

Bupa Care Services NZ Limited - Remuera 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](#).

The specifics of this audit included:

Legal entity: Bupa Care Services NZ Limited

Premises audited: Remuera Care Home

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

Dates of audit: Start date: 25 November 2014 End date: 25 November 2014

Proposed changes to current services (if any):

Bupa is proposing to change the configuration of the existing rest home level service and reconfigure nine beds in one wing as dual service beds to accommodate residents requiring hospital (including medical) level care. The nine dual service beds are located in

one wing on the lower ground floor level of the two story building. The wing is in the process of refurbishment. Bupa is anticipating an opening day of 1 February 2015 for these proposed rooms.

Total beds occupied across all premises included in the audit on the first day of the audit: 33

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

Remuera Care Home is owned and operated by the Bupa group. The service is certified to provide rest home level care for up to 40 residents. On the day of the audit there were 33 privately funded rest home level residents living at the facility.

The purpose of this partial provisional audit was to assess the preparedness of the service to provide hospital (geriatric and medical) level care.

The facility/village manager commenced in January 2014 and the clinical manager commenced in July 2014. Both managers were internal appointments within the Bupa group and both are practising registered nurses.

Bupa has well developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who use the service. Implementation is supported through the Bupa quality and risk management programme that is individualised to the facility.

There have been a number of improvements made since the previous audit which include: the documentation of care; the documentation of PRN (as required) medicines; the installation of a lock on the nurse's station door; the management of the hot water zip in the upstairs kitchenette as a hazard; and the adjustment of hot water temperatures in rooms to ensure they do not exceed 45 degrees Celsius at the tap.

The audit identified the facility, staff roster and equipment requirements and processes are appropriate for providing rest home and hospital (including medical) level care and will meet the needs of both types of residents.

The outstanding corrective actions required relates to the need to ensure newly employed registered nurses are orientated to the site and participate in fire training and a fire evacuation drill prior to accepting hospital level residents.

Organisational management

Remuera Care Home and Village is governed and managed by the Bupa Group. The facility/village manager and the clinical manager are both registered nurses with practising certificates. They relieve each other during absences. They are supported by the operations manager. They will continue to provide management services to all rest home and hospital level residents.

Bupa has comprehensive human resources policies in place, which include recruitment, selection, orientation and staff training and development. There is a comprehensive orientation programme in place which is developed specifically according to type of worker. There is a system in place to ensure staff can provide competent care. Existing staff records demonstrate adherence with best human resource practices. The facility employs according to the Bupa WAS system (which is an acuity/staffing management system). The facility is well staffed. There is an annual education schedule in place and opportunistic education occurs. There is a registered nurses (RN) training day provided through Bupa that covers clinical aspects of care. A draft staffing roster has been developed to be implemented 1 February 2015. The facility will be staffed by registered nurses 24 hours a day, seven days a week from that date forward. Recruitment is in progress.

The service has existing employment arrangements in place for services provided by general practitioners. Residents have access to physiotherapy, occupational therapy, dietetic and podiatry support. Existing arrangements will continue and will be expanded if

necessary to meet resident acuity. Recruitment for additional registered nursing hours is in progress and appointments are expected prior to 1 February 2015. The newly appointed registered nurses will be orientated to the facility prior to commencement of the service. Existing caregiver hours will be increased as resident acuity and occupancy increases. Existing care staff will provide care for the hospital level residents.

Continuum of service delivery

The previous audit identified issues around documentation of care and the documentation of PRN medicines. These issues have been addressed.

The medicine system is operational. Medicines will continue to be administered by registered nurses and caregivers who have been pre-assessed as competent.

The kitchen is operational. The majority of food is prepared and cooked on site. Meals are cooked according to the Bupa nationwide dietitian approved menu plan. All residents' nutritional needs are identified. A range of dietary needs are currently being met. The kitchen staff have the skills and equipment to meet the nutritional needs of future hospital level residents.

