

Bupa Care Services NZ Limited - NorthHaven Hospital

Introduction

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

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Bupa Care Services NZ Limited

Premises audited: NorthHaven Hospital

Services audited: Residential disability services - Intellectual; Hospital services - Psychogeriatric services; Hospital services - Medical services; Rest home care (excluding dementia care); Residential disability services - Physical

Dates of audit: Start date: 5 August 2015 End date: 5 August 2015

Proposed changes to current services (if any): This partial provisional audit was to review the level of preparedness of the provider to operate an additional separate 22 bed psychogeriatric unit in addition to its existing 20 bed psychogeriatric unit by converting 22 hospital level beds. This change will increase the number of psychogeriatric level beds to 42 in two separate units

and reduce the number of hospital (dual purpose) level beds from 86 to 64 beds. The proposed opening date is 1 September 2015. The plan is to open the new beds in two stages. The first stage will be to open 10 beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 82

Executive summary of the audit

Introduction

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

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

General overview of the audit

The service is certified to provide care for up to 106 residents across three service levels (hospital, rest home, and psychogeriatric). On the day of the audit there were 82 residents living at the facility, of which four were receiving rest home level care, 58 were receiving hospital level care and 20 were receiving specialist psychogeriatric services.

The purpose of this partial provisional audit was to assess the preparedness of the service to provide services to an additional 22 psychogeriatric level residents in addition to its existing 20 bed specialist psychogeriatric service, by converting 22 hospital level beds. This change will increase the total number of psychogeriatric level beds to 42 and reduce the total number of hospital level beds by 22 beds (i.e., from 86 to 64 beds).

This audit verified that there are appropriate processes and staffing levels in place to service the reconfiguration.

The service has addressed the shortfall identified from the previous certification audit around the documentation of service provision. Improvements are required around securing the unit prior to occupancy and completing the outside deck areas.

Consumer rights

[Click here to enter text](#)

Organisational management

Northhaven is a Bupa residential care facility, which has an established governance system and corporate support. The care home manager and the clinical nurse manager are experienced registered nurses with current practising certificates. The unit coordinator, who manages the existing psychogeriatric unit, will also manage the new unit. She is a registered nurse with experience and qualifications in providing services to residents with dementia related illnesses.

The service has employed staff for the new unit and will be utilising existing registered nurses and caregivers who have completed dementia unit standards or who are enrolled in Careerforce training to complete these qualifications. The current activities staff will provide the activities programme and there will be no change to other staffing arrangements.

Continuum of service delivery

There will be no significant changes to the existing medicines management system or the meal service. Medicines will be administered by registered nurses in the new unit. Meals will be provided from the main kitchen using a pre-plated scan box trolley system. A review of a sample of clinical records showed that the shortfall identified at the previous certification audit related to the documentation of service delivery has been addressed.

Safe and appropriate environment

There is no change required to the existing building warrant of fitness, the fire evacuation plan or the existing call bell system. The new unit has six single rooms and eight double rooms plus common and service areas. All bedrooms have hand basins. There are communal bathrooms in place. Curtains are in shared bedrooms to ensure privacy. All bedrooms and wet areas have linoleum floorings. There is carpet in the common living areas and corridors.

There are three external deck areas, which will be able to be used by residents. Landscaping in the one internal courtyard area is complete as this was not affected by the reconfiguration. Each external deck will be secure. The decks have yet to be completed by the builders although this matter will be resolved prior to occupancy. The unit is not yet secure.

There will be no change to the system of waste management, cleaning or laundry services.

Restraint minimisation and safe practice

Not audited

Infection prevention and control

The existing infection prevention control programme will not change with the proposed reconfiguration of services. The programme is appropriate for the size of the service and is managed by a registered nurse.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	15	0	1	0	0	0
Criteria	0	34	0	2	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Northhaven is a Bupa residential care facility, which has an established governance system and corporate support. The business has a vision, mission statement and objectives. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. The care home manager is a registered nurse with a current practising certificate who has over 20 years of experience of management in the health sector, including in aged care. She has been in this role since 2013 and is supported by a clinical nurse manager/RN. There is an experienced unit coordinator who is a practicing RN with qualifications in providing care to residents with dementia who manages the existing psychogeriatric service. This unit coordinator will extend her role to manage both units which are located in adjoining areas of the building.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and</p>	FA	<p>The care home manager is supported by a clinical manager/registered nurse (RN), who is employed full time and steps in when the care home manager is absent. The clinical manager has been employed by Bupa since 2009. During a temporary absence of the care home manager, the clinical manager will act in the role for three days. If the absence is greater than three days then Bupa will</p>

