S.2008 | Criterion 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. | PA Low | The medication system is to be fully established at Tasman Care Home. | Implement a safe transition for the medication system | Prior to occupancy |
| HDS(C)S.2008 | Criterion 1.3.12.3 | Service providers responsible for medicine management are competent to perform the function for each stage they manage. | PA Low | The service has newly employed staff and advised that medication competencies will be completed during induction prior to opening | For new staff commencing that will have medication administration responsibilities, ensure all have completed medication competencies | Prior to occupancy |
| HDS(C)S.2008 | Standard 1.3.13: Nutrition, Safe Food, And Fluid Management | A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | PA Low |  |  |  |
| HDS(C)S.2008 | Criterion 1.3.13.5 | All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines. | PA Low | The kitchen was in the process of being completed and therefore could not be fully verified by the auditor. | To get the kitchen fully operational including checking of temperatures, menu planning and delivery. | Prior to occupancy |
| 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 certificate for public use is yet to be obtained | A Certificate of Public Use (CPU) must be sighted by DHB/healthcert prior to opening | Prior to occupancy |
| HDS(C)S.2008 | Criterion 1.4.2.6 | Consumers are provided with safe and accessible external areas that meet their needs. | PA Low | Landscaping is in the process of being completed | Ensure landscaping is completed in resident areas. | 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 1.4.7.1 | Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures. | PA Low | Staff training in fire safety and fire drill are to be completed for new staff during the induction prior to opening | Ensure staff training in fire safety are to be completed for new staff prior to opening | Prior to occupancy |
| HDS(C)S.2008 | Criterion 1.4.7.3 | Where required by legislation there is an approved evacuation plan. | PA Low | The fire evacuation plan has yet to be signed off as approved by the fire service | Ensure an approval letter has been obtained from the fire service | 60 |

## **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:**

Tasman Care Home is to be part of the Bupa group of facilities. The facility is a new purpose-built facility including a total of 72 hospital and rest home (dual purpose) beds. The facility is five stories high. There are three separate units of 24 beds across floor 2, floor 3 and floor 4. The intention is that the facility will mainly provide hospital level care, however they will provide rest home level care for up to 10 residents (if required).

Bupa's overall vision is "Taking care of the lives in our hands". There are six key values that are to be displayed on the entrance wall as per Bupa processes.  
There is an overall Bupa business plan and risk management plan. Additionally, each Bupa facility develops an annual quality plan. Tasman Care Home has set a number of quality goals around the opening of the facility and include (but not limited to); (i) staff orientation and education, and (ii) residents safety and comfort.  
Standardised policy and procedure, annual education programme, core competency assessments and orientation programmes are implemented at all sites. Bupa has robust quality and risk management systems implemented across its facilities. The organisation has a Clinical Governance group. The committee meets two monthly. Senior members of the quality and risk team are also members of the Bupa Market Unit, Australia/New Zealand Clinical Governance committee who meet two monthly.  
Bupa has robust quality and risk management systems implemented across its facilities. Across Bupa, four benchmarking groups are established for rest home, hospital, dementia, psychogeriatric/mental health services. Benchmarking of some key clinical and staff incident data is also carried out with facilities in the UK, Spain and Australia. E.g. Mortality and Pressure incidence rates and staff accident and injury rates. Benchmarking of some key indicators with another NZ provider has been in place since January 2010. Tasman Care Home will be benchmarked in two of these.   
The new service is managed by an experienced management team. The facility manager (RN) has over 30 years in aged care and over two years’ experience in managing an aged care facilities within Bupa. The Facility Manager is supported by a newly appointed clinical manager who has worked within Bupa for nine years as a registered nurse. The management team is supported by the Operations Manager who oversees ten facilities as part of the northern one region. She visits regularly during this set-up phase. The managers of northern one teleconference fortnightly, meet monthly and attend workshops quarterly. The operations manager completes a report to the Director Care Homes and Rehab.   
There are job descriptions for all management positions that include responsibilities and accountabilities.   
Bupa provides a comprehensive orientation and training/support programme for their manager's and clinical managers and regular forums for both occur across the year. There is also a Bupa dementia care advisor that is available for support and training.  
ARC,D17.3di (rest home), D17.4b (hospital), the manager has 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 clinical manager (RN) will fulfil the manager role during a temporary absence with support from the Bupa operations manager or relief manager's. She has many years nursing experience in aged care.  
The organisation has well developed policies and procedures that are structured to provide appropriate care for residents that require hospital (medical), and rest home level care. The manager consults with the Bupa dementia leadership group, gerontology nurse specialists, physiotherapist, dietitian, and mental health for older people.   
  
