# Bupa Care Services NZ LImited - St Kilda Care Home

## Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Bupa Care Services NZ Limited

**Premises audited:** St Kilda Care Home

**Services audited:** Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 26 November 2014 End date: 26 November 2014

**Proposed changes to current services (if any):** St Kilda is a new purpose-built facility including a total of 80 beds. This includes: a 20 bed dementia unit, a 10 bed rest home, and 50 bed hospital (divided into two wings). All hospital/rest home beds are dual purpose (if required). The new facility is scheduled to open mid-January 2015.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 0

# Executive summary of the audit

## Introduction

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

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

## General overview of the audit

Bupa St Kilda 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 has a total of 80 beds. The facility is divided into four wings which include; a 20 bed secure dementia unit, a ten bed rest home, and two x 25 bed hospital wings.

This partial provisional audit included verifying the preparedness of the service to provide care across three service levels (rest home, hospital, and dementia level care). The service has plans to open mid-January 2015.

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

The audit identified the new facility, staff roster and equipment requirements and processes are appropriate for providing rest home, hospital – geriatric, and dementia 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, and implementation of the new service.

## 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, and dementia level care. The manager has commenced consulting with the Bupa dementia leadership group, gerontology nurse specialists, physiotherapist, dietitian, and mental health for older people.

The service has contracts for podiatrist, dietitian, physiotherapy and GP services.

The newly built hospital wings and secure 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.

There is an annual education schedule that is to be commenced during the three orientation programme planned for new staff. There is a registered nurses (RN) training day provided through Bupa that covers clinical aspects of care - e.g. 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.

## Continuum of service delivery

The organisations medication policy and procedures follow recognised standards and guidelines for safe medicine management practice in accord with the guideline: Safe Management of Medicines.

The service is planning to use two weekly robotic packs and has a contract with a local pharmacy. There is a secure treatment room in three wings. New medication trolleys have been purchased for each area. Each treatment room has a medication fridge. The service has newly employed staff and advised that medication competencies will be completed during induction before opening.

The national menus have been audited and approved by an external dietitian. The new kitchen is designed by Hostservices and includes two areas, one for cooking and one for clearing up. There is kitchen staff; all have completed food safety certificates. The large spacious kitchen included freezers, a chiller and walk-in pantry.

Each wing have a kitchenette that has a servery out to the dining areas. These include a servery area, fridge and dishwasher. Bain maries have been purchased to transport the food from the main kitchen to the kitchenettes in each area.

## Safe and appropriate environment

The facility is purpose built and is spacious. The facility is due to open 19 January 2015. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment for St Kilda Care Home.

There are centrally located nurse station’s that are shared between wings with windows/doors opening out into each of the lounge areas. 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 wing. 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 surfaces in bathrooms/toilets and kitchen areas. There is adequate space in each wing for storage of mobility equipment.

A procurement manager assists with ensuring appropriate purchase of equipment e.g. hoists, air relief mattresses. There is a chattel list developed and approved by head office for all new equipment (including medical equipment) for the new facility (sighted).

All rooms and ensuites have been designed for hospital level care. There is a mobility bathroom with shower in the dementia wing and the two hospital wings. There are three external courtyard/garden areas.

There are external walkway and gardens around the outside of the facility. Landscaping is in the process of being completed.

All four wings have a mobility toilet near the lounge. Each resident room has either a shared ensuite or single ensuite. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment. Shared units have locks and green/red lights to identify occupied. These can be opened if necessary by staff in an emergency.

There is a large open plan lounge/dining area in each of the four wings. There is also a small quiet room in the dementia wing.

Appropriate training, information, and equipment for responding to emergencies is provided at induction and as part of the annual training programme. The call bell system is available in all areas with visual display panels. Call bells are available in all resident areas. The call bell system will also be connected to staff pages.

The new units are all appropriately heated and ventilated. There are ceiling heaters in resident rooms and ceiling heat pumps in hallways

## Infection prevention and control

The Infection Control (IC) programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The scope of the IC programme policy and IC programme description are available. There is a job description for the IC coordinator and clearly defined guidelines. The Infection Control programme is designed to link to the Quality and Risk Management system. The programme is reviewed annually at an organisational level.

