

Bupa Care Services NZ Limited - Ascot House

Current Status: 18 November 2013

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 Ascot Care Home is to be part of the Bupa group of facilities. The facility is a newly purpose-built care centre within a wider retirement village.

The facility will have a total of 104 beds when fully completed. The facility is divided into six separate units which include; a 12 bed secure dementia unit, a 12 bed secure psychogeriatric (Specialist Hospital) unit, and four x 20 bed hospital/rest home units.

This partial provisional audit included verifying the preparedness of the service to provide care across four service levels (rest home, hospital, dementia and psychogeriatric level care). The service has plans to open in two stages between December 2013 and January 2014.

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

The audit identified the new facility, staff roster and equipment requirements and processes are appropriate for providing rest home, hospital – geriatric, dementia and psychogeriatric level care and in meeting the needs of the residents.

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, implementation of the new service and separating the psychogeriatric and dementia residents.

HealthCERT Aged Residential Care Audit Report (version 3.9)

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 NZ Ltd
Certificate name:	Bupa Ascot Care Home
Designated Auditing Agency:	HDANZ
Types of audit:	Partial Provisional
Premises audited:	Bupa Ascot Care Home, 211 Racecourse Rd, Invercargill
Services audited:	Hospital/medical, rest home, psychogeriatric, dementia
Dates of audit:	Start date: 18 November 2013 End date: 18 November 2013
Proposed changes to current services (if any):	
Ascot is a new purpose-built facility opening in two stages, on completion the facility will have a total of 104 beds. This includes: a 12 bed dementia unit, a 12 bed psychogeriatric (Spec Hospital) unit, four x 20 bed hospital/rest home units. The intention that majority of the hospital units will be hospital level care, but there will be some rest home beds.	
Total beds occupied across all premises included in the audit on the first day of the audit:	

Audit Team

Lead Auditor	XXXXXX	Hours on site	4	Hours off site	3
Other Auditors		Total hours on site		Total hours off site	
Technical Experts		Total hours on site		Total hours off site	
Consumer Auditors		Total hours on site		Total hours off site	
Peer Reviewer	XXXXXX			Hours	.5

Sample Totals

Total audit hours on site	4	Total audit hours off site	3	Total audit hours	7
Number of residents interviewed		Number of staff interviewed	1	Number of managers interviewed	3
Number of residents' records reviewed		Number of staff records reviewed		Total number of managers (headcount)	3
Number of medication records reviewed		Total number of staff (headcount)	18	Number of relatives interviewed	
Number of residents' records reviewed using tracer methodology				Number of GPs interviewed	

Declaration

I, XXXXXX, Director of Christchurch hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of the Designated Auditing Agency named on page one of this report (the DAA), an auditing agency designated under section 32 of the Act.

I confirm that:

a)	I am a delegated authority of the DAA	Yes
b)	the DAA has in place effective arrangements to avoid or manage any conflicts of interest that may arise	Yes
c)	the DAA 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)	the DAA has provided all the information that is relevant to the audit	Yes
h)	the DAA Auditing Agency has finished editing the document.	Yes

Dated Monday, 25 November 2013

Executive Summary of Audit

General Overview

Bupa Ascot Care Home is to be part of the Bupa group of facilities. The facility is a newly purpose-built care centre within a wider retirement village. The facility will have a total of 104 beds when fully completed. The facility is divided into six separate units which include; a 12 bed secure dementia unit, a 12 bed secure psychogeriatric (Specialist Hospital) unit, and four x 20 bed hospital/rest home units.

This partial provisional included verifying the preparedness of the service to provide care across four service levels (rest home, hospital, dementia and psychogeriatric level care). The service has plans to open in two stages between December 2013 and January 2014.

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

The audit identified the new facility, staff roster and equipment requirements and processes are appropriate for providing rest home, hospital – geriatric, dementia and psychogeriatric level care and in meeting the needs of the residents.

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, implementation of the new service and separate the psychogeriatric and dementia residents.

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), rest home, psychogeriatric and dementia level care. The manager has commenced consulting with the Bupa dementia leadership group, gerontology nurse specialists (which meet with the RNs for peer review two monthly), physiotherapist, dietitian, and mental health for older people.

The service is currently in the process of negotiating contracts for physiotherapy hours, dietitian and GP services.

The newly built hospital and secure units (one dementia unit and one psychogeriatric unit) have 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. The service has commenced orientating some staff and is also in the process of interviewing for further staff.

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 a registered nurses (RN) training day provided through Bupa that covers clinical aspects of care - eg. Dementia, Delirium. 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. There is an improvement required around ensuring the psychogeriatric and the dementia residents are in separate units.

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 is currently in negotiations with local pharmacy. There is a secure treatment room that services the two -20 bed hospital units and a secure treatment room that is shared by the two secure units. New medication trolleys have been purchased for each area. There is a controlled drug (CD) safe in the treatment room off the hospital units and this will be the CD safe for the whole facility. Each treatment room has a medication fridge. The service has newly employed staff and advised that medication competencies will be completed during induction next week. 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 has all new equipment and the three kitchen staff have completed training around the use of the equipment. There are currently three staff (kitchen manager, cook, kitchen hand); all have completed food safety certificates. The large spacious kitchen included freezers, a chiller and walk-in pantry. Each unit have a locked kitchenette that has a servery out to the dining area. These are all key-pad locked and include a servery area, fridge and dishwasher. Hot boxes 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. Stage one of the facility is completed and due to open 2 December 2013. Stage two (another two x 20 bed hospital units) is in the process of being completed and is due to open January 2014. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Ascot Care Home.

There is a centrally located nurse station that is shared between two units with windows/doors opening out into each of the lounge areas; i.e.: shared nurses' station/room between the psychogeriatric and the dementia unit, and shared nurse's rooms between two hospital units. The centrally located nurse stations looking out on the open plan dining and lounge areas, ensures that staff are in close contact with residents even when attending to paper work or meetings. Material safety data sheets are available in the laundry and the sluices in each unit (six in total). Each sluice has a sanitiser. All chemicals are clearly labelled with manufacturers labels. 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/tiled surfaces in bathrooms/toilets and kitchen areas. There is adequate space in each new unit 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 (sited). New equipment and furnishings were in place for the four units verified as part of stage one. All rooms and communal areas allow for safe use of mobility equipment.