Safe and appropriate environment

There is a current building warrant of fitness, which expires 25 June 2015. There is an approved evacuation plan in place dated 13 June 2003, which does not require amendment. Fire safety training and fire evacuation practise occurs regularly for existing staff (last occurred July 2014). There is an established call bell system in place that does not require alteration. The call bell system is wireless. It is available in all areas. The system has additional capacity if needed. A range of equipment is in place which includes hoists (i.e., standing and full body hoists), pressure relieving mattresses, shower chairs, lifting aids, walking frames, and wheelchairs.

The physical environment minimises harm to residents. There is an established reactive and preventative maintenance system in place.

The previous audit identified the need for improvements to the hot water temperatures at the tap within residents' rooms; hazard management for the hot water zip which is located in the upstairs kitchenette; and the need to ensure the nurses station on the ground floor could be locked. These three improvements have been addressed.

Infection prevention and control

The infection prevention and control programme is appropriate for the size, complexity and degree of risk associated with the service. The infection prevention and control manual outlines a comprehensive range of policies. The clinical manager, who is a registered nurse, fulfils the role of infection prevention and control co-ordinator. He is responsible for coordinating the programme and is supported by the facility/village manager and the Bupa quality and risk team.

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	14	0	2	0	0	0
Criteria	0	34	0	2	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Services are provided for up to 40 rest home level residents. At the time of the audit, there were 33 residents living at the premises.</p> <p>Remuera Care Home is owned and operated by Bupa Care Services NZ (Bupa). Bupa's head office is based in Auckland. There is a three year strategic plan in place covering 2012 to 2015, which is available on the Intranet. The plan identifies the overall objectives of the business. There is an overall Bupa business plan and risk management plan in place and an annual quality plan in place for Remuera Care Home which includes specific quality goals.</p> <p>The service is managed by the facility/village manager who is a registered nurse (RN). She has been in the role since January 2014. She has been in working in aged care since 2002 and with Bupa for over two years. Prior to this appointment was employed as a facility manager in another Bupa facility and her appointment was an internal transfer. She is supported by a clinical manager who has been employed by Bupa for over three years. Support is also provided by the operations manager who visits the facility at least once a month.</p> <p>The facility/village manager has the authority, accountability, and responsibility for the provision of services (confirmed in review of the job description for the position</p>