The service plans to establish monthly IC meetings. Towards the end of 2008, Bupa introduced a regional infection control group (RIC) for the three regions in NZ. The meetings are held six monthly and terms of reference are clearly documented. The IC coordinator will attend the southern meeting. The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme.

## Summary of attainment

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Standards** | 0 | 12 | 0 | 3 | 0 | 0 | 0 |
| **Criteria** | 0 | 30 | 0 | 5 | 0 | 0 | 0 |

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

# Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | St Kilda 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 includes a total of 80 beds. This includes a 20- bed secure dementia unit, a 10-bed rest home and two x 25-bed hospital wings. The intention that the hospital units will mainly provide hospital level care. The service is planning to open 19 January 2015.  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. St Kilda has set a quality goal around the opening of the facility which includes (but not limited to); staff orientation and education. There is also a quality action form implemented around resident/family and community partnership. Standardised policy and procedure, annual education programme, core competency assessments and orientation programmes are implemented at all sites. Bupa has robust quality and risk management systems implemented across its facilities. The organisation has a Clinical Governance group. The committee meets two monthly. The committee reviews 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. Senior members of the quality and risk team are also members of the Bupa Market Unit, Australia/New Zealand Clinical Governance committee who meet two monthly.  Bupa has robust quality and risk management systems implemented across its facilities. Across Bupa, four benchmarking groups are established for rest home, hospital, dementia, psychogeriatric/mental health services. Benchmarking of some key clinical and staff incident data is also carried out with facilities in the UK, Spain and Australia. E.g. Mortality and Pressure incidence rates and staff accident and injury rates. Benchmarking of some key indicators with another NZ provider has been in place since January 2010. St Kilda will be benchmarked in three of these.  The new service is managed by an experienced management team. The facility manager (RN) was appointed pre-opening. She is an experienced manager and has managed other Bupa facilities for a number of years. Her qualifications include RN, BSc Nurse Practitioner in Chronic disease management of older people, Degree in Entrapreneal nursing. The Facility Manager is supported by a clinical manager who has previous many years aged care experience within Bupa and experience and has worked as a Unit Coordinator. The management team is supported by the Operations Manager oversees 14 sites as part of the midlands region. He visits regularly during this set-up phase. The managers teleconference weekly. The Operations Manager completes a report to the Director Care Homes and Rehab.  There are job descriptions for all management positions that include responsibilities and accountabilities.  Bupa provides a comprehensive orientation and training/support programme for their manager's and clinical managers and regular forums for both occur across the year. There is also a Bupa dementia care advisor that is available for support and training.  ARC,D17.3di (rest home), D17.4b (hospital), the manager has maintained at least eight hours annually of professional development activities related to managing a hospital. The Clinical Manager has recently completed an induction to the role at another Bupa site.  ARC E2.1, 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. |
| Standard 1.2.2: Service Management  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. | FA | The clinical manager (RN) will fulfil the manager role during a temporary absence with support from the Bupa operations manager or relief manager's. She has many years nursing experience and clinical management experience in aged care.  The organisation has well developed policies and procedures that are structured to provide appropriate care for residents that require hospital (medical), rest home, and dementia level care. The manager consults with the Bupa dementia leadership group, gerontology nurse specialists, physiotherapist, dietitian, and mental health for older people.  Allied health staff are available by referral. The service has negotiated contracts for podiatrist, dietitian, physiotherapy and General Practitioner (GP) services (link 1.3.12).  The newly built hospital and secure 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.  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. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | 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.  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. Interviews with the management team confirmed that the caregivers when newly employed complete an orientation booklet that has been aligned with foundation skills unit standards. 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 - e.g. Dementia, Delirium. External education is available via the DHB.  The service is commencing a three week orientation programme for recently employed staff. This programme commences next week and will include the Bupa specific inductions for each role, policies, procedures and competencies. RNs are also completing InterRAI training. To date six RNs, six caregivers, one enrolled nurse, two activity staff, two cooks, one cleaner and one laundry staff have been employed. Interviews continue for further staff.  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.  Bupa is the first aged care provider to have a council approved PDRP. The Nursing Council of NZ has recently approved and validated their PDRP for five years. This is a significant achievement for Bupa and their qualified nurses. Bupa takes over the responsibility for auditing their qualified nurses.  