There is adequate space throughout all units for storage of mobility equipment. The design of the two secure units (Clebbau and Arthur units) allows for walking. All units have been designed for hospital level care. There is a mobility bathroom with shower bed in Arthur unit (specific Psychogeriatric unit) and each of the hospital units.

There is a shared external courtyard/garden area between the psychogeriatric and the dementia units (shared access) and a further secure outside area around the two units. There is an improvement required around ensuring the external areas are separate.

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.2.8: Service Provider Availability	Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	PA Low			
HDS(C)S.2008	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.	PA Low	a) ARHSS D17.3b Initially the registered nurse is rostered across the facility. b) ARC E3.3.e Initially the dementia unit residents are combined with the psychogeriatric residents until numbers increase.	a) Ensure dementia and psychogeriatric residents are separated into their specific assessed secure units by 28 February 2014; b) Ensure there is a registered nurse based in the unit and only shared as per ARHSS D17.4.	60
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 Moderate			
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 Ascot Care.	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 next week	For new staff commencing that will have medication administration responsibilities, ensure all have completed medication competencies	Prior to occupancy

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.4.2: Facility Specifications	Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	PA Low			
HDS(C)S.2008	Criterion 1.4.2.1	All buildings, plant, and equipment comply with legislation.	PA Low	The building certificate for public use is to be signed off for stage two on completion	A Certificate of Public Use (CPU) must be sighted by DHB/healthcert prior to opening of stage two	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	a)Landscaping is in the process of being completed around the stage two hospital units (Tutoko and Waikaia). b) There is a shared external courtyard/garden area between the two secure units (shared access)	a)Ensure that external areas are completed around stage two of the build prior to opening that area; b) ensure that each secure unit has a separate secure external area when both units are open.	Prior to occupancy

Continuous Improvement (CI) Report

Code	Name	Description	Attainment	Finding

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

Outcome 1.1: Consumer Rights

Consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs.

Standard 1.1.1: Consumer Rights During Service Delivery (HDS(C)S.2008:1.1.1)

Consumers receive services in accordance with consumer rights legislation.

ARC D1.1c; D3.1a ARHSS D1.1c; D3.1a

Attainment and Risk: Not Audited
Evidence:

Criterion 1.1.1.1 (HDS(C)S.2008:1.1.1.1)

Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.1.2: Consumer Rights During Service Delivery (HDS(C)S.2008:1.1.2)

Consumers are informed of their rights.

ARC D6.1; D6.2; D16.1b.iii ARHSS D6.1; D6.2; D16.1b.iii

Attainment and Risk: Not Audited

Evidence:

Criterion 1.1.2.3 (HDS(C)S.2008:1.1.2.3)

Opportunities are provided for explanations, discussion, and clarification about the Code with the consumer, family/whānau of choice where appropriate and/or their legal representative during contact with the service.

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.)*

Criterion 1.1.2.4 (HDS(C)S.2008:1.1.2.4)

Information about the Nationwide Health and Disability Advocacy Service is clearly displayed and easily accessible and should be brought to the attention of consumers.

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.)*

Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect (HDS(C)S.2008:1.1.3)

Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.

ARC D3.1b; D3.1d; D3.1f; D3.1i; D3.1j; D4.1a; D14.4; E4.1a ARHSS D3.1b; D3.1d; D3.1f; D3.1i; D3.1j; D4.1b; D14.4

Attainment and Risk: Not Audited

Evidence:

Criterion 1.1.3.1 (HDS(C)S.2008:1.1.3.1)

The service respects the physical, visual, auditory, and personal privacy of the consumer and their belongings at all times.

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.)*

Criterion 1.1.3.2 (HDS(C)S.2008:1.1.3.2)

Consumers receive services that are responsive to the needs, values, and beliefs of the cultural, religious, social, and/or ethnic group with which each consumer identifies.

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.)

Criterion 1.1.3.6 (HDS(C)S.2008:1.1.3.6)

Services are provided in a manner that maximises each consumer's independence and reflects the wishes of the consumer.

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.)

Criterion 1.1.3.7 (HDS(C)S.2008:1.1.3.7)

Consumers are kept safe and are not subjected to, or at risk of, abuse and/or neglect.

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.)

Standard 1.1.4: Recognition Of Māori Values And Beliefs (HDS(C)S.2008:1.1.4)

Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.

ARC A3.1; A3.2; D20.1i ARHSS A3.1; A3.2; D20.1i

Attainment and Risk: Not Audited

Evidence:

Criterion 1.1.4.2 (HDS(C)S.2008:1.1.4.2)

Māori consumers have access to appropriate services, and barriers to access within the control of the organisation are identified and eliminated.

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.)*

Criterion 1.1.4.3 (HDS(C)S.2008:1.1.4.3)

The organisation plans to ensure Māori receive services commensurate with their needs.

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.)*

Criterion 1.1.4.5 (HDS(C)S.2008:1.1.4.5)

The importance of whānau and their involvement with Māori consumers is recognised and supported by service providers.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs (HDS(C)S.2008:1.1.6)

Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.

ARC D3.1g; D4.1c ARHSS D3.1g; D4.1d

Attainment and Risk: Not Audited
Evidence:

Criterion 1.1.6.2 (HDS(C)S.2008:1.1.6.2)

The consumer and when appropriate and requested by the consumer the family/whānau of choice or other representatives, are consulted on their individual values and beliefs.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.1.7: Discrimination (HDS(C)S.2008:1.1.7)

Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.

ARHSS D16.5e

Attainment and Risk: Not Audited
Evidence:

Criterion 1.1.7.3 (HDS(C)S.2008:1.1.7.3)

Service providers maintain professional boundaries and refrain from acts or behaviours which could benefit the provider at the expense or well-being of the consumer.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.1.8: Good Practice (HDS(C)S.2008:1.1.8)

Consumers receive services of an appropriate standard.