safe services to consumers.		arrange for a temporary care home manager or operations manager to perform the care home manager's role.
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Six staff files sampled included evidence of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. The orientation programme provides new staff with relevant information for safe work practices and is developed specifically to worker type. New staff are adequately orientated to the service. The service has a designated orientation coordinator to support new and existing staff.</p> <p>A register of practising certificates is maintained.</p> <p>There is an annual education and training schedule that is being implemented. Opportunistic education is provided via toolbox talks. Education and training for clinical staff is linked to external education provided by the District Health Board.</p> <p>The current facility manager has experience managing a psychogeriatric 40 bedded facility prior to managing at Northhaven.</p> <p>The current clinical nurse manager has completed her dementia standards and will continue to oversee the clinical management of the whole of Northhaven, including this higher service level unit.</p> <p>The current unit coordinator of the specialist psychogeriatric unit is a RN who is InterRAI trained. There are two other RNs who work in the unit who are currently in the process of completing InterRAI training.</p> <p>Currently there are 25 caregivers providing care in the psychogeriatric unit. Of the 25 caregivers, 19 have completed the required dementia standards and the remaining six have been employed less than six months and are currently enrolled in the programme.</p> <p>The activity coordinator working in the psychogeriatric unit has completed dementia standards. Two of the three activities officers have completed the dementia standards and the third has recently commenced employment and is enrolled.</p> <p>The service plans to open the new beds in two stages and it has sufficient staff</p>

		<p>employed within the facility to open the initial 10 new beds.</p> <p>Additional registered nurses and caregivers have been employed and further recruitment will occur as bed occupancy rises.</p> <p>New staff are employed within the existing psychogeriatric unit alongside existing skilled staff. Staff are enrolled with Careerforce to complete the dementia limited credit programme (LCP) standards. Existing staff were identified who have an interest to work in the psychogeriatric unit as the facility is reducing hospital beds in order to increase psychogeriatric beds.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The care home manager will continue to staff this unit according to accepted safe staffing guidelines, ensuring there is an RN on all shifts and one RN covering both units over night. The RN will be assisted by a team of caregivers of varying skill mix to meet the needs of residents. The new unit will provide an opportunity to split residents by behaviour with the existing smaller 20 bed unit caring for the more complex residents and the new larger 22 bed unit will provide care for the less challenging residents. Staff will be mixed on both units so there is consistently a good mix of skills, and will rotate each fortnight so they become familiar with all residents.</p> <p>The proposed nursing roster for the initial 10 bed unit will be as follows:</p> <p>RN Cover: 1 RN 24/7 (from 11pm to 7am this RN is covering both specialist psychogeriatric units)</p> <p>AM: 1 Caregiver from 7am to 3.15pm</p> <p>PM: 1 Caregiver from 3pm to 11pm</p> <p>Nocte: 1 Caregiver from 11pm to 7 am</p> <p>The proposed nursing roster for the 22 bed unit when fully occupied:</p> <p>RN Cover: 1 RN 24/7 (from 11pm to 7am this RN is covering both specialist psychogeriatric units)</p> <p>AM: 3 Caregivers from 7 to 3.15 and 1 caregiver from 7am to 1pm</p> <p>PM: 2 Caregivers from 3pm to 11pm and 1 caregiver from 4pm to 9pm</p>