D17.7d: RN competencies include; assessment tools, BSLs/Insulin admin, Controlled drug (CD) administration, moving & handling, nebuliser, oxygen admin, PEG tube care/feeds, restraint, wound management, CPR, and T34 syringe driver.  ARC E4.5f. To date Bupa have employed six caregivers and interviews continue. Three of those caregivers come with completed dementia standards and experience in dementia care. Advised they will be rostered in the dementia wing.  To date, six RNs have been employed. All with experience in aged care, three come from other Bupa facilities and further interviews continue. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | There is an organisational staffing policy (359) that aligns with contractual requirements and includes skill mixes. The wage analysis schedule is based on the safe indicators for aged care and dementia care and the roster is determined using this as a guide. There is a 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 draft roster has been developed for each wing. A registered nurse is rostered across one hospital wing and rest home 24/7. A further RN is to be rostered when the other 25 bed hospital opens. The dementia unit includes oversight by the clinical manager until numbers increase. Once numbers increase in the dementia unit a RN will be specifically rostered in there on a morning shift. The draft roster identifies increase in staff/caregivers as resident numbers increase.  Activity hours are shared across the facility until resident numbers increase. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | PA Low | The organisations medication policy and procedures follows recognised standards and guidelines for safe medicine management practice in accord with the guideline: Safe Management of Medicines.  The service is planning to use two weekly robotic packs and has negotiated a contract with a local Pharmacy. There is a secure treatment room that services one 25 bed hospital wing and 10 bed rest home wing. There is a secure treatment room in the dementia wing and one in the other hospital wing. New medication trolleys have been purchased for each area. Each treatment room has a medication fridge.  A Medication - Self-Administration Policy is available if required. This process is well established throughout Bupa services. There are locked drawers available.  The Bupa policies identify that medication errors are treated as an incident and captured as part of the incident management system including benchmarking. There is an adverse reaction policy.  Medicine management information is well established throughout Bupa Care Services. Advised that only those deemed competent will be responsible for administration. Medication competencies are to be completed by the newly employed RNs, senior caregivers that commence their orientation next week. A contract has been obtained with Eldercare. Eldercare includes two GPs, and two Nurse Practitioners. They will visit daily across four days and then as required.  The medication system is to be fully established at St Kilda Care Home. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | Cleaning schedule – kitchen (056). National menus policy (315) states 'Summer and winter menus are of a six weekly cycle and are to be used on a weekly rotational basis and the menus are available on the intranet'.  The national menus have been audited and approved by an external dietitian.  The new kitchen is designed in two parts, one for cooking and one for clearing up. There are kitchen staff employed to commence that have completed food safety certificates. The large spacious kitchen includes walk-in freezers, chiller and pantry.  Each wing has a kitchenette that has a servery out to the dining areas. Each kitchenette includes a servery area, fridge and dishwasher. One hospital kitchenette and the dementia kitchenette (secure) also have entry doors from the main kitchen.  Kitchen fridge, food and freezer temperatures are to be monitored and documented daily as per Bupa processes. Resident annual satisfaction survey includes food. There are a number of internal audits to be implemented as per Bupa internal audit schedule including (but not limited to); a) environmental hygiene - kitchen, b) weight management audit, c) food storage, and d) food service audit.  Bupa Care Homes introduced in 2010 a comprehensive Food Services programme that specifically targeted all areas of the food service as a quality improvement initiative throughout the business. This was in response to further improving on client satisfaction results with the service as identified through resident/relative satisfaction surveys. Achievements of the programme which continues in 2011 include the introduction of a steering group, monthly teleconferences with the chefs/cooks employed in each home, development of Bupa's own Recipes and Library of these and the review and update of all kitchen policies and procedures. Other activities included the development of "assisted eating posters" which a "Masterchef" DVD with Annabelle White, The programme also developed food safety training power points to augment the internal core education programme within care homes. A senior chef within the business provides support and mentorship to the cooks in each of the homes and following the pilot of a training programme for staff, Bupa kitchen staff complete unit standard 167 Food safety training. The Kitchen manager attends 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 area. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | 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 wing. Each sluice has a sanitiser.  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. |
