

Bupa Care Services NZ Limited - Rossendale Dementia Care Home & Hospital

CURRENT STATUS: 15-Aug-13

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

GENERAL OVERVIEW

Rossendale is part of the Bupa group of facilities and is currently certified to provide care for up to 100 residents identified as requiring dementia and psychogeriatric care and support. On the day of the audit, there were 90 residents. Bupa's overall vision is "taking care of the lives in our hands".

This audit is for a verification of the existing 40 bed dementia unit into a 23 bed dementia unit and a 17 bed psychogeriatric unit. The 50 psychogeriatric beds and the 10 high dependence level two psychogeriatric beds remain unchanged. The service aims to move the residents identified as requiring a higher level of care as soon as the verification audit is completed.

The service has developed a transition plan to have residents reassessed and to ensure that existing residents identified as requiring dementia care are safe, well supported and appropriately placed with psychogeriatric residents until they are able to be transferred into the appropriate area. The doctor interviewed confirms that the plans in place to manage the mix of residents requiring dementia and psychogeriatric is appropriate and will be reviewed and monitored closely. The service has stopped taking residents requiring dementia care in the interim.

The overall service is managed by the facility manager who is a registered nurse with a post graduate qualification in management. She has extensive experience in working with people with special needs and challenging behaviour and is supported by the clinical manager who has a background in dementia nursing and aged care.

The facility remains unchanged apart from a door which has been put in place to separate the dementia and newly configured psychogeriatric unit.

Rossendale Home and Hospital

Bupa Care Service NZ Limited

Verification audit - Audit Report

Audit Date: 15-Aug-13

Audit Report

To: HealthCERT, Ministry of Health

Provider Name	Bupa Care Service NZ Limited
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Premise Name	Street Address	Suburb	City
Rossendale Home and Hospital	2 Insoll Avenue		Hamilton

Proposed changes of current services (e.g. reconfiguration):
This audit is for a verification of the existing 40 bed dementia unit into a 23 bed dementia unit and a 17 bed psychogeriatric unit. The total beds will change from 50 psychogeriatric beds, 10 high dependence level two psychogeriatric beds and 40 dementia beds to a total of 23 dementia beds, 67 psychogeriatric beds and 10 high dependence level two psychogeriatric beds.

Type of Audit	Verification audit
Date(s) of Audit	Start Date: 15-Aug-13 End Date: 15-Aug-13
Designated Auditing Agency	Health and Disability Auditing New Zealand Limited

Audit Team

Audit Team	Name	Qualification	Auditor Hours on site	Auditor Hours off site	Auditor Dates on site
Lead Auditor	XXXXXXXX	MBA, MN, B Ed, Adv Dip Child and Family, RGON, Dip Tchg, Lead auditor	4.00	3.00	15-Aug-13
Auditor 1					
Auditor 2					
Auditor 3					
Auditor 4					
Auditor 5					
Auditor 6					
Clinical Expert					
Technical Expert					
Consumer Auditor					
Peer Review Auditor	XXXXXXXX			1.00	

Total Audit Hours on site	4.00	Total Audit Hours off site <i>(system generated)</i>	4.00	Total Audit Hours	8.00
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Staff Records Reviewed	3 of 104	Client Records Reviewed <i>(numeric)</i>	0 of 0	Number of Client Records Reviewed using Tracer Methodology	0 of 0
Staff Interviewed	0 of 0	Management Interviewed <i>(numeric)</i>	2 of 2	Relatives Interviewed <i>(numeric)</i>	0
Consumers Interviewed	0 of 0	Number of Medication Records Reviewed	0 of 0	GP's Interviewed (aged residential care and residential disability) <i>(numeric)</i>	0

Declaration

I, (full name of agent or employee of the company) XXXXX (occupation) Programme Coordinator of (place) Christchurch hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Act.

I confirm that Health and Disability Auditing New Zealand Limited has in place effective arrangements to avoid or manage any conflicts of interest that may arise.

Dated this 28 day of August 2013

Please check the box below to indicate that you are a DAA delegated authority, and agree to the terms in the Declaration section of this document.

This also indicates that you have finished editing the document and have updated the Summary of Attainment and CAR sections using the instructions at the bottom of this page.