ARC A1.7b; A2.2; D1.3; D17.2; D17.7c ARHSS A2.2; D1.3; D17.2; D17.10c

Attainment and Risk: Not Audited
Evidence:

Criterion 1.1.8.1 (HDS(C)S.2008:1.1.8.1)

The service provides an environment that encourages good practice, which should include evidence-based practice.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.1.9: Communication (HDS(C)S.2008:1.1.9)

Service providers communicate effectively with consumers and provide an environment conducive to effective communication.

ARC A13.1; A13.2; A14.1; D11.3; D12.1; D12.3a; D12.4; D12.5; D16.1b.ii; D16.4b; D16.5e.iii; D20.3 ARHSS A13.1; A13.2; A14.1; D11.3; D12.1; D12.3a; D12.4; D12.5; D16.1bii; D16.4b; D16.53i.i.3.iii; D20.3

Attainment and Risk: Not Audited
Evidence:

Criterion 1.1.9.1 (HDS(C)S.2008:1.1.9.1)

Consumers have a right to full and frank information and open disclosure from service providers.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.1.9.4 (HDS(C)S.2008:1.1.9.4)

Wherever necessary and reasonably practicable, interpreter services are provided.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.1.10: Informed Consent (HDS(C)S.2008:1.1.10)

Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.

ARC D3.1d; D11.3; D12.2; D13.1 ARHSS D3.1d; D11.3; D12.2; D13.1

Attainment and Risk: Not Audited
Evidence:

Criterion 1.1.10.2 (HDS(C)S.2008:1.1.10.2)

Service providers demonstrate their ability to provide the information that consumers need to have, to be actively involved in their recovery, care, treatment, and support as well as for decision-making.

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.)

Criterion 1.1.10.4 (HDS(C)S.2008:1.1.10.4)

The service is able to demonstrate that written consent is obtained where required.

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.)

Criterion 1.1.10.7 (HDS(C)S.2008:1.1.10.7)

Advance directives that are made available to service providers are acted on where valid.

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.)

Standard 1.1.11: Advocacy And Support (HDS(C)S.2008:1.1.11)

Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.

ARC D4.1d; D4.1e ARHSS D4.1e; D4.1f

Attainment and Risk: Not Audited

Evidence:

Criterion 1.1.11.1 (HDS(C)S.2008:1.1.11.1)

Consumers are informed of their rights to an independent advocate, how to access them, and their right to have a support person/s of their choice present.

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.)*

Standard 1.1.12: Links With Family/Whānau And Other Community Resources (HDS(C)S.2008:1.1.12)

Consumers are able to maintain links with their family/whānau and their community.

ARC D3.1h; D3.1e ARHSS D3.1h; D3.1e; D16.5f

Attainment and Risk: Not Audited

Evidence:

Criterion 1.1.12.1 (HDS(C)S.2008:1.1.12.1)

Consumers have access to visitors of their choice.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.1.12.2 (HDS(C)S.2008:1.1.12.2)

Consumers are supported to access services within the community when appropriate.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.1.13: Complaints Management (HDS(C)S.2008:1.1.13)

The right of the consumer to make a complaint is understood, respected, and upheld.

ARC D6.2; D13.3h; E4.1biii.3 ARHSS D6.2; D13.3g

Attainment and Risk: Not Audited
Evidence:

Criterion 1.1.13.1 (HDS(C)S.2008:1.1.13.1)

The service has an easily accessed, responsive, and fair complaints process, which is documented and complies with Right 10 of the Code.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.1.13.3 (HDS(C)S.2008:1.1.13.3)

An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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:

Ascot Care Home is to be part of the Bupa group of facilities. The facility is a newly purpose-built care centre within a retirement village. The facility is opening in two stages; eventually the whole facility will have a total of 104 beds. The break down at the final point will be: a 12 bed dementia unit, a 12 bed specialist hospital psychogeriatric (PG) unit, and four x 20 bed hospital/rest home units. The intention that majority of the hospital units will be hospital level care, but there will be some rest home beds.

This partial provisional included verifying stage one which is fully completed and stage two which is still in the process of being completed;

Stage one includes

(i) 2 x 12 bed secure units (one dementia unit, one psychogeriatric unit). Initially one unit will be opened which will include combined dementia and psychogeriatric residents (Arthur unit). The other specific secure unit will open as numbers increase and the two groups (psychogeriatric and dementia residents) will separate into the two separate units (see 1.2.8).

(ii) 2 x 20 bed hospital/rest home units – Initially one unit (Glebe unit) will be opened which will include combined hospital/rest home. Once numbers increase the second unit will open.

The intention is to open stage-one the first week in December 2013.

Stage two was also verified but is still in the process of being completed.

(i) Stage two includes two x 20 bed hospital units (a mirror image of the two stage-one hospital/rest home units above).

The intention is to open stage two in January 2014.

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. Ascot has set a number of quality goals around the opening of the facility and include (but not limited to); (i) to ensure a safe environment for staff, residents, and visitors during the construction period, (ii) to ensure the new dementia units meet current best practice in dementia care; (iii) to ensure the effective implementation of all Bupa systems and processes, and (iv) to ensure that all staff have been orientated according to the Bupa guidelines.

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 commenced a Clinical Governance group. The committee is to continue meeting two monthly. The aim is to review the past and looking forward. Specific issues identified in Health & Disability Commission (HDC) reports (learning's from other provider complaints) are also tabled at this forum. Three 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 was commenced January 2010. Ascot will be benchmarked in four of these.

The new service is managed by an experienced management team. The facility manager (RN) has many years' experience managing aged care and home care services. He has also completed management papers. He has completed a Bupa management induction at another Bupa home and has received mentoring from another Bupa facility manager around Bupa processes.