Allied health staff are available by referral. The service has negotiated contracts for podiatrist, dietitian, dentist, physiotherapist and General Practitioner (GP) services (link 1.3.12). Physiotherapy services will initially be eight hours a week, dietitian bimonthly or as required.  
The newly built hospital has been designed with input from evidence based practice models, resident and staff consultation, experiential evidence from the global Bupa Care Homes team, and from evaluation and identified improvements from previous Bupa NZ developments.  
  
D19.1a; A review of the documentation, policies and procedures and discussions with management identified that the service operational management strategies, quality improvement programme, which includes culturally appropriate care, minimises risk of unwanted events and enhances quality.

##### **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 Registered Nurse (RN) and Enrolled Nurse (EN) practising certificates is maintained, both at facility level and access via the Nursing Council of NZ website via the Bupa Intranet. Website links to the professional bodies of all health professionals have been established and are available on the Bupa intranet (quality and risk / Links).  
There are comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development.   
  
The organisation 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. There are (to date) six registered nurses employed (four from other Bupa sites), five caregivers, three kitchen staff, two activity staff and two housekeeping staff. The service has commenced orientating these staff and they are also in the process of interviewing for further caregivers. Advised that all new staff will complete a four day induction prior to opening (programme sited).   
  
Interviews with the management team confirmed that the caregivers when newly employed complete an orientation booklet that has been aligned with foundation skills unit standards. A trainer from Bupa is assisting staff to complete this orientation and to commence competencies.

Advised that on completion of orientation, caregivers have effectively attained their first national certificates. From this - they are then able to continue with Core Competencies Level 3 unit standards. (These align with Bupa policy and procedures).   
There is an annual education schedule that is to be commenced on opening. In addition opportunistic education is to be provided by way of tool box talks. There is an RN training day provided through Bupa that covers clinical aspects of care - e.g. Dementia, Delirium. External education is available via the DHB.   
  
A competency programme is to be implemented for all staff with different requirements according to work type (e.g. support work, registered nurse, cleaner). Core competencies are required to be completed annually and a record of completion is to be maintained as per Bupa processes. The Clinical Manager has recently completed her competencies at another Bupa facility as part of her induction. She is also InterRAI trained.  
  
Bupa is the first aged care provider to have a council approved 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.   
  
D17.7d: RN competencies include; assessment tools, BSLs/Insulin admin, Controlled drug (CD) administration, moving & handling, nebuliser, oxygen admin, PEG tube care/feeds, restraint, wound management, CPR, and T34 syringe driver.

##### **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 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. There is a draft roster that provides sufficient and appropriate coverage for the effective delivery of care and support. A report is to be provided fortnightly from head office that includes hours and whether there are over and above hours.  
The roster is flexible to allow for the increase in resident numbers as each unit (floor) fills up.  
Management stated the hospital wing of 24 beds (on the 4th floor) will open first.  
A draft roster has been developed for each floor as each floor is run as separate units. A registered nurse is rostered across each floor on am and pm shifts. Advised if all three floors are opened, then there will be two registered nurses rostered on the night shift across the three floors. The draft roster identifies increase in staff/caregivers as resident numbers increase.  
There are two employed activity staff (one trained diversional therapist, one occupational therapist). Activity hours will increase as resident numbers increase.

##### **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:** PA Low

**Evidence:**

The organisations medication policy and procedures follows recognised standards and guidelines for safe medicine management practice in accord with the guideline: Safe Management of Medicines.   
The service is planning to use two weekly robotic packs and has negotiated a contract with a local Pharmacy. There is a secure treatment room on each of the three floors. New medication trolleys have been purchased for each area. There is a Controlled Drug (CD) safe in a locked cupboard in each of the three treatment rooms. Each treatment room has to have a medication fridge.  
A Medication - Self-Administration Policy is available if required. This process is well established throughout Bupa services. There are locked drawers available.  
The Bupa policies identify that medication errors are treated as an incident and captured as part of the incident management system including benchmarking. There is an adverse reaction policy.  
Medicine management information is well established throughout Bupa Care Services. Advised that only those deemed competent will be responsible for administration. Medication competencies are being completed by the newly employed RNs currently orientating. All new senior staff will complete medication competencies as part of the induction programme planned.  
A contract with a local medical centre is in the process of being confirmed will visit weekly or as required. The medication system is to be fully established at Tasman Care Home.