Click here to indicate that you have provided all the information that is relevant to the audit:

The audit summary has been developed in consultation with the provider:

Electronic Sign Off from a DAA delegated authority (*click here*):

Services and Capacity

				Kinds of services certified												
				Hospital Care							Rest Home Care		Residential Disability Care			
Premise Name	Total Number of Beds	Number of Beds Occupied on Day of Audit	Number of Swing Beds for Aged Residential Care	Children's Health Services	Geriatric Services (excluding dedicated Psychogeriatric Unit)	Geriatric Services-Psychogeriatric	Maternity Services	Medical Services	Mental Health Services	Surgical Services	Rest Home (excluding dedicated Dementia Care)	Dedicated Dementia Care	Intellectual Disability	Physical Disability	Psychiatric Disability	Sensory Disability
Rosendale Home and Hospital	100	90		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Executive Summary of Audit

General Overview

Rossendale is part of the Bupa group of facilities and is currently certified to provide care for up to 100 residents identified as requiring dementia and psychogeriatric care and support. On the day of the audit, there were 90 residents. Bupa's overall vision is "taking care of the lives in our hands".

This audit is for a verification of the existing 40 bed dementia unit into a 23 bed dementia unit and a 17 bed psychogeriatric unit. The 50 psychogeriatric beds and the 10 high dependence level two psychogeriatric beds remain unchanged. The service aims to move the residents identified as requiring a higher level of care as soon as the verification audit is completed.

The service has developed a transition plan to have residents reassessed and to ensure that existing residents identified as requiring dementia care are safe, well supported and appropriately placed with psychogeriatric residents until they are able to be transferred into the appropriate area. The doctor interviewed confirms that the plans in place to manage the mix of residents requiring dementia and psychogeriatric is appropriate and will be reviewed and monitored closely. The service has stopped taking residents requiring dementia care in the interim.

The overall service is managed by the facility manager who is a registered nurse with a post graduate qualification in management. She has extensive experience in working with people with special needs and challenging behaviour and is supported by the clinical manager who has a background in dementia nursing and aged care.

The facility remains unchanged apart from a door which has been put in place to separate the dementia and newly configured psychogeriatric unit.

1.1 Consumer Rights

N/A

1.2 Organisational Management

The facility manager who is a registered nurse with a post graduate qualification in management. She has extensive experience in working with people with special needs and challenging behaviour (over 17 years including team leader teaching restraint and challenging behaviour strategies) and five years in aged care services. She has been the manager of the service for four years. She is supported by the clinical manager who is an RN with a current APC who has a background of five years in the dementia nursing and a total of seven years in aged care.

The service aims to move the residents identified as requiring a higher level of care as soon as the verification audit is completed. There are currently 23 of 23 residents in the dementia unit and seven residents in the 17 bed reconfigured psychogeriatric unit. The doctor and the facility manager interviewed confirm that only non-mobile residents with minimal challenging behaviour will be put into the reconfigured unit until all the dementia unit residents have been moved into the dementia unit. The service has stopped taking residents requiring dementia care.

There is an organisational staffing policy (359) that aligns with contractual requirements and includes skill mixes. Each unit is staffed independently with an increase of one registered nurse and one caregiver to the numbers overnight. The ratio of staff to residents is as follows: 1:8 in the dementia unit (D3); 1:3 in the high dependency unit: 1:6 in the psychogeriatric unit.

1.3 Continuum of Service Delivery

N/A

1.4 Safe and Appropriate Environment

Chemicals are able to be stored securely in the reconfigured unit and are already stored appropriately in all other units including the dementia unit. Appropriate policies are available along with product safety charts. The building holds a current warrant of fitness and all areas have been built to comply to legislation. The organisation has equipment/furnishings for the reconfigured unit already and there is no extra equipment or furnishings required. All rooms have adequate personal space for the level of care and have adequate room for mobility equipment if required. There are quiet, low stimulus areas that provide privacy when required. There is a safe and secure outside areas outside each unit including the 17 bed psychogeriatric unit and the dementia unit that are easy to access. Resident rooms are of large size to ensure safety is not compromised. Each unit is secure with its own lounge, dining area, outdoor area.