		<p>and in discussion with her as her employment records are held at head office). She is supported by a full-time clinical manager who commenced in the role in July 2014 (confirmed in review of his employment records). Both managers are supported by the Bupa executive team and the operations manager (who was present at the end of the audit).</p> <p>Bupa has a robust quality and risk management system in place which is standardised and implemented across its facilities. The system is monitored closely by head office staff. The service has policies and procedures and associated implementation systems to provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. The quality monitoring programme includes six monthly compliance audits on a rolling programme by the organisation's management, which is designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Non-compliance for these audits below predetermined levels of compliance will result in corrective action plans being developed which in turn are monitored by head office staff. There are sound financial management systems in place which are coordinated from head office. There is comprehensive insurance covering the business throughout the term of the Agreement. Remuera Care Home and Village does not assign any service delivery to another provider.</p> <p>There is a least one registered nurse on duty or on call at all times (confirmed in discussion with the facility/village manager). Both the facility manager and the clinical manager are employed fulltime (i.e., 40 hours a week). The facility/village and the clinical manager have both completed at least eight hours of professional development activities related to managing the facility. Both managers are supported by head office staff. Both managers attend annual organisational forums and regional forums six monthly.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>During a temporary absence, the clinical manager or a Bupa relief manager or the operations manager will cover the manager's role. The operations manager provides oversight and support.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>Bupa has a standardised system of human resource management in place which is implemented at Remuera Care Home and Village. There are a range of human resource policies which are in place covering recruitment, appointment, orientation, education, performance management, and exit management. There is a process of reference checking, checking of qualifications, Police record checking, checking to ensure health practitioners maintain current practising certificates (which is monitored on an on-going basis by the facility/village manager who holds copies of all current practising certificates) (sighted).</p> <p>One staff file was reviewed which contained a signed contract of employment, a job description, records of qualifications, records of orientation and records of on-going education. Registered nurses have yet to be appointed to the role (link 1.2.8.1). Bupa is in the process of recruitment and expects to appoint RNs prior to the planned opening date of 1 February 2015.</p> <p>Mandatory training and site specific education is provided. Training is a component of the competency based pay scale. There is a training programme in place for the 2014 calendar year which is on display within the facility. Opportunistic education is provided by way of tool box talks. There is a registered nurse training day provided through Bupa that covers clinical aspects of care (eg, wound management and catheterisation). External education can be accessed through the DHB if required. Details of training sessions are retained and logs of training for individual staff are maintained. Registered nurse competencies are overseen by each manager. Both managers are registered nurses and as such participate in the Bupa PDRP system for recognition of professional development. All newly employed staff receive an orientation. Registered staff are required to demonstrate competencies in medicine management, wound management and other technical skills needed by residents. RN competencies include (but are not limited to): assessment tools, blood sugar level testing and Insulin admin, medicine management including controlled drug administration, moving and handling, nebuliser management, oxygen administration, restraint management, wound management and the use of the T34 syringe driver. Both registered nurse managers have current annual practising certificates and current first aid certificates. There is an on-going programme of staff development. Caregivers supported to complete Careerforce Training. Education is an agenda item of the monthly quality meetings.</p>
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<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>PA Low</p>	<p>The service has a staffing rationale policy that is sufficiently detailed to ensure that there is appropriate staff to safely meet the needs of consumers. There is a current and proposed roster that provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>The proposed roster and skill mix for the nine hospital beds will be as follows:</p> <p>RNs: There will be an RN rostered from 6.45 am to 7 pm and another RN working 7 pm to 7 am each day. The plan is to staff the facility with RNs working 12 hour shifts. There will be RN cover 24 hours a day 7 days a week. The RNs will be supported by the managers.</p> <p>Care staff on shift will have the appropriate competencies required to support the RNs and residents on site. Caregivers will be employed as follows:</p> <p>AM: 7 am to 3 pm (two caregivers); 7 am to 1.30 pm (one caregiver); 7 am to 10.30 am (one caregiver)</p> <p>PM: 3 pm to 11 pm (one caregiver); 4pm to 9 pm (one caregiver)</p> <p>NOCTE: 11 pm to 7 am (one caregiver)</p> <p>Caregivers are managed by the clinical manager. Management are aware that they need to provide sufficient staff to meet the health and personal needs of residents. The facility is currently well staffed for rest home level residents as it has a large floor plate with bedrooms and lounge areas on two levels. The size of the floor plate necessitates additional staffing. Management are aware of the need to ensure the facility has the correct management structure in place and that there is a registered nurse either on duty or on call at all times.</p> <p>Primary Care services on service commencement will include the following: General Practitioner services- Each resident has a general practitioner who can be called upon for additional assistance if needed. The majority of existing and new residents will be under the care of one onsite GP. The remainder have a mix of GPs.</p> <p>Dietitian services- These are currently provided by a centralised dietitian on contract to Bupa and this arrangement will continue.</p> <p>Physiotherapy services- The service currently contracts with a physiotherapist on an “as required” basis and they attend on request. The intention is to formalise this arrangement when a DHB contract is confirmed.</p>
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<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There is an established medicine management system in place. There is one medicine room and one medicine trolley which is moved between both floors using the lift. RNs or senior caregivers (all of whom have been previously assessed as competent) will administer medicines. Newly appointed RNs will be assessed as competent prior to administering medicines (link 1.2.7.5). The current medicine management system will not change significantly with the proposed reconfiguration.</p> <p>There are policies and procedures in place to guide staff on medicines management. All medicines are charted by the residents' GP. The facility has a contract in place for medicine supply with a local pharmacy. Tablets are packaged using the robotics system. Non-tablet medicines are supplied in pharmacy labelled containers.</p> <p>There are no residents self-administering medicines. The facility does not use standing orders.</p> <p>There are implemented systems to ensure medication is appropriately managed and stored. A six monthly pharmacy audit is completed. Medicines no longer required are quarantined and returned to the pharmacist. Medicine reconciliation occurs when patients are admitted with medicines. All medicines received in the facility are checked on arrival. The internal audit programme includes a review of the medicines management system. The last internal audit was conducted in August 2014. A number of corrective actions were identified and corrected.</p> <p>Six medicine charts reviewed met legislative requirements.</p> <p>The previous surveillance audit identified an improvement required around the charting of PRN medicines and it identified the need to lock the nurses station when not attended (refer 1.4.2 below). The documentation of PRN medicines is now well managed with the introduction of a GP who comes on site as required and the implementation of tighter management controls for other general</p>