| 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 | The facility is purpose built and is spacious. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment.  There are centrally located nurse station’s that are shared between wings with windows/doors opening out into each of the lounge areas; i.e.: shared nurses’ station/room between the two hospital wings and a nurses station with windows in the dementia unit looking across the lounge/dining room.  The centrally located nurse stations look out on the open plan dining and lounge areas, which ensures that staff are in close contact with residents even when attending to paper work or meetings.  Residents are able to bring their own possessions into the home and are able to adorn their room as desired. The maintenance schedule includes checking of equipment. All electrical equipment and other machinery is to be checked as part of the annual maintenance and verification checks. Hospital electric beds have been purchased for all areas. There is a specific point for sensor mats so that they are not shared with the call bell system.  There are handrails in en-suites and hallways. All rooms and communal areas allow for safe use of mobility equipment. The facility has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space in each new unit for storage of mobility equipment.  The building is in the process of being completed and therefore a certificate for public use is yet to be completed.  A procurement manager assists with ensuring appropriate purchase of equipment e.g. hoists, air relief mattresses.  There is a chattel list developed and approved by head office for all new equipment (including medical equipment) for the new facility (sighted). New equipment and furnishings were in place for the four wings. 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 dementia secure unit allows for safe wandering. All wings have been designed for hospital level care. There is a mobility bathroom with shower bed each of the hospital wings and the dementia unit.  There are three courtyards with paths for walking that are in the process of being landscaped. There is a shared courtyard for the rest home and one hospital wing, one courtyard for the other hospital wing and the dementia unit surrounds a courtyard. Another external walkway is also in the process of being completed off the dementia unit.  Landscaping is in the process of being completed.  There are environmental audits and building compliance audits which will be completed as part of the internal audit programme.  There is a planned maintenance programme to ensure all buildings, plant and equipment are maintained. There is a full time maintenance/grounds person employed. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements. | FA | All four wings 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 the ability to have a shower bed in the dementia unit and the two hospital wings. |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | Residents rooms in the two hospital wings, rest home wing 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 areas. The open plan lounge areas are spacious in the two hospital wings and the dementia unit. The rest home has a lounge/dining area large enough for the small group of 10 residents. Residents requiring transportation between rooms or services are able to be moved from their room either by trolley, bed, lazyboy or wheelchair. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | There is a large open plan lounge/dining area in each. The facility has a whanau room and a specific room (café) that could be used by relative, residents and the community for coffee and food. There is also a small quiet lounge in the dementia unit. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | 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 machines and two commercial dryers. A laundry person and a cleaner has been employed. There is a secure sluice room in the two hospital wings and dementia unit with sanitisers. There are Multi Safety Data Sheets (MSDS) folders available.  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 and secure. There is a locked chemical room. PPE is available |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | PA Low | Appropriate training, information, and equipment for responding to emergencies is provided at induction and as part of the annual training programme. Staff training in fire safety and fire drill are to be completed for new staff in the three week orientation programme prior to opening. The keypadded doors are connected to the fire alarm.  There is a comprehensive civil defence manual and emergency procedures manual in place. Civil defence kit is readily accessible in a storage cupboard.  Key staff are required to hold first aid certificates. Currently the RNs employed to cover 24/7 have up to date first aid certs.  Smoke alarms, sprinkler system and exit signs in place in the building. The fire evacuation plan is with the fire service in draft and is yet to be signed off as approved.  The facility has emergency lighting and torches. There are large water tanks available. Gas BBQ and additional cylinders are available for alternative cooking. Advised that emergency food supplies sufficient for three days is to be 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. There is a two door entrance to the lobby which is open 24hrs a day. The second door into the care home locks at 6pm and unlocks at 7am. After hours access is by way of keypad for staff and an intercom to the nurse call station where they can unlock the doors during this time. Anyone if free to leave anytime from the inside during these hours with the push of the exit button. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | The new wings are all appropriately heated and ventilated. There are ceiling heaters in resident rooms and ceiling heat pumps in hallways and lounges. There are heat control panels in individual rooms. There is plenty of natural light in the new rooms and all have windows. |
| Standard 3.1: Infection control management  There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service. | FA | The IC programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The scope of the IC programme policy and IC programme description are available. There is a job description for the IC coordinator and clearly defined guidelines. The infection control programme is designed to link to the quality and risk management system. The programme is reviewed annually at organisational level.  The service plans to establish monthly IC meetings. Towards the end of 2008, Bupa introduced a regional infection control group (RIC) for the three regions in NZ. The meetings are held six monthly and terms of reference are clearly documented. The IC coordinator will attend the northern meeting. |