The Facility Manager is supported by a clinical manager who has previous aged care management experience and was a clinical tutor at the local polytechnic in the Bachelor of nursing programme. The operations manager is new to the role and this position has recently been established to split the southern region into two regions. She is an experienced registered nurse with previous management experience and is based in Queenstown. The Operations Manager oversees seven sites as part of the Southern two regions. She visits regularly during this set-up phase. The Southern two managers teleconference weekly and plan to meet at least 2-3 monthly.

The Operations Manager completes a report to the Director Care Homes and Rehab (title formerly known as General Manager).

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.

ARC E2.1, ARHSS D5.1 The philosophy of the organisation and service also includes providing safe and therapeutic care for residents with dementia that enhances their quality of life and minimises risks associated with their confused states.

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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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: <p>The clinical manager registered nurse (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 and management experience in aged care.</p> <p>The organisation has well developed policies and procedures that are structured to provide appropriate care for residents that require hospital (medical), rest home, psychogeriatric and dementia level care. The manager has commenced consulting with the Bupa dementia leadership group, gerontology nurse specialists (which meet with the RNs for peer review two monthly), physiotherapist, dietitian, and mental health for older people.</p> <p>Allied health staff are available by referral. The service is currently in the process of negotiating contracts for physiotherapy hours, dietitian and General Practitioner (GP) services (link 1.3.12)</p> <p>The newly built hospital and secure units have 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.</p> <p>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.</p>

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 1.2.3: Quality And Risk Management Systems (HDS(C)S.2008:1.2.3)

The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.

ARC A4.1; D1.1; D1.2; D5.4; D10.1; D17.7a; D17.7b; D17.7e; D19.1b; D19.2; D19.3a.i-v; D19.4; D19.5 ARHSS A4.1; D1.1; D1.2; D5.4; D10.1; D16.6; D17.10a; D17.10b; D17.10e; D19.1b; D19.2; D19.3a-iv; D19.4; D19.5

Attainment and Risk: Not Audited
Evidence:

Criterion 1.2.3.1 (HDS(C)S.2008:1.2.3.1)

The organisation has a quality and risk management system which is understood and implemented by service providers.

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.)

Criterion 1.2.3.3 (HDS(C)S.2008:1.2.3.3)

The service develops and implements policies and procedures that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at regular intervals as defined by policy.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.2.3.4 (HDS(C)S.2008:1.2.3.4)

There is a document control system to manage the policies and procedures. This system shall ensure documents are approved, up to date, available to service providers and managed to preclude the use of obsolete documents.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.2.3.5 (HDS(C)S.2008:1.2.3.5)

Key components of service delivery shall be explicitly linked to the quality management system.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.2.3.6 (HDS(C)S.2008:1.2.3.6)

Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.2.3.7 (HDS(C)S.2008:1.2.3.7)

A process to measure achievement against the quality and risk management plan is implemented.

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.)

Criterion 1.2.3.8 (HDS(C)S.2008:1.2.3.8)

A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.

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.)

Criterion 1.2.3.9 (HDS(C)S.2008:1.2.3.9)

Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whānau of choice, visitors, and those commonly associated with providing services. This shall include:

- (a) Identified risks are monitored, analysed, evaluated, and reviewed at a frequency determined by the severity of the risk and the probability of change in the status of that risk;
- (b) A process that addresses/treats the risks associated with service provision is developed and implemented.

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.)

Standard 1.2.4: Adverse Event Reporting (HDS(C)S.2008:1.2.4)

All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.

ARC D19.3a.vi.; D19.3b; D19.3c ARHSS D19.3a.vi.; D19.3b; D19.3c

Attainment and Risk: Not Audited
Evidence:

Criterion 1.2.4.2 (HDS(C)S.2008:1.2.4.2)

The service provider understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.2.4.3 (HDS(C)S.2008:1.2.4.3)

The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.

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.)

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. The service has commenced orientating some staff and are also in the process of interviewing for further staff.

Interviews with the clinical manager (CM) confirmed that the caregivers when newly employed complete an orientation booklet that has been aligned with foundation skills unit standards. The CM is a careerforce trainer, advised that all new staff will complete an orientation between 27-29 November. A trainer from Bupa will be assisting staff to complete this orientation and to commence competencies. On completion of this orientation they have effectively attained their first national certificates. From this - they are then able to continue with Core Competencies Level 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 - eg. 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.

Bupa is the first aged care provider to have a Nursing 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.

ARC E4.5f. ARHSS D17.1 To date Bupa have employed seven caregivers and interviews continue. Four of those caregivers come with completed

dementia standards and experience in dementia care. Advised they will be rostered in the dementia and psychogeriatric unit.

To date, five RNs have been employed. All with experience in aged care, further interviews continue.

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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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: PA Low
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 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 the new units full.

A plan has been developed around the combined dementia and psychogeriatric unit and states "With the planned opening of Ascot Care Home on December 2nd there will be staged admitting over the first 6 – 8 weeks. Given that there will be lower numbers initially but that they will likely be of all levels of care i.e. Dementia, psychogeriatric units and hospital, it is proposed for safe staffing and optimal resident care that they initially combine the dementia and psychogeriatric unit residents into one 12 bed secure unit. They envisage that these residents will be able to be separated into individual dementia and psychogeriatric units by late January or early February depending on numbers, however this will be implemented by Feb 28th at the latest".

A draft roster has been developed for the two units initially opening.

Arthur unit (12 bed) – combined dementia/psychogeriatric unit.

1-2 caregivers morning shift

1-2 caregivers afternoon shift

1 caregiver nocte.

Shared registered nurse with the hospital unit (Grebe unit) across 24/7.

Glebe unit (20 bed) – combined hospital/rest home unit for up to 20 residents.

1-3 caregivers morning shift

1-3 caregivers afternoon shift

1 -2 caregiver nocte.

Shared registered nurse with the initial combined psychogeriatric/dementia unit (Arthur unit) across 24/7. NB: Once numbers in the hospital, psychogeriatric and dementia unit's increase, an RN will be rostered in each area i.e. one for the 12 bed psychogeriatric unit with oversight in the dementia unit and one for the 40 residential beds (hospital/rest home).