		<p>practitioners who provide services. There has been an increase in residents choosing to use the GP who does onsite visits. A key pad lock has been installed on the door to the nurses station (refer 1.4.2).</p> <p>ARRC A 5.1 Bupa are aware that when they secure an agreement with Auckland DHB to provide care to government subsidised and assessed residents. The admission agreement will be changed to reflect these obligations when the facility enters into an agreement with Auckland DHB.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is established. The kitchen will be able to accommodate the proposed reconfiguration.</p> <p>The facility employs two cooks and three kitchen hands. The head cook works fulltime and she alternates shifts with another second cook. Summer and winter menus are organised on a six weekly cycle and are 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 menus were last reviewed in March 2013. Food requirements can be accommodated. The kitchen staff are currently providing soft diets to some residents.</p> <p>Food is procured from commercial suppliers. The kitchen supplies all meals and most food served is cooked onsite. Meals for residents wishing to eat in their rooms are plated up by kitchen staff and staff then pick up the food and deliver at the same time to ensure the food remains hot.</p> <p>Kitchen fridge, food and freezer temperatures are monitored and documented daily and daily in other areas. The kitchen is included in the internal audit programme (last audit conducted 11 August 2014 which showed 94 percent compliance. CARS were identified and have been addressed).</p> <p>Each resident has a nutritional profile developed on admission which identifies their dietary requirements and their likes and dislikes. This information is provided to the kitchen staff and reviewed six monthly as part of the care plan review. Changes to residents' dietary needs are communicated to the kitchen. Special diets can be catered for as needed (eg, vegetarian and soft/pureed diets).</p> <p>Residents participate in the annual satisfaction survey which includes reference to the food service. The food service is discussed at resident meetings and comments from these meetings and individual resident feedback are discussed at staff meetings. Meals are well presented (observed) and alternative meals are</p>

		<p>offered as required. Residents advise the cook on the day if they want an alternative choice of food and this is catered for and provided at the time. The cooks have been trained in safe food handling.</p> <p>Residents are provided with adequate and nutritious meals, refreshments and snacks at times that reflect community norms, take account of likes and dislikes, and meets the nutritional requirements of older persons. The kitchen stocks at least three days' supply of food to assist in emergency management should food supply be disrupted. They have recent experience in cooking during prolonged power outages.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>The previous surveillance audit identified that documentation for one resident did not occur according to current accepted good practice or Bupa policies. Since the audit the facility and clinical manager have addressed the matter by conducting onsite training of staff to remind them about best practice.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Policies exist on: waste disposal; chemical/substance safety; medical, sharps and food waste guidelines; the removal of waste bins and waste identification; specific waste disposal; and the disposal of sharps containers. Management of waste and hazardous substances is covered during orientation for new staff and additional refresher education around chemical safety is provided as part of the ongoing education plan. All chemicals are clearly labelled with manufacturers labels. Sharps containers are available and meet the hazardous substances regulations for containers. The hazard register identifies hazardous substance. Staff have a clear understanding of processes and protocols. Gloves, aprons, and goggles are available for staff. Infection prevention control policies state specific tasks and duties for which protective equipment is to be worn.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>There is a current building warrant of fitness which expires 25 June 2015. A certificate of Public Use is not required.</p> <p>There is a maintenance person who works a total of 25 hours per week and on call. Reactive and preventative maintenance occurs. Fire equipment is checked by an external provider. Electrical equipment is checked annually. All medical</p>