# Specific results for criterion where corrective actions are required

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.3.12.3  Service providers responsible for medicine management are competent to perform the function for each stage they manage. | PA Low | All new RN/EN's/ senior caregivers that will be responsible for administering medication will complete a medication competency. This is to be completed annually. Only those staff deemed competent administer medication. Competencies include; a) demonstration of knowledge, b) supervised medication round, and c) competency sign off | The service has newly employed staff and advised that medication competencies will be completed during induction prior to opening | For new staff commencing that will have medication administration responsibilities, ensure all have completed medication competencies  Prior to occupancy |
| Criterion 1.4.2.1  All buildings, plant, and equipment comply with legislation. | PA Low | The facility is purpose built and is spacious. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment.  There are centrally located nurse station’s that are shared between wings with windows/doors opening out into each of the lounge areas; i.e.: shared nurses’ station/room between the two hospital wings and a nurses station with windows in the dementia unit looking across the lounge/dining room.  The centrally located nurse stations look out on the open plan dining and lounge areas, which ensures that staff are in close contact with residents even when attending to paper work or meetings.  Residents are able to bring their own possessions into the home and are able to adorn their room as desired. The maintenance schedule includes checking of equipment. All electrical equipment and other machinery is to be checked as part of the annual maintenance and verification checks. Hospital 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 is yet to be obtained | A Certificate of Public Use (CPU) must be sighted by DHB/healthcert prior to opening  Prior to occupancy |
| Criterion 1.4.2.6  Consumers are provided with safe and accessible external areas that meet their needs. | PA Low | There is three courtyards with paths for walking that are in the process of being landscaped. There is a shared internal courtyard for the rest home and one hospital wing, one internal courtyard for the other hospital wing and the dementia unit surrounds a courtyard. Another external walkway is also in the process of being completed off the dementia unit. Landscaping is in the process of being completed. | Landscaping is in the process of being completed | Ensure landscaping is completed in resident areas.  Prior to occupancy |
| Criterion 1.4.7.1  Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures. | PA Low | Appropriate training, information, and equipment for responding to emergencies is provided at induction and as part of the annual training programme. Staff training in fire safety and fire drill are to be completed for new staff in the four day induction prior to opening | Staff training in fire safety and fire drill are to be completed for new staff during the three week orientation programme prior to opening | Ensure staff training in fire safety are to be completed for new staff prior to opening  Prior to occupancy |
| Criterion 1.4.7.3  Where required by legislation there is an approved evacuation plan. | PA Low | Smoke alarms, sprinkler system and exit signs in place in the building. The fire evacuation plan has yet to be signed off as approved by the fire service | The fire evacuation plan has yet to be signed off as approved by the fire service | Ensure an approval letter has been obtained from the fire service  60 days |

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

|  |
| --- |
| No data to display |

End of the report.