		<p>Nocte: 2 Caregivers from 11 pm to 7 am</p> <p>Additional staff for the unit include the following:</p> <p>The activities programme will be provided by the existing activities officer from 10 am to 4pm across both units, irrespective of occupancy and will be assisted by caregivers</p> <p>Other service arrangements will be as follows:</p> <p>Kitchen, cleaning, laundry, maintenance and gardening will be done by existing staff. General practitioners (GPs) are contracted and there will be no change to their service provision. All GPs in the area service the facility and tend to continue to provide services to their patients following admission. Pharmacy, dietetics, physiotherapy and podiatry are contracted and there will be no change to existing service provision. The service has access to a psychogeriatrician and a mental health services nurse from Waitemata DHB's mental health services for older people (MHSOP). The mental health services nurse visits the facility fortnightly and the psychogeriatrician visits monthly.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There is an established medicines management system in place. There are policies and procedures in place for safe medicine management that meet legislative requirements. The existing system will be extended across the new unit. All medicines will be administered by an RN in the new unit. There is a dedicated medicine room and medicines trolley.</p> <p>All clinical staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration is provided on an on-going basis. Standing orders are in use and the issuer countersigns each medicine given under these orders. No residents were self-administering medicines.</p> <p>All 12 medication charts sampled met legislative prescribing requirements. The medication charts reviewed, identified that the GP had seen and reviewed the resident three monthly. Anti-psychotic management plans are used for residents with dementia when medications are commenced, discontinued or changed. The MHSOP team review the management plans at least monthly or earlier if required and this will continue for residents in the new unit.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals at Bupa Northhaven are prepared and cooked on site. The food service is currently catering for up to 106 residents and there will be no change to the total number of residents being serviced. Meals are currently delivered in scan boxes to each units dining area and there are sufficient scan boxes available to accommodate the new unit. Additional nutritious snacks are available over 24 hours and there is a refrigerator in the new unit to store such snacks.</p> <p>There is a four weekly seasonal menu, which had been reviewed by a dietitian. Dietary needs are known with individual likes and dislikes accommodated. Pureed, gluten free, diabetic desserts are provided. Cultural and religious food preferences are met. Supplements are provided to residents with identified weight loss issues. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Fridge, freezer and chiller temperatures are taken and recorded daily. Food temperatures are recorded on each meal. All food services staff have completed training in food safety and hygiene and chemical safety.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>The previous certification audit identified shortfalls in the documentation of care in that: (i) There were no weekly weigh or nutritional record for two residents (one rest home and one hospital), as per the short term care plans for weight loss. (ii) There were no documented interventions for one psychogeriatric resident with weight loss. (iii) The mobility transfer plan interventions for two residents (one psychogeriatric and one hospital) did not align with the interventions in the long term care plans.</p> <p>A review of the records of a sample of residents across all areas (ie, two rest home, two specialist psychogeriatric unit residents and two hospital residents), showed that the provision of services and/or interventions were consistent with the residents' assessed needs and desired outcomes and were documented in their long term plans of care. No rest home residents required weekly weighing. One hospital resident was on a weekly weigh and another hospital resident was being weighed two weekly, which were being recorded appropriately. There were no residents in the psychogeriatric unit with weight loss. Mobility transfer plans for two rest home residents, two hospital units were reviewed and these aligned to the interventions documented in the long-term care plans. There were no new admissions since 1 July 2015 that required an InterRAI assessment, or any resident who needed an InterRAI assessment for a change in health status.</p>

		A written record of each resident's progress is documented. Resident changes in condition are followed up by a registered nurse, as evidenced in residents' progress notes. When a resident's condition alters, the registered nurse initiates a review and if required, a GP consultation or referral to the appropriate health professional is actioned. The clinical staff stated they have all the equipment referred to in care plans necessary to provide care.
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	The management of waste in the new unit will remain unchanged from existing processes. The new unit has a dedicated sluice area. Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Material safety data sheets are readily accessible for staff. Chemicals are stored safely throughout the facility. Personal protective clothing is available for staff when carrying out their duties. Blood and chemical spills kit are available.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>Bupa report that a certificate of public use is not required as there have been no external structural change to the facility. There are appropriate equipment and amenities in place. The physical environment is designed to minimise harm to residents living in the new unit. There are safe and secure outdoor areas that will be easy to access for the residents in the new unit on completion of the building alterations to the decks. They decks are accessed off the lounge / dining areas of the unit.</p> <p>The building has a current building warrant of fitness that expires on 22 February 2016 and no change to the warrant is needed. There is a full time property manager who is available on call for facility matters. Planned and reactive maintenance systems are in place. All electrical equipment has been tested and tagged. Clinical equipment has had functional checks/calibration annually. Hot water temperatures have been tested and recorded fortnightly with corrective actions for temperatures outside of the acceptable range. Corridors are wide in all areas to allow residents to pass each other safely. The secure keypads to the entrance/exit doors to the unit are in place but not yet activated.</p>
Standard 1.4.3: Toilet, Shower, And Bathing Facilities	FA	The new unit has five communal toilets of which one toilet is located in the lounge