2 Restraint Minimisation and Safe Practice

N/A

3. Infection Prevention and Control

There is an infection control policy and procedures manual which is comprehensive and includes policies and procedures appropriate to this service. The service already has processes in place to monitor infections.

Summary of Attainment

1.1 Consumer Rights

		Attainment	CI	FA	PA	UA	NA	of
Standard 1.1.1	Consumer rights during service delivery	Not Applicable	0	0	0	0	0	1
Standard 1.1.2	Consumer rights during service delivery	Not Applicable	0	0	0	0	0	4
Standard 1.1.3	Independence, personal privacy, dignity and respect	Not Applicable	0	0	0	0	0	7
Standard 1.1.4	Recognition of Māori values and beliefs	Not Applicable	0	0	0	0	0	7
Standard 1.1.6	Recognition and respect of the individual's culture, values, and beliefs	Not Applicable	0	0	0	0	0	2
Standard 1.1.7	Discrimination	Not Applicable	0	0	0	0	0	5
Standard 1.1.8	Good practice	Not Applicable	0	0	0	0	0	1
Standard 1.1.9	Communication	Not Applicable	0	0	0	0	0	4
Standard 1.1.10	Informed consent	Not Applicable	0	0	0	0	0	9
Standard 1.1.11	Advocacy and support	Not Applicable	0	0	0	0	0	3
Standard 1.1.12	Links with family/whānau and other community resources	Not Applicable	0	0	0	0	0	2
Standard 1.1.13	Complaints management	Not Applicable	0	0	0	0	0	3

Consumer Rights Standards (of 12):	N/A:12	CI:0	FA: 0	PA Neg: 0	PA Low: 0	PA Mod: 0	PA High: 0	PA Crit: 0
	UA Neg: 0	UA Low: 0	UA Mod: 0	UA High: 0	UA Crit: 0			
Criteria (of 48):	CI:0	FA:0	PA:0	UA:0	NA: 0			

1.2 Organisational Management

		Attainment	CI	FA	PA	UA	NA	of
Standard 1.2.1	Governance	FA	0	2	0	0	0	3
Standard 1.2.2	Service Management	Not Applicable	0	0	0	0	0	2
Standard 1.2.3	Quality and Risk Management Systems	Not Applicable	0	0	0	0	0	9
Standard 1.2.4	Adverse event reporting	Not Applicable	0	0	0	0	0	4
Standard 1.2.7	Human resource management	Not Applicable	0	0	0	0	0	5
Standard 1.2.8	Service provider availability	FA	0	1	0	0	0	1
Standard 1.2.9	Consumer information management systems	Not Applicable	0	0	0	0	0	10

Organisational Management Standards (of 7):	N/A:5	CI:0	FA: 2	PA Neg: 0	PA Low: 0	PA Mod: 0	PA High: 0
	PA Crit: 0	UA Neg: 0	UA Low: 0	UA Mod: 0	UA High: 0	UA Crit: 0	
Criteria (of 34):	CI:0	FA:3	PA:0	UA:0	NA: 0		

1.3 Continuum of Service Delivery

		Attainment	CI	FA	PA	UA	NA	of
Standard 1.3.1	Entry to services	Not Applicable	0	0	0	0	0	5
Standard 1.3.2	Declining referral/entry to services	Not Applicable	0	0	0	0	0	2
Standard 1.3.3	Service provision requirements	Not Applicable	0	0	0	0	0	6
Standard 1.3.4	Assessment	Not Applicable	0	0	0	0	0	5
Standard 1.3.5	Planning	Not Applicable	0	0	0	0	0	5
Standard 1.3.6	Service delivery / interventions	Not Applicable	0	0	0	0	0	5
Standard 1.3.7	Planned activities	Not Applicable	0	0	0	0	0	3
Standard 1.3.8	Evaluation	Not Applicable	0	0	0	0	0	4
Standard 1.3.9	Referral to other health and disability services (internal and external)	Not Applicable	0	0	0	0	0	2
Standard 1.3.10	Transition, exit, discharge, or transfer	Not Applicable	0	0	0	0	0	2
Standard 1.3.12	Medicine management	Not Applicable	0	0	0	0	0	7
Standard 1.3.13	Nutrition, safe food, and fluid management	FA	0	3	0	0	0	5