	<p>equipment was calibrated by an external agency.</p> <p>The living areas are carpeted and vinyl surfaces exist in bathrooms/toilets and kitchen areas. Resident rooms have carpet. The corridors are carpeted and there are hand rails. Residents are able to move freely around the areas with mobility aids where required.</p> <p>There is a refurbishment programme in place for the whole facility.</p> <p>The external areas are well maintained. There is garden furniture and plenty of shade. There is wheelchair access to all areas. There is no change to the external environment.</p> <p>The following equipment is available, hoists (i.e., standing and full body hoists), pressure relieving mattresses, shower chairs, lifting aids, walking frames, wheelchairs. Transport is available for residents' use. There is a 12 seated van located permanently on site.</p> <p>The physical environment minimises harm to residents.</p> <p>A procurement manager assists with ensuring appropriate purchase of equipment e.g. hoists and air relief mattresses. A product evaluation steering committee was also implemented in September 2010, to evaluate existing, replacement or new medical/non-medical products prior to use in Bupa care homes. Members include GM quality and risk, operations manager, a care home manager, procurement manager, clinical manager and the national health and safety coordinator. The group meets at least quarterly (dependant on volume of work or projects underway).</p> <p>The previous surveillance audit identified that although showers temperatures were set at 45 degrees Celsius, temperatures at the sink in bedrooms could reach 47 degrees Celsius. The facility has changed its policy and practice to ensure all temperatures at the tap in rooms do not exceed 45 degrees Celsius.</p> <p>The previous surveillance audit identified that there is a large zip hot water cylinder located upstairs in the common area kitchenette which was a unrecorded hazard. The practice has changed so that hot water is now obtained from the kitchen. The Zip is still in place and there is signage to indicate the hazard and the hazard is noted on the hazard register.</p> <p>The previous surveillance audit noted that the nurses' station on the ground floor was not able to be locked when not in use. A keypad locking system has been</p>
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		installed.
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	The facility has four wings. The designs of the ensuites in the wing that will accommodate the nine hospital level residents have been altered so that they can physically accommodate a hoist and wheelchair. All rooms have an ensuite toilet and shower. There are also toilets throughout the facility. There are adequate visitor and staff toilet facilities available.
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	Resident rooms are really spacious and all can easily accommodate wheelchairs and hoists in the personal space/bed areas. Equipment can be manoeuvred around the beds and personal space.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	There are two large lounges and space for two separate dining rooms although usually only one dining room is used which is the downstairs dining room. The lounges and dining room are also accessible and can accommodate mobility equipment. Activities occur throughout the facility in both lounges. Residents are able to move freely and furniture is well arranged to facilitate this. There is a lift to enable residents to move between the two floors. The lift can accommodate a stretcher.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	There are policies in place for cleaning and a cleaning schedule is in use. Currently all laundry is done on site and there are dedicated laundry and cleaning staff. This will change in the future as Bupa is building a purpose built laundry in Auckland to service multiple sites. The laundry and cleaning service is included in the internal audit programme. The laundry was last audited in July 2014 and the cleaning service was audited in August 2014. No corrective actions were identified. The laundry and cleaning room are designated areas and clearly labelled. Chemicals are stored in a locked room. All chemicals are labelled with manufacturer's labels.