##### **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:** PA Low

**Evidence:**

The service is planning to use two weekly robotic packs and has an agreement with a local Pharmacy Provider. There is a secure treatment room on each of the three floors that is in the process of being completed. New medication trolleys and fridges have been purchased for each area. There is a Controlled Drug (CD) safe to be installed in each of the three treatment rooms.

**Finding:**

The medication system is to be fully established at Tasman Care Home.

**Corrective Action:**

Implement a safe transition for the medication system

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

##### **Criterion 1.3.12.3 (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:** PA Low

**Evidence:**

All new RN/EN's/ senior caregivers that will be responsible for administering medication will complete a medication competency. This is to be completed annually. Only those staff deemed competent administer medication. Competencies include; a) demonstration of knowledge, b) supervised medication round, and c) competency sign off.

**Finding:**

The service has newly employed staff and advised that medication competencies will be completed during induction prior to opening

**Corrective Action:**

For new staff commencing that will have medication administration responsibilities, ensure all have completed medication competencies

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

##### **Criterion 1.3.12.5 (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:** PA Low

**Evidence:**

Cleaning schedule – kitchen (056). National menus policy (315) 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.   
  
The new kitchen is designed in two parts, one for cooking and one for clearing up. The kitchen is designed by a company who specialise in commercial kitchens. There are kitchen staff (one kitchen manager and two kitchen assistants) employed to commence that have completed food safety certificates. The kitchen is in the process of being completed.  
Each floor has a locked kitchenette that has a servery out to the dining areas. Each kitchenette includes a servery area, fridge and dishwasher. Key-padded locks are installed. Hot boxes have been purchased to transport the food from the main kitchen to each kitchenette via a service lift.   
  
Kitchen fridge, food and freezer temperatures are to be monitored and documented daily as per Bupa processes. Resident annual satisfaction survey includes food. There are a number of internal audits to be implemented as per Bupa internal audit schedule including (but not limited to); a) environmental hygiene - kitchen, b) weight management audit, c) food storage, and d) food service audit.  
  
Bupa Care Homes introduced in 2010 a comprehensive Food Services programme that specifically targeted all areas of the food service as a quality improvement initiative throughout the business. This was in response to further improving on client satisfaction results with the service as identified through resident/relative satisfaction surveys. Achievements of the programme which continues in 2011 include the introduction of a steering group, monthly teleconferences with the chefs/cooks employed in each home, development of Bupa's own Recipes and Library of these and the review and update of all kitchen policies and procedures. Other activities included the development of "assisted eating posters" which a "Masterchef" DVD with Annabelle White, The programme also developed food safety training power points to augment the internal core education programme within care homes. A senior chef within the business provides support and mentorship to the cooks in each of the homes and following the pilot of a training programme for staff, Bupa kitchen staff complete unit standard 167 Food safety training.   
  
Nutrition - assessment and management policy (347). Weight management policy (079).  
The residents are to have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. This is to be reviewed six monthly as part of the care plan review. Changes to residents’ dietary needs are to be communicated to the kitchen as per Bupa policy.  
  
Special equipment such as 'lipped plates' built up spoons are available as needs required. Equipment has been purchased for the new dining rooms/kitchenettes in each area.

##### **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:** PA Low

**Evidence:**

The new kitchen is designed in two parts, one for cooking and one for clearing up. The kitchen is designed by acompany who specialise in commercial kitchens. There are kitchen staff (one kitchen manager and two kitchen assistants) employed to commence that have completed food safety certificates. The kitchen is in the process of being completed.  
Each floor has a locked kitchenette that has a servery out to the dining areas. Each kitchenette includes a servery area, fridge and dishwasher. Key-padded locks are installed. Hot boxes have been purchased to transport the food from the main kitchen to each kitchenette via a service lift.   
  