A further draft roster has been developed for the Arthur unit when it becomes dementia only and the Cleddau unit when it becomes a psychogeriatric unit only. Including a RN based in the psychogeriatric unit across 24/7 that provides oversight and support to the dementia unit as well.

Activities will initially be provided in the dementia units by staff with support by the Bupa Occupational Therapist (OT) until numbers increase and an appointed Diversional Therapist will be employed.

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: PA Low

Evidence:

A plan has been developed around the combined dementia and psychogeriatric unit and states "With the planned opening of Ascot Care Home on December 2nd there will be staged admitting over the first 6 – 8 weeks. Given that there will be lower numbers initially but that they will likely be of all levels of care i.e. Dementia, psychogeriatric units and hospital, it is proposed for safe staffing and optimal resident care that they initially combine the dementia and psychogeriatric unit residents into one 12 bed secure unit. They envisage that these residents will be able to be separated into individual dementia and psychogeriatric units by late January or early February depending on numbers, however this will be implemented by Feb 28th at the latest".

Finding:

a)ARHSS D17.3b Initially the registered nurse is rostered across the facility. b) ARC E3.3.e Initially the dementia unit residents are combined with the psychogeriatric

residents until numbers increase.

Corrective Action:

a) Ensure dementia and psychogeriatric residents are separated into their specific assessed secure units by 28 February 2014; b) Ensure there is a registered nurse based in the unit and only shared as per ARHSS D17.4.

Timeframe (days): 60 (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.9: Consumer Information Management Systems (HDS(C)S.2008:1.2.9)

Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.

ARC A15.1; D7.1; D8.1; D22; E5.1 ARHSS A15.1; D7.1; D8.1; D22

Attainment and Risk: Not Audited

Evidence:

Criterion 1.2.9.1 (HDS(C)S.2008:1.2.9.1)

Information is entered into the consumer information management system in an accurate and timely manner, appropriate to the service type and setting.

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.)

Criterion 1.2.9.7 (HDS(C)S.2008:1.2.9.7)

Information of a private or personal nature is maintained in a secure manner that is not publicly accessible or observable.

Attainment and Risk: Not Audited

Evidence:

Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.2.9.9 (HDS(C)S.2008:1.2.9.9)

All records are legible and the name and designation of the service provider is identifiable.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.2.9.10 (HDS(C)S.2008:1.2.9.10)

All records pertaining to individual consumer service delivery are integrated.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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 1.3.1: Entry To Services (HDS(C)S.2008:1.3.1)

Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.

ARC A13.2d; D11.1; D11.2; D13.3; D13.4; D14.1; D14.2; E3.1; E4.1b ARHSS A13.2d; D11.1; D11.2; D13.3; D13.4; D14.1; D14.2

Attainment and Risk: Not Audited
Evidence:

Criterion 1.3.1.4 (HDS(C)S.2008:1.3.1.4)

Entry criteria, assessment, and entry screening processes are documented and clearly communicated to consumers, their family/whānau of choice where appropriate, local communities, and referral agencies.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.3.2: Declining Referral/Entry To Services (HDS(C)S.2008:1.3.2)

Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.

ARHSS D4.2

Attainment and Risk: Not Audited
Evidence:

Criterion 1.3.2.2 (HDS(C)S.2008:1.3.2.2)

When entry to the service has been declined, the consumers and where appropriate their family/whānau of choice are informed of the reason for this and of other options or alternative services.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.3.3: Service Provision Requirements (HDS(C)S.2008:1.3.3)

Consumers receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcome/goals.

ARC D3.1c; D9.1; D9.2; D16.3a; D16.3e; D16.3l; D16.5b; D16.5ci; D16.5c.ii; D16.5e ARHSS D3.1c; D9.1; D9.2; D16.3a; D16.3d; D16.5b; D16.5d; D16.5e; D16.5i

Attainment and Risk: Not Audited
Evidence:

Criterion 1.3.3.1 (HDS(C)S.2008:1.3.3.1)

Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is undertaken by suitably qualified and/or experienced service providers who are competent to perform the function.

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.)

Criterion 1.3.3.3 (HDS(C)S.2008:1.3.3.3)

Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.

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.)

Criterion 1.3.3.4 (HDS(C)S.2008:1.3.3.4)

The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.

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.)

Standard 1.3.4: Assessment (HDS(C)S.2008:1.3.4)

Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.

ARC D16.2; E4.2 ARHSS D16.2; D16.3d; D16.5g.ii

Attainment and Risk: Not Audited

Evidence:

Criterion 1.3.4.2 (HDS(C)S.2008:1.3.4.2)

The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.

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.)

Standard 1.3.5: Planning (HDS(C)S.2008:1.3.5)

Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.

ARC D16.3b; D16.3f; D16.3g; D16.3h; D16.3i; D16.3j; D16.3k; E4.3 ARHSS D16.3b; D16.3d; D16.3e; D16.3f; D16.3g

Attainment and Risk: Not Audited

Evidence:

Criterion 1.3.5.2 (HDS(C)S.2008:1.3.5.2)

Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.3.5.3 (HDS(C)S.2008:1.3.5.3)

Service delivery plans demonstrate service integration.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.3.6: Service Delivery/Interventions (HDS(C)S.2008:1.3.6)

Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.

ARC D16.1a; D16.1b.i; D16.5a; D18.3; D18.4; E4.4 ARHSS D16.1a; D16.1b.i; D16.5a; D16.5c; D16.5f; D16.5g.i; D16.6; D18.3; D18.4

Attainment and Risk: Not Audited
Evidence:

Criterion 1.3.6.1 (HDS(C)S.2008:1.3.6.1)

The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.3.7: Planned Activities (HDS(C)S.2008:1.3.7)

Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.

ARC D16.5c.iii; D16.5d ARHSS D16.5g.iii; D16.5g.iv; D16.5h

Attainment and Risk: Not Audited
Evidence:

Criterion 1.3.7.1 (HDS(C)S.2008:1.3.7.1)

Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.3.8: Evaluation (HDS(C)S.2008:1.3.8)

Consumers' service delivery plans are evaluated in a comprehensive and timely manner.