Continuum of Service Delivery Standards (of 12):	N/A:11	CI:0	FA: 1	PA Neg: 0	PA Low: 0	PA Mod: 0	PA High: 0
	PA Crit: 0	UA Neg: 0	UA Low: 0	UA Mod: 0	UA High: 0	UA Crit: 0	
Criteria (of 51):	CI:0	FA:3	PA:0	UA:0	NA: 0		

1.4 Safe and Appropriate Environment

		Attainment	CI	FA	PA	UA	NA	of
Standard 1.4.1	Management of waste and hazardous substances	FA	0	2	0	0	0	6
Standard 1.4.2	Facility specifications	FA	0	3	0	0	0	7
Standard 1.4.3	Toilet, shower, and bathing facilities	FA	0	1	0	0	0	5
Standard 1.4.4	Personal space/bed areas	FA	0	1	0	0	0	2
Standard 1.4.5	Communal areas for entertainment, recreation, and dining	FA	0	1	0	0	0	3
Standard 1.4.6	Cleaning and laundry services	FA	0	2	0	0	0	3
Standard 1.4.7	Essential, emergency, and security systems	FA	0	5	0	0	0	7
Standard 1.4.8	Natural light, ventilation, and heating	FA	0	2	0	0	0	3

Safe and Appropriate Environment Standards (of 8):		N/A:0	CI:0	FA: 8	PA Neg: 0	PA Low: 0	PA Mod: 0	PA High: 0
		PA Crit: 0	UA Neg: 0	UA Low: 0	UA Mod: 0	UA High: 0	UA Crit: 0	
Criteria (of 36):	CI:0	FA:17	PA:0	UA:0	NA: 0			

2 Restraint Minimisation and Safe Practice

		Attainment	CI	FA	PA	UA	NA	of
Standard 2.1.1	Restraint minimisation	Not Applicable	0	0	0	0	0	6
Standard 2.2.1	Restraint approval and processes	Not Applicable	0	0	0	0	0	3
Standard 2.2.2	Assessment	Not Applicable	0	0	0	0	0	2
Standard 2.2.3	Safe restraint use	Not Applicable	0	0	0	0	0	6
Standard 2.2.4	Evaluation	Not Applicable	0	0	0	0	0	3
Standard 2.2.5	Restraint monitoring and quality review	Not Applicable	0	0	0	0	0	1

Restraint Minimisation and Safe Practice Standards (of 6):	N/A: 6	CI:0	FA: 0	PA Neg: 0	PA Low: 0	PA Mod: 0	PA High: 0
	PA Crit: 0	UA Neg: 0	UA Low: 0	UA Mod: 0	UA High: 0	UA Crit: 0	
Criteria (of 21):	CI:0	FA:0	PA:0	UA:0	NA: 0		

3 Infection Prevention and Control

		Attainment	CI	FA	PA	UA	NA	of
Standard 3.1	Infection control management	Not Applicable	0	0	0	0	0	9
Standard 3.2	Implementing the infection control programme	Not Applicable	0	0	0	0	0	4
Standard 3.3	Policies and procedures	FA	0	1	0	0	0	3
Standard 3.4	Education	Not Applicable	0	0	0	0	0	5
Standard 3.5	Surveillance	Not Applicable	0	0	0	0	0	8

Infection Prevention and Control Standards (of 5): N/A: 4 CI:0 FA: 1 PA Neg: 0 PA Low: 0 PA Mod: 0 PA High: 0
 PA Crit: 0 UA Neg: 0 UA Low: 0 UA Mod: 0 UA High: 0 UA Crit: 0

Criteria (of 29): CI:0 FA:1 PA:0 UA:0 NA: 0

Total Standards (of 50) N/A: 38 CI: 0 FA: 12 PA Neg: 0 PA Low: 0 PA Mod: 0 PA High: 0 PA Crit: 0 UA
 Neg: 0 UA Low: 0 UA Mod: 0 UA High: 0 UA Crit: 0
Total Criteria (of 219) CI: 0 FA: 24 PA: 0 UA: 0 N/A: 0