Kitchen fridge, food and freezer temperatures are to be monitored and documented daily as per Bupa processes. Resident annual satisfaction survey includes food. There are a number of internal audits to be implemented as per Bupa internal audit schedule including (but not limited to); a) environmental hygiene - kitchen, b) weight management audit, c) food storage, and d) food service audit

**Finding:** The kitchen was in the process of being completed and therefore could not be fully verified by the auditor.

**Corrective Action:**

To get the kitchen fully operational including checking of temperatures, menu planning and delivery.

**Timeframe (days):** Prior to occupancy *(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:**

Chemical/substance safety policy (048). 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.   
Procedure for disposal of sharps containers. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan.  
There is a spill kit available for the facility. There are documented policies, procedures and an emergency plan to respond to significant waste or hazardous substance management. Accidental needle stick, blood or body fluid exposure risk assessment guidelines. All accidents/incidents are required to be reported on the accident report form which is in turn investigated by the manager and reported to the Bupa Health and Safety Coordinator.  
Advised that on completion of building, Material safety data sheets are to be available in the laundry and the sluices on each floor. Each sluice on each floor has a sanitiser.  
Advised that a sharps container will be kept in the treatment room on each floor.  
Hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols.  
Gloves, aprons and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn.

##### **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 facility is purpose built and is spacious. All building and plant have been built to comply with legislation. The building has five floors. Administration, service areas and car parks on the ground floor (1st floor); the hospital is across floor 2, 3 and 4. Each floor is designed to be stand-alone with 24 hospital beds, nurse’s station and combined lounge/dining. The organisation has purchased all new equipment.  
There are centrally located nurse stations on each floor that have windows out into each of the lounge areas. There is a lift between floors that is large enough for a stretcher bed.

The centrally located nurse stations look out on the open plan dining and lounge areas, which ensures that staff are in close contact with residents even when attending to paper work or meetings.   
Residents are able to bring their own possessions into the home and are able to adorn their room as desired. The maintenance schedule includes checking of equipment. All electrical equipment and other machinery is to be checked as part of the annual maintenance and verification checks. Hi-lo/electric beds have been purchased for all areas. There is a specific point for sensor mats so that they are not shared with the call bell system.  
  
There are handrails in en-suites, communal bathrooms and hallways. All rooms and communal areas allow for safe use of mobility equipment. The facility is to be carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space in each new unit for storage of mobility equipment.  
The building is in the process of being completed and therefore the certificate for public use has not yet been obtained.   
  
A procurement manager assists with ensuring appropriate purchase of equipment e.g. hoists, air relief mattresses.   
There is a chattel list developed and approved by head office for all new equipment (including medical equipment) for the new facility (sighted).   
  
All rooms have been designed for hospital level care. There is a mobility bathroom with shower bed on each of the three floors.   
  
There is an outside courtyard in the process of being landscaped off the second floor (although on a ground section). There is also a large deck off the 3rd and 4th floor lounge currently being decked out.   
There are environmental audits and building compliance audits which will be completed as part of the internal audit programme.   
There is a planned maintenance programme to ensure all buildings, plant and equipment are maintained. There is a full time maintenance/grounds person employed.

##### **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 facility is purpose built and is spacious. All building and plant have been built to comply with legislation. The building has five floors. Administration, service areas and car parks on the ground floor (1st floor); the hospital is across floor 2, 3 and 4. Each floor is designed to be stand-alone with 24 hospital beds, nurse’s station and combined lounge/dining. The organisation has purchased all new equipment.  
There are centrally located nurse stations on each floor that have windows out into each of the lounge areas.

**Finding:**

The building certificate for public use is yet to be obtained

**Corrective Action:**

A Certificate of Public Use (CPU) must be sighted by DHB/healthcert prior to opening

**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:** PA Low

**Evidence:**

There is an outside courtyard in the process of being landscaped off the second floor (although on a ground section). There is also a large deck off the 3rd and 4th floor lounge currently being decked out/landscaped for resident use.

**Finding:**

Landscaping is in the process of being completed

**Corrective Action:**

Ensure landscaping is completed in resident areas.