ARC D16.3c; D16.3d; D16.4a ARHSS D16.3c; D16.4a

Attainment and Risk: Not Audited

Evidence:

Criterion 1.3.8.2 (HDS(C)S.2008:1.3.8.2)

Evaluations are documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome.

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.)*

Criterion 1.3.8.3 (HDS(C)S.2008:1.3.8.3)

Where progress is different from expected, the service responds by initiating changes to the service delivery plan.

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.)*

Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) (HDS(C)S.2008:1.3.9)

Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.

ARC D16.4c; D16.4d; D20.1; D20.4 ARHSS D16.4c; D16.4d; D20.1; D20.4

Attainment and Risk: Not Audited

Evidence:

Criterion 1.3.9.1 (HDS(C)S.2008:1.3.9.1)

Consumers are given the choice and advised of their options to access other health and disability services where indicated or requested. A record of this process is maintained.

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.)*

Standard 1.3.10: Transition, Exit, Discharge, Or Transfer (HDS(C)S.2008:1.3.10)

Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.

ARC D21 ARHSS D21

Attainment and Risk: Not Audited

Evidence:

Criterion 1.3.10.2 (HDS(C)S.2008:1.3.10.2)

Service providers identify, document, and minimise risks associated with each consumer's transition, exit, discharge, or transfer, including expressed concerns of the consumer and, if appropriate, family/whānau of choice or other representatives.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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 Moderate
Evidence: <p>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.</p> <p>The service is planning to use two weekly robotic packs and is currently in negotiations with local pharmacy. There is a secure treatment room that services the two -20 bed hospital units and a secure treatment room that is shared by the two secure units (only one of those units will initially be opening until occupancy increases). New medication trolleys have been purchased for each area. There is a Controlled Drug (CD) safe in the treatment room off the hospital units and this will be the CD safe for the whole facility. Each treatment room has a medication fridge.</p> <p>A Medication - Self-Administration Policy is available if required. This process is well established throughout Bupa services. There are locked drawers available.</p> <p>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.</p> <p>Medicine management information is well established throughout Bupa Care Services. Policies and procedures reflect medication legislation and the safe management of medicines- a guide for managers of old people's homes and residential care facilities and D 16.5 and D19.2. Advised that only those deemed competent will be responsible for administration.</p> <p>The manager advised that they are currently in negotiations with local medical centres to appoint a house GP, in the initial stage residents will come with their own GP and be able to change to the house GP once appointed.</p> <p>The medication system is to be fully established at Ascot Care Home.</p>

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: <p>The service is planning to use two weekly robotic packs and is currently in negotiations with local pharmacy. For stage one, there is a secure treatment room that services the two -20 bed hospital units and a secure treatment room that is shared by the two secure units (only one of those units will initially be opening until occupancy increases). New medication trolleys have been purchased for each area. There is a Controlled Drug (CD) safe in the treatment room off the hospital units and this will be the CD safe for the whole facility. (one of these unit's will initially be open until occupancy increases) Each treatment room has a medication fridge. For stage two, there is a secure treatment room that services the other two -20 bed hospital units. Two new medication trolleys have been purchased for each area. The treatment room has a medication fridge.</p>
Finding: <p>The medication system is to be fully established at Ascot Care.</p>
Corrective Action: <p>Implement a safe transition for the medication system</p>
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: <p>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) questionnaire, b) supervised medication round, and c) competency sign off</p>
Finding: <p>The service has newly employed staff and advised that medication competencies will be completed during induction next week</p>
Corrective Action: <p>For new staff commencing that will have medication administration responsibilities, ensure all have completed medication competencies</p>
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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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

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

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

Attainment and Risk: FA
Evidence: 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.

Stage one:

The new kitchen is designed in two parts, one for cooking and one for clearing up. The kitchen has all new equipment and the three kitchen staff have completed training around the use of the equipment. There are currently three staff (kitchen manager, cook, kitchen hand), all have completed food safety certificates. The large spacious kitchen included freezers, a chiller and walk-in pantry.

Each unit (x4) has a locked kitchenette that has a servery out to the dining area. These are all key-pad locked and include a servery area, fridge and dishwasher.

The two hospital/rest home units hospital wing has a kitchenette that includes a servery area, fridge dishwasher. Hot boxes have been purchased to transport the food from the main kitchen to the kitchenettes in each area.

Stage two:

The two remaining units have a locked kitchenette that has a servery out to the dining area. They are in the process of being completed and include are all key-pad locked and will include a servery area, fridge and dishwasher.

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 schule including (but not limied 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.

The Kitchen manager has commenced attending Bupa Cooks forums.

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 unit.

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

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

Attainment and Risk: FA
Evidence:
Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

Outcome 1.4: Safe and Appropriate Environment

Services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensures physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

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

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

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

Attainment and Risk: FA

Evidence:

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. 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.

Material safety data sheets are available in the laundry and the sluices in each unit (six in total). Each sluice has a sanitiser.

All chemicals are clearly labelled with manufacturers labels. Advised that a sharps container will be kept in the treatment room in the new wings.

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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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: <p>The facility is purpose built and is spacious. Stage one of the facility is completed and due to open the first week in December. Stage two (another two x 20 bed hospital units) is in the process of being completed and is due to open January 2014. All building and plant have been built to comply to legislation. The organisation has purchased all new equipment.</p> <p>There is a centrally located nurse station that is shared between two units with windows/doors opening out into each of the lounge areas; ie: shared nurses station/room between the two secure units (Psychogeriatric and dementia), shared nurses rooms between two hospital units.</p> <p>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.</p> <p>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.</p> <p>There are handrails in en-suites and hallways. All rooms and communal areas allow for safe use of mobility equipment. The facility has carpet throughout with vinyl/tiled surfaces in bathrooms/toilets and kitchen areas. There is adequate space in each new unit for storage of mobility equipment.</p> <p>The building certificate for public use has been completed for stage one and will be signed out when stage two is complete.</p> <p>A procurement manager assists with ensuring appropriate purchase of equipment e.g. hoists, air relief mattresses.</p> <p>There is a chattel list developed and approved by head office for all new equipment (including medical equipment) for the new facility (sited). New equipment and furnishings were in place for the four units verified as part of stage one. All rooms and communal areas allow for safe use of mobility equipment.</p>

There is adequate space throughout all units for storage of mobility equipment. The design of the two secure units (Clebbau and Arthur units) allow for walking. All units have been designed for hospital level care. There is a mobility bathroom with shower bed in Arthur unit (specific psychogeriatric unit) and each of the hospital units.