<p>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.</p>		<p>area. There is four separate communal showers which are located in the bedroom area. All communal toilet and shower facilities have privacy locks on the doors and have a system that indicates if the room is engaged or vacant. Toilet and shower facilities are of an appropriate design to meet the needs of the residents. There are separate toilets for visitors and staff located outside of the new unit.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>The new unit has 22 beds of which six are single occupancy rooms and eight double occupancy rooms. Privacy curtains rails are in place in the double occupancy rooms. Sharing of rooms in the new unit will only occur if the resident's family has agreed to share prior to the resident being admitted to the room and the funder agrees. The space in the rooms will allow residents to move around their rooms easily. Residents and families will be encouraged to personalise their rooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Communal areas in the new unit include two open plan lounges and one dining area that are within view of the nurse's station. The design of the new unit allows for maximum freedom of movement while promoting safety. The communal areas are easily accessible for residents. Space and seating arrangements in the communal living area will accommodate both individual and group activities.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There will be no change to the existing cleaning and laundry services. Dedicated staff are employed seven days a week to provide cleaning and laundry services. There is a dedicated cleaning cupboard close to the new unit, but outside of the unit, which will be used to store equipment and chemicals. There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. Cleaning trolleys are kept in designated locked cupboards. Internal audits will continue to monitor the effectiveness of the cleaning and laundry processes.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p>	FA	<p>There is an approved fire evacuation plan dated 25 August 2010 and no changes are required to the existing plan, as the internal layout has been reconfigured,</p>

<p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>rather than significantly altered. The physical layout to fire cells has not changed. Some renaming of the fire board will occur immediately before opening of the new unit. The Bupa property team consulted with the New Zealand Fire Service by telephone who advised that no changes to the fire evacuation plan were required.</p> <p>A plan is in place to undertake a trial evacuation of the new unit after opening. Existing employees participate in six monthly fire drills and evacuations.</p> <p>The existing electronic call system, which was already installed will be used in the new area.</p> <p>Emergency and disaster policies and procedures are in place. The orientation programme and annual education and training programme includes mandatory fire and security training. Staff interviewed confirmed their understanding of emergency procedures.</p> <p>A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency. Alternative energy and utility sources are available in the event of the main supplies failing.</p> <p>There is a minimum of one person on site 24 hours a day, seven days a week with a current first aid/CPR certificate.</p> <p>External lighting and security systems are adequate for safety and security.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>There is adequate natural light through external windows. The new unit is ventilated through external windows and doors and air-conditioning units. Existing heating will be used which is an overhead thermostatically controlled system.</p>
<p>Standard 3.1: Infection control management There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The size and scope of service is not changing, therefore infection prevention and control management processes and systems currently in place will remain unchanged. The infection prevention and control officer who is a RN will continue to monitor infections as they occur and record and collect data to ensure any trends are responded to and appropriate minimisation strategies implemented. The office will continue to monitor and report outbreaks as they occur.</p>

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	PA Low	The new psychogeriatric unit is almost a mirror image of the existing psychogeriatric unit. It has an open plan lounge and dining area and external covered areas with seating where quieter activities or family visits can take place. There is quiet, low stimulus areas that will provide privacy when required. There will be a safe and secure outside area that is easy to access following the building alterations to the decks.	The key padded doors to the unit are not yet secure.	<p>Ensure the unit is secure and the key padded lock linked to the fire system.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	The new unit has three external deck areas, which are accessed from within the unit. There is no change required to existing landscaping of a courtyard, which is in one of the three deck areas. The decks are currently being altered to be more easily accessible for hospital level residents.	Building alterations to outside decks are in the process of being completed.	<p>Ensure planned building changes to the external areas are completed prior to occupancy.</p> <p>Prior to occupancy</p>

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Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.