Corrective Action Requests (CAR) Report

Provider Name: Bupa Care Service NZ Limited

Type of Audit: Verification audit

Date(s) of Audit Report: Start Date:15-Aug-13 End Date: 15-Aug-13

DAA: Health and Disability Auditing New Zealand Limited

Lead Auditor: XXXXXXXX

Continuous Improvement (CI) Report

Provider Name: Bupa Care Service NZ Limited

Type of Audit: Verification audit

Date(s) of Audit Report: Start Date:15-Aug-13 End Date: 15-Aug-13

DAA: Health and Disability Auditing New Zealand Limited

Lead Auditor: XXXXXXXX

1. 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

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

Evaluation methods used: D SI STI MI CI Mal V CQ SQ STQ Ma L

How is achievement of this standard met or not met?

Attainment: FA

Bupa's overall vision is "Taking care of the lives in our hands". There are six key values that are displayed on the wall.

Bupa Rossendale provides 100 beds for the following residents: 50 psychogeriatric beds, 10 high dependence level two psychogeriatric beds and 40 dementia beds.

This audit is for a verification of the existing 40 bed dementia unit into a 23 bed dementia unit and a 17 bed psychogeriatric unit. The 50 psychogeriatric beds and the 10 high dependence level two psychogeriatric beds remain unchanged.

The service aims to move the residents identified as requiring a higher level of care as soon as the verification audit is completed. There are currently 23 of 23 residents in the dementia unit and seven residents in the 17 bed reconfigured psychogeriatric unit. The doctor and the facility manager interviewed confirm that only non-mobile residents with minimal challenging behaviour will be transferred into the reconfigured unit until all the RH dementia level care residents have been transferred to a room in the RH dementia unit when they become available. The doctor interviewed confirms that she is happy with the mix of residents currently in the unit and states that staff are competent to manage the mix.

There are currently a total of 90 residents out of the potential 100 beds. The service has stopped taking residents requiring dementia care. Occupancy is as follows: 50 residents of 50 psychogeriatric beds, 10 of 10 high dependence level two psychogeriatric beds, 23 of 23 dementia beds and seven residents in the now designated 17 bed psychogeriatric unit.

The service has developed a transition plan to have residents reassessed and to ensure that existing residents identified as requiring RH level dementia care are safe, well supported and appropriately placed with psychogeriatric residents until they are able to be transferred into the appropriate area when a bed becomes available. (and comment above)

The overall service is managed by the facility manager who is a registered nurse with a post graduate qualification in management. She has extensive experience in working with people with special needs and challenging behaviour (over 17 years including team leader teaching restraint and challenging behaviour strategies) and five years in aged care services. She has been the manager of the service for four years.

She is supported by the clinical manager who is an RN with a current APC who has a background of five years in the dementia nursing and a total of seven years in aged care.

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. Both the facility and clinical managers have completed the Bupa dementia course.

Bupa provides a comprehensive orientation and training/support programme for their managers.

Criterion 1.2.1.1 The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

Criterion 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.

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

STANDARD 1.2.8 Service Provider Availability

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

Evaluation methods used: D SI STI MI CI MaI V CQ SQ STQ Ma L

How is achievement of this standard met or not met?

Attainment: FA

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 roster that provides sufficient and appropriate coverage for the effective delivery of care and support including the reconfigured unit.

In the reconfigured wing, there is a designated RN who is the unit coordinator. In the remaining dementia unit, there is an enrolled nurse who has been with the service for 22 years; a RN in charge of the high dependency unit and a RN who has been with the service for four years but is newly appointed as the unit coordinator for the 50 bed psychogeriatric unit.

Staffing is as follows:

17 bed psychogeriatric unit: AM and PM - 1 RN, 3 caregivers (one full shift and two short shift); Night: 1 RN and 1 caregiver.

23 bed dementia unit: AM and PM - 1 RN or EN or senior caregiver, 3 caregivers (one full shift and two short shifts); Night: 2 caregivers.

50 bed psychogeriatric unit: AM and PM - 2 RNs, 8 caregivers (six full shift and two short shift); Night: 1 RN and 3 caregivers.