**Timeframe (days):** Prior to occupancy *(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 three floors have a mobility toilet near the lounge. Each resident room has either a shared ensuite or single ensuite. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment. Shared ensuites have locks and green/red lights to identify occupied. These can be opened if necessary by staff in an emergency.  
There is a mobility bathroom with shower bed on each floor.

##### **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:**

Resident’s rooms are spacious and designed for hospital level. Each room allows for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in en-suites and communal toilets/bathrooms in all areas. The open plan lounge areas are spacious. Residents requiring transportation between rooms or services are able to be moved from their room either by trolley, bed, lazy boy or wheelchair.

##### **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 maneuvers 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:**

There is a large open plan lounge/dining area on each floor.

##### **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:**

Cleaning department - use of equipment policy (051), cleaning schedule – nursing staff (057).  
Cleaning schedule/methods – cleaners (053)  
There is a laundry manual that contains (but is not limited to): safety, standard infection control practises, procedures for the laundry of linen, infected linen, a laundry flow chart, sluicing soiled laundry, washing, drying, the cleaning of the laundry and chemical safety and storage.  
  
There is a small laundry on the ground floor that would be used for incidentals. All laundry is to be transported to Sunset Rest Home and Hospital for laundering daily. There is areas for storage of clean and dirty laundry.  
  
Audit laundry services and environmental hygiene - cleaning to be completed twice each year as per internal audit schedule.   
The laundry and cleaning room is a designated area and lockable for storage of chemicals are stored securely.

##### **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:**

Appropriate training, information, and equipment for responding to emergencies is provided at induction and as part of the annual training programme. Staff training in fire safety and fire drill are to be completed for new staff in the induction prior to opening.   
There is a comprehensive civil defence manual and emergency procedure manual in place. Advised that civil defence kits are to be readily accessible in a storage cupboard on each floor.

Key staff are required to hold first aid certificate. Currently the RNs employed to cover 24/7 have up to date first aid certs.   
Smoke alarms, sprinkler system and exit signs in place in the building. The fire evacuation plan has yet to be signed off as approved by the fire service.  
The facility has emergency lighting and torches. There are large water tanks available. Gas BBQ and additional cylinders are available for alternative cooking. Emergency food supplies sufficient for three days are to be kept in the kitchen. Extra blankets are also available.  
The call bell system is available in all areas with visual display panels. Call bells are available in all resident areas, that is, bedrooms, en-suite toilet/showers, communal toilets, dining/rooms. The call bell system will also be connected to staff pages. There is a two door entrance to the lobby which is open 24hrs a day. The second door into the care home locks at 6pm and unlocks at 7am. Afterhour’s access is by way of keypad for staff and an intercom to the nurse call station where they can unlock the doors during this time. Anyone if free to leave anytime from the inside during these hours with the push of the exit button.

##### **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:** PA Low

**Evidence:**

Appropriate training, information, and equipment for responding to emergencies is provided at induction and as part of the annual training programme. Staff training in fire safety and fire drill are to be completed for new staff in the four day induction prior to opening

**Finding:**

Staff training in fire safety and fire drill are to be completed for new staff during the induction prior to opening

**Corrective Action:**

Ensure staff training in fire safety are to be completed for new staff prior to opening

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

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

Where required by legislation there is an approved evacuation plan.

**Attainment and Risk:** PA Low

**Evidence:**

Smoke alarms, sprinkler system and exit signs are in place in the building. The fire evacuation plan has yet to be signed off as approved by the fire service

**Finding:**

The fire evacuation plan has yet to be signed off as approved by the fire service

**Corrective Action:**

Ensure an approval letter has been obtained from the fire service

**Timeframe (days):** 60 *(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 building is appropriately heated and ventilated. There are ceiling heaters in resident rooms and ceiling heat pumps in hallways. There is heat control panels in individual rooms. There is plenty of natural light in the new rooms and all have windows.

##### **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 IC programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The scope of the IC programme policy and IC programme description are available. There is a job description for the IC coordinator and clearly defined guidelines. The infection control programme is designed to link to the quality and risk management system. The programme is reviewed annually at organisational level.   
The service plans to establish monthly IC meetings. Towards the end of 2008, Bupa introduced a regional infection control group (RIC) for the three regions in NZ. The meetings are held six monthly and terms of reference are clearly documented. The IC coordinator is the clinical manager.

##### **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.)*