There is a shared external courtyard/garden area between the two secure units (shared access). The two hospital units (Grebe and Hollyford) have a shared courtyard and other external areas/gardens.

Landscaping is in the process of being completed around the stage two hospital units (Tutoko and Waikaia).

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. The village maintenance person will continue with maintenance in the care facility.

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. Stage one of the facility is completed and due to open 2 Dec 13. Stage two (another two x 20 bed hospital units) is in the process of being completed and is due to open January 14). All building and plant have been built to comply to legislation The organisation has purchased all new equipment.

There is a centrally located nurse station that is shared between two units with windows/doors opening out into each of the lounge areas; ie: shared nurses station/room between the two secure units, shared nurses rooms between two hospital units.

The centrally located nurse stations looking out on the open plan dining and lounge areas, ensures that staff are in close contact with residents even when attending to paper work or meetings.

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. Hilo/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.

The building certificate for public use was sighted for stage one and will be signed off for stage two on completion.

Finding:

The building certificate for public use is to be signed off for stage two on completion

Corrective Action:

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

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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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 a shared external courtyard/garden area between the two dementia units (shared access). The external secure area is currently shared by the two dementia units. The two hospital units (Grebe and Hollyford) have a shared courtyard and other external areas/gardens.
Finding: a) Landscaping is in the process of being completed around the stage two hospital units (Tutoko and Waikaia). b) There is a shared external courtyard/garden area between the two secure units (shared access)
Corrective Action: a) Ensure that external areas are completed around stage two of the build prior to opening that area; b) ensure that each secure unit has a separate secure external area when both units are open.
Timeframe (days): Prior to occupancy <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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 six units 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 in Arthur unit (specific psychogeriatric unit) and each of the four hospital units. Cleddau unit (specific dementia) unit is the only unit without a large mobility bathroom.

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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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: Residents rooms in the four hospital units, the psychogeriatric unit and the dementia unit are large and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in en-suites and communal toilets/bathrooms in all units. The open plan lounge area is spacious in all six units. Residents

requiring transportation between rooms or services are able to be moved from their room either by trolley, bed, lazyboy 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 in each of the six hospital units and in the two secure units. There is also a small quiet lounge in the each unit as well.

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.

The laundry is large and located in the service area. The laundry is divided into a “dirty” and “clean” area (two doors for entrance and exit). All equipment is new with a modern ozone system in the two new commercial washing machings and two commercial dryers. Initially the caregivers/cleaners will be responsible for laundry until numbers increase.

There is a secure sluice room in each of the six units with sanitisers. There are Multi safety Data Sheets (MSDS) folders available in the 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 clearly labelled. Chemicals are stored securely. All chemicals are labelled with manufacturer’s labels. MSDS are available in folders in the laundry. PPE is avialable.

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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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: FA
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 has been completed for new staff and is also to be covered again in the induction next week. There is a comprehensive civil defence manual and emergency procedures manual in place. Civil defence kit is readily accessible in a storage cupboard. The village is also monitored by a security firm. Key staff are required to hold first aid certificate. Currently the RNs employed to cover 24/7 have up to date first aid certs. The clinical manager is booked to update her's next week. Smoke alarms, sprinkler system and exit signs in place in stage one of the build. The fire evacuation plan has been approved by the fire service (letter sighted). The facility has emergency lighting and torches. A 50,000 litre tank is available with rain water. Gas BBQ and additional cylinders are available for alternative cooking. Emergency food supplies sufficient for three days are kept in the kitchen. Extra blankets are also available. The facility has civil defence kits. 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.

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

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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 units are all appropriately heated and ventilated. There are ceiling heaters in resident rooms and ceiling heat pumps in hallways. There is heat control panels in individual units. 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 8134.2:2008: Health and Disability Services (Restraint Minimisation and Safe Practice) Standards

Outcome 2.1: Restraint Minimisation

Services demonstrate that the use of restraint is actively minimised.

Standard 2.1.1: Restraint minimisation (HDS(RMSP)S.2008:2.1.1)

Services demonstrate that the use of restraint is actively minimised.

ARC E4.4a ARHSS D16.6

Attainment and Risk: Not Audited
Evidence:

Criterion 2.1.1.4 (HDS(RMSP)S.2008:2.1.1.4)

The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Outcome 2.2: Safe Restraint Practice

Consumers receive services in a safe manner.

Standard 2.2.1: Restraint approval and processes (HDS(RMSP)S.2008:2.2.1)

Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.

ARC D5.4n ARHSS D5.4n, D16.6

Attainment and Risk: Not Audited
Evidence:

Criterion 2.2.1.1 (HDS(RMSP)S.2008:2.2.1.1)

The responsibility for restraint process and approval is clearly defined and there are clear lines of accountability for restraint use.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 2.2.2: Assessment (HDS(RMSP)S.2008:2.2.2)

Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.