10 bed high dependency unit: AM and PM - 1 RN, 2 caregivers (full shift noting that the RN maybe replaced by a senior caregiver); Night: 1 RN and 1 caregiver.

Changes from the old roster: The facility manager has increased staffing by one RN and one caregiver to the 17 bed psychogeriatric unit at night. There are no changes to the AM and PM rosters except that staff are now dedicated to either the dementia or the reconfigured psychogeriatric unit.

The ratio of staff to residents is as follows: 1:8 in the dementia unit (D3); 1:3 in the high dependency unit; 1:6 in the psychogeriatric unit.

Criterion 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.

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

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 1.3.13 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.

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

Evaluation methods used: D SI STI MI CI MaI V CQ SQ STQ Ma L

How is achievement of this standard met or not met?

Attainment: FA

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. The national menus have been audited and approved by an external dietitian. The kitchen staff have all attended food handling training and a food safety course. The kitchen contains a pantry and appropriate numbers of fridges, chiller and freezers. There is a preparation area and receiving area. Diets are modified as required. Special equipment is available if required.

Kitchen fridge, food and freezer temperatures are monitored and documented daily. Resident annual satisfaction survey includes food. There are a number audits completed including; a) environmental hygiene - kitchen, b) weight management audit, c) food storage, and d) Food service audit. Corrective actions have been implemented.

The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. This is reviewed six monthly as part of the care plan review. Changes to residents' dietary needs are communicated to the kitchen as per Bupa policy.

The existing kitchen serves the whole facility. There are no changes to the kitchen i.e. staff remain the same; the menus remain the same and the Bain Marie is in the kitchen with meals loaded into a thermal trolley. Two trolleys are used with one going to the dementia unit and one to the reconfigured 17 bed psychogeriatric unit. There are no changes to meal services for the 50 bed psychogeriatric unit or for the high dependency unit.

Criterion 1.3.13.1 Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

Criterion 1.3.13.2 Consumers who have additional or modified nutritional requirements or special diets have these needs met.

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

Criterion 1.3.13.5 All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

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.

These requirements are superseded, when a consumer is in seclusion as provided for by of NZS 8134.2.3.

STANDARD 1.4.1 Management Of Waste And Hazardous Substances

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

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

Evaluation methods used: D SI STI MI CI Mal V CQ SQ STQ Ma L

How is achievement of this standard met or not met?

Attainment: FA

Chemicals are able to be stored securely in the reconfigured unit and are already stored appropriately in all other units including the dementia unit. Appropriate policies are available along with product safety charts.

Education on hazardous substances occurs at orientation and is included in the in-service training schedule. Staff have had training around management of waste and infection control in 2013 - training records sighted.

There is personal protective equipment.

There is a spill kit.

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 reported on the accident report form which is in turn investigated by the facility manager or delegated staff and appropriate action is implemented.

Sharps containers are available in the facility and meet the hazardous substances regulations for containers. These are easily identifiable. These are already available in all units.

Criterion 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.

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

Criterion 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.

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

STANDARD 1.4.2 Facility Specifications

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

Evaluation methods used: D SI STI MI CI Ma V CQ SQ STQ Ma L

How is achievement of this standard met or not met?

Attainment: FA

The building holds a current warrant of fitness and all areas have been built to comply to legislation

The organisation has equipment/furnishings for the reconfigured unit already and there is no extra equipment or furnishings required. The lounge in the dementia unit is having lino laid and the residents in the dementia unit are currently using the lounge in the 17 bed psychogeriatric unit on the day of the audit only.

All rooms have adequate personal space for the level of care and have adequate room for mobility equipment if required.

There have been no requirements to complete further external landscaping and all areas have external exits. The facility has a mobility van available for transportation of residents. Those transporting residents hold a current first aid certificate.

E3.4d All lounge areas are designed so that space and seating arrangements provide for individual and group activities.

E3.3e: There are quiet, low stimulus areas that provide privacy when required.

E3.4.c; There is a safe and secure outside areas outside each unit including the 17 bed psychogeriatric unit and the dementia unit that are easy to access.

Resident rooms are of large size to ensure safety is not compromised. Each room is able to be furnished with residents own personal possessions and resident's own possessions were sighted in existing rooms.