<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>There is an approved evacuation plan dated 13 June 2003. The evacuation plan does not require amendment. Staff training in fire safety last occurred 30 July 2014. The fire evacuation last occurred July 2014. A plan is in place to undertake a trial evacuation plan, which is booked for 29 January 2015. This is planned to happen after the new RNs commence and before the planned opening date of 1 February 2015. Newly employed RNs will be orientated to the evacuation scheme and will attend fire training and evacuation practice prior to opening (link 1.2.7.5). Current staff including RN managers and caregivers participate in ongoing fire drills and fire safety training</p> <p>There is an established call bell system in place that does not require alteration. The call bell system is wireless. It is available in all areas and there are indicator panels in each area. The system is able to be increased as needed across the facility. Residents have easy access to the call bells and calls bells can be utilised as pendants and wristbands for those who need this approach.</p> <p>Appropriate training, information, and equipment for responding to emergencies is provided. There is a comprehensive civil defence manual and emergency procedures manual in place. The civil defence kit is readily accessible in a storage cupboard this includes and up to date register of all residents' details. The facility is well prepared for civil emergencies and has emergency lighting and BBQ's and access to a generator as needed. A store of emergency water is kept. There is a gas BBQ for alternative heating and cooking. Emergency food supplies sufficient for three days are kept in the kitchen. Extra blankets are also available. The facility has civil defence kits. At least three days stock of other products such as incontinence products and PPE are kept. There is a store cupboard of supplies necessary to manage a pandemic. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The emergency management system has been tested twice in the last 12 months with prolonged electrical power outages and staff report that they believe that residents did not notice any disruption to service.</p> <p>There is a system in place to ensure residents and staff security.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a</p>	<p>FA</p>	<p>The facility has wall mounted electric thermostatically controlled heaters throughout. Rooms are well ventilated and light. Windows can open. All rooms have a sliding door onto the external areas. Facility temperatures are monitored.</p>

safe and comfortable temperature.		There is plenty of natural light in residents' rooms. The facility is smoke free.
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection prevention and control programme is overseen by Bupa head office and reviewed annually. The infection prevention and control coordinator at the facility is the clinical manager who is experienced in infection prevention and control. The infection prevention and control coordinator implements the programme and uses the information obtained through surveillance activities to determine further infection control activities, resources, and education needs within the facility. Individual infection report forms are completed for all infections. This information is kept as part of each resident's file. Infections are included on a monthly register and a monthly report is completed by the infection prevention and control co-ordinator and forwarded to head office. Definitions of infections are in place appropriate to the complexity of service provided. Infection prevention and control data are collated monthly and reported at the quality, and infection prevention and control meetings. The infection control programme is linked with the quality management programme. The results are subsequently included in the report on quality indicators returned to the facility by head office. Education on infection prevention and control occurs. Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the visiting general practitioners who will advise and provide feedback /information to the service as needed. Systems in place are appropriate to the size and complexity of the facility. The facility has not had an outbreak in the period between audits.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	<p>The facility employs RNs and has access to a bank of trained RNs who have been orientated to the site. The facility is in the process of recruiting additional registered nurses in order to ensure they have a registered nurse on duty 24 hours a day, 7 days a week. A pre-requisite for appointment is that the registered nurses are InterRAI trained. These nurses will receive a comprehensive orientation/induction, which is standardised across all Bupa sites.</p>	<p>The service is in the process of employing registered nurses. Advised they will complete an onsite induction, which will include fire safety.</p>	<p>Ensure newly employed registered nurses who will be providing care for hospital level residents complete an orientation and onsite induction.</p> <p>Prior to occupancy</p>
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to</p>	PA Low	<p>The proposed roster reflects the anticipated needs of residents in both levels of care from the day the service commences. The proposed roster will accommodate anticipated growth in hospital level resident numbers as the facility moves toward capacity. Hospital level residents will be provided</p>	<p>The facility is in the process of recruiting and has access to a bank of RNs who hold Bupa competencies. Some of these RNs have already</p>	<p>Ensure there is 24 hour registered nurse cover in place</p> <p>Prior to occupancy</p>

provide safe service delivery.		with services from one of the two wings located on the ground floor. The rostering system in place already accommodates staffing by numbers of occupied beds. Additional resources required for the reconfiguration are RN hours. The facility is in the process of recruiting and has access to a bank of RNs who hold Bupa competencies. Some of these RNs have already orientated to this site	orientated to this site	
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.