ARC D5.4n ARHSS D5.4n, D16.6

Attainment and Risk: Not Audited
Evidence:

Criterion 2.2.2.1 (HDS(RMSP)S.2008:2.2.2.1)

In assessing whether restraint will be used, appropriate factors are taken into consideration by a suitably skilled service provider. This shall include but is not limited to:

- (a) Any risks related to the use of restraint;
- (b) Any underlying causes for the relevant behaviour or condition if known;
- (c) Existing advance directives the consumer may have made;
- (d) Whether the consumer has been restrained in the past and, if so, an evaluation of these episodes;
- (e) Any history of trauma or abuse, which may have involved the consumer being held against their will;
- (f) Maintaining culturally safe practice;
- (g) Desired outcome and criteria for ending restraint (which should be made explicit and, as much as practicable, made clear to the consumer);
- (h) Possible alternative intervention/strategies.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 2.2.3: Safe Restraint Use (HDS(RMSP)S.2008:2.2.3)

Services use restraint safely

ARC D5.4n ARHSS D5.4n, D16.6

Attainment and Risk: Not Audited
Evidence:

Criterion 2.2.3.2 (HDS(RMSP)S.2008:2.2.3.2)

Approved restraint is only applied as a last resort, with the least amount of force, after alternative interventions have been considered or attempted and determined inadequate. The decision to approve restraint for a consumer should be made:

- (a) Only as a last resort to maintain the safety of consumers, service providers or others;
- (b) Following appropriate planning and preparation;
- (c) By the most appropriate health professional;
- (d) When the environment is appropriate and safe for successful initiation;
- (e) When adequate resources are assembled to ensure safe initiation.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 2.2.3.4 (HDS(RMSP)S.2008:2.2.3.4)

Each episode of restraint is documented in sufficient detail to provide an accurate account of the indication for use, intervention, duration, its outcome, and shall include but is not limited to:

- (a) Details of the reasons for initiating the restraint, including the desired outcome;
- (b) Details of alternative interventions (including de-escalation techniques where applicable) that were attempted or considered prior to the use of restraint;
- (c) Details of any advocacy/support offered, provided or facilitated;
- (d) The outcome of the restraint;
- (e) Any injury to any person as a result of the use of restraint;
- (f) Observations and monitoring of the consumer during the restraint;
- (g) Comments resulting from the evaluation of the restraint.

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.)

Criterion 2.2.3.5 (HDS(RMSP)S.2008:2.2.3.5)

A restraint register or equivalent process is established to record sufficient information to provide an auditable record of restraint use.

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.)

Standard 2.2.4: Evaluation (HDS(RMSP)S.2008:2.2.4)

Services evaluate all episodes of restraint.

ARC D5.4n ARHSS D5.4n, D16.6

Attainment and Risk: Not Audited

Evidence:

Criterion 2.2.4.1 (HDS(RMSP)S.2008:2.2.4.1)

Each episode of restraint is evaluated in collaboration with the consumer and shall consider:

- (a) Future options to avoid the use of restraint;
- (b) Whether the consumer's service delivery plan (or crisis plan) was followed;
- (c) Any review or modification required to the consumer's service delivery plan (or crisis plan);
- (d) Whether the desired outcome was achieved;
- (e) Whether the restraint was the least restrictive option to achieve the desired outcome;
- (f) The duration of the restraint episode and whether this was for the least amount of time required;
- (g) The impact the restraint had on the consumer;
- (h) Whether appropriate advocacy/support was provided or facilitated;
- (i) Whether the observations and monitoring were adequate and maintained the safety of the consumer;

- (j) Whether the service's policies and procedures were followed;
- (k) Any suggested changes or additions required to the restraint education for service providers.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 2.2.4.2 (HDS(RMSP)S.2008:2.2.4.2)

Where an episode of restraint is ongoing the time intervals between evaluation processes should be determined by the nature and risk of the restraint being used and the needs of the consumers and/or family/whānau.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 2.2.5: Restraint Monitoring and Quality Review (HDS(RMSP)S.2008:2.2.5)

Services demonstrate the monitoring and quality review of their use of restraint.

ARC 5,4n ARHSS D5.4n, D16.6

Attainment and Risk: Not Audited
Evidence:

Criterion 2.2.5.1 (HDS(RMSP)S.2008:2.2.5.1)

Services conduct comprehensive reviews regularly, of all restraint practice in order to determine:

- (a) The extent of restraint use and any trends;
- (b) The organisation's progress in reducing restraint;
- (c) Adverse outcomes;
- (d) Service provider compliance with policies and procedures;
- (e) Whether the approved restraint is necessary, safe, of an appropriate duration, and appropriate in light of consumer and service provider feedback, and current accepted practice;
- (f) If individual plans of care/support identified alternative techniques to restraint and demonstrate restraint evaluation;
- (g) Whether changes to policy, procedures, or guidelines are required; and
- (h) Whether there are additional education or training needs or changes required to existing education.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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: Not Audited
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 two monthly quality/ 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 southern meeting.

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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 3.2: Implementing the infection control programme (HDS(IPC)S.2008:3.2)

There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.

ARC D5.4e ARHSS D5.4e

Attainment and Risk: Not Audited
Evidence:

Criterion 3.2.1 (HDS(IPC)S.2008:3.2.1)

The infection control team/personnel and/or committee shall comprise, or have access to, persons with the range of skills, expertise, and resources necessary to achieve the requirements of this Standard.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 3.3: Policies and procedures (HDS(IPC)S.2008:3.3)

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

Attainment and Risk: FA

Evidence:

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.

Criterion 3.3.1 (HDS(IPC)S.2008:3.3.1)

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

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 3.4: Education (HDS(IPC)S.2008:3.4)

The organisation provides relevant education on infection control to all service providers, support staff, and consumers.

ARC D5.4e ARHSS D5.4e

Attainment and Risk: Not Audited

Evidence:

Criterion 3.4.1 (HDS(IPC)S.2008:3.4.1)

Infection control education is provided by a suitably qualified person who maintains their knowledge of current practice.

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.)*

Criterion 3.4.5 (HDS(IPC)S.2008:3.4.5)

Consumer education occurs in a manner that recognises and meets the communication method, style, and preference of the consumer. Where applicable a record of this education should be kept.

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.)*

Standard 3.5: Surveillance (HDS(IPC)S.2008:3.5)

Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.

Attainment and Risk: Not Audited
Evidence:

Criterion 3.5.1 (HDS(IPC)S.2008:3.5.1)

The organisation, through its infection control committee/infection control expert, determines the type of surveillance required and the frequency with which it is undertaken. This shall be appropriate to the size and complexity of the organisation.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