Each unit is secure with its own lounge, dining area, outdoor area.

Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

Criterion 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.

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

STANDARD 1.4.3 Toilet, Shower, And Bathing Facilities

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

ARC E3.3d ARHSS D15.3c

Evaluation methods used: D SI STI MI CI MaI V CQ SQ STQ Ma L

How is achievement of this standard met or not met?	Attainment: FA
There are adequate toilets and showers in the new wings. Hot water temperature monitoring is already completed in all areas and is within normal range. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning with lino on the floor.	
There is a visitor/staff toilet available in the facility. Communal, visitor and staff toilets are available and contain flowing soap and paper towels.	
Resident toilets and showers are of large size to ensure safety is not compromised.	

Criterion 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.

Audit Evidence	Attainment: FA	Risk level for PA/UA:
Finding Statement		
Corrective Action Required:		
Timeframe:		

STANDARD 1.4.4 Personal Space/Bed Areas

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

Evaluation methods used: D SI STI MI CI MaI V CQ SQ STQ Ma L

How is achievement of this standard met or not met?	Attainment: FA
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Residents rooms in all units are of an adequate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in toilet and shower areas. The lounge areas are spacious.

Residents requiring transportation between rooms or services are able to be moved from their room either by trolley or wheelchair.

Criterion 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.

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

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.

ARC E3.4b ARHSS D15.3d

Evaluation methods used: D SI STI MI CI MaI V CQ SQ STQ Ma L

How is achievement of this standard met or not met?

Attainment: FA

There are large lounge and dining areas in each unit including the reconfigured dementia unit and 17 bed psychogeriatric unit.

Activities occur in any of the lounges and they are all large enough to not impact on other residents not involved in activities.

Seating and space is arranged to allow both individual and group activities to occur.

On the day of audit all areas were well supervised and residents were observed in each unit to be settled and engaged in activities.

The lounge areas in each unit full allows for manoeuvring of chairs and residents were able to move around as able as observed on the day of the audit.

Criterion 1.4.5.1 Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

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.

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

Evaluation methods used: D SI STI MI CI MaI V CQ SQ STQ Ma L

How is achievement of this standard met or not met?

Attainment: FA

Cleaning and laundry services are well monitored throughout the internal auditing system. Laundry has a clean/dirty flow and chemicals are stored securely. Staff receive training at orientation and through the in-service programme (last provided in 2013). There is an appropriate policy and product charts. Cleaning rooms are locked when not in use as observed during the audit.

Laundry service satisfaction is included in the annual survey.

There is no change to laundry services or to cleaning practices/rosters as bed numbers have not changed.

The site was observed to be clean with the cleaners actively engaged in cleaning units on the day of the audit. Cleaners were observed keeping their trolleys close to them so that they could ensure that residents did not interfere with any chemicals.

Criterion 1.4.6.2 The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness.

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

Criterion 1.4.6.3 Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

STANDARD 1.4.7 Essential, Emergency, And Security Systems

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

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

Evaluation methods used: D SI STI MI CI MaI V CQ SQ STQ Ma L

How is achievement of this standard met or not met?

Attainment: FA

There is a comprehensive emergency planning template and civil defence kit with ample supplies of equipment and supplies for emergency situations. Regular fire drills are completed 6 monthly. There are registered nurses on duty 24/7. Call bells are evident across the facility in resident's rooms, lounge areas, and toilets/bathrooms. The annual training plan includes emergency training.

There are always at least two staff on each unit at all times and all staff have a call system to access other staff immediately if extra support is required.

The facility manager and the clinical manager state that staff are taught how to keep themselves safe and a key focus for the facility manager has been to teach staff how to manage behaviour. Trends documented show that staff incidents and staff injured by residents has fallen dramatically from 2010 with 97 staff incidents in 2010 to 65 in 2012 and 79 incidents of staff injured by residents in 2010 to 41 in 2012. Numbers for 2013 already show a decrease in numbers.

There is a total of 104 staff. 56 caregivers and 15 RN/EN's have completed dementia training. 11 are currently enrolled in foundation studies and 16 are already enrolled in dementia training. Rossendale have made it compulsory for front line staff to complete dementia training. There is also a behavioural focus committee led by the facility manager which meets one to two monthly and training monthly around strategies to manage challenging behaviour. Other committees that meet monthly include the restraint committee; falls committee, quality meetings and health and safety committee serve to keep emergencies at a low level.

Security is in place for each unit with a key pad door in place. A new door with a key pad has been put in place to divide the existing 40 bed unit into the 23 bed dementia unit and the 17 bed psychogeriatric unit.

The nurses' station for the dementia/psychogeriatric unit is at the end of the hallway in the dementia unit with the door exiting into the hallway beside the psychogeriatric door. The service is putting in an extra door so that it will also exit into the psychogeriatric unit. There is a window already into the psychogeriatric unit that enables anyone in the office to see residents. The facility manager states that staff spend very little time in the office and on the day of the audit were observed to be out on the floor. Staff were observed to be able to exit from the nurses' station and enter into the psychogeriatric unit in a timely manner.

The building is secured during the hours of darkness and all visitors and contractors to the facility need to 'sign in' for identification.

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.

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

Criterion 1.4.7.4 Alternative energy and utility sources are available in the event of the main supplies failing.

Audit Evidence	Attainment: FA	Risk level for PA/UA:
Finding Statement		
Corrective Action Required:		
Timeframe:		

Criterion 1.4.7.5 An appropriate 'call system' is available to summon assistance when required.

Audit Evidence	Attainment: FA	Risk level for PA/UA:
Finding Statement		
Corrective Action Required:		
Timeframe:		

Criterion 1.4.7.6 The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.

Audit Evidence	Attainment: FA	Risk level for PA/UA:
Finding Statement		
Corrective Action Required:		
Timeframe:		

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.

ARC D15.2f ARHSS D15.2g

Evaluation methods used: D SI STI MI CI MaI V CQ SQ STQ Ma L

How is achievement of this standard met or not met?

Attainment: FA

Communal living areas and resident rooms are appropriately heated and ventilated. The organisation has a smoke free policy and smoking is not permitted within the building and there is a designated outside area for smoking.

Each bedroom and communal room has an opening window to the outside.

All areas are warm and well ventilated on the day of the audit.

Criterion 1.4.8.1 Areas used by consumers and service providers are ventilated and heated appropriately.

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

Criterion 1.4.8.2 All consumer-designated rooms (personal/living areas) have at least one external window of normal proportions to provide natural light.

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

3. HEALTH AND DISABILITY SERVICES (INFECTION PREVENTION AND CONTROL) STANDARDS

STANDARD 3.3 Policies and procedures

Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.

ARC D5.4e, D19.2a ARHSS D5.4e, D19.2a

Evaluation methods used: D SI STI MI CI Mal V CQ SQ STQ Ma L

How is achievement of this standard met or not met?

Attainment: FA

The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme. These are current and comply with standards legislation and guidelines for infection control practises.

Other policies included (but not limited to) a) definition of infection for surveillance, b) infection control programme description, c) standards for infection control practice – cleaning, food service, linen service, waste management, d) policy and guidelines for antimicrobial usage, e) standard precautions, f) risk management of blood, g) hand hygiene, h) hand care procedures, i) UTI's, j) clinical indicators of infection, k) Hep A & B & C, l) Inoculation/ contamination emergency response, m) risk assessment plan, n) accidental needle stick blood exposure, o) TB, p) MRSA, q) documentation of suspected and actual infections, r) isolation, s) disinfection, t) outbreak procedure, u) cleaning, disinfection and sterilisation guidelines, v) single use equipment, w) waste disposal policy and x) notification of diseases.

Infection control procedures developed and contained in the kitchen, laundry and the housekeeping manuals incorporate the principles of infection control. These principles are documented in the service policies contained within the infection control manual.

External expertise can be accessed, as required, to assist in the development of policies and procedures. Policy development involves the infection control co-ordinator, the regional infection control committee, expertise from the governing body and external support as required.

The GP interviewed confirmed that she is asked for advice as required.

Criterion 3.3.1 There are written policies and procedures for the prevention and control of infection which comply with relevant legislation and current accepted good practice.

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe: