

Bupa Care Services NZ Limited - Hayman Rest Home & Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Bupa Care Services NZ Limited

Premises audited: Hayman Rest Home & Hospital

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Intellectual; Residential disability services - Physical; Dementia care

Dates of audit: Start date: 15 April 2015 End date: 15 April 2015

Proposed changes to current services (if any): This partial provisional included assessing the new purpose-built 25 bed hospital unit that will be used as dual-purpose beds. The new wing is due to open the first week in May and will increase bed numbers from 85 to 110. Other renovations are in the process of being completed around the entrance way, lounge/dining area for the current

hospital and a fire wall between the two dementia units. Since the previous audit, the two dementia units have had extensions to their current lounges.

Total beds occupied across all premises included in the audit on the first day of the audit: 80

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.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

| Indicator | Description | Definition |
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|  | Includes commendable elements above the required levels of performance | All standards applicable to this service fully attained with some standards exceeded |
|  | No short falls | Standards applicable to this service fully attained |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some standards applicable to this service partially attained and of low risk |

| Indicator | Description | Definition |
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| Yellow | A number of shortfalls that require specific action to address | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
| Red | Major shortfalls, significant action is needed to achieve the required levels of performance | Some standards applicable to this service unattained and of moderate or high risk |

General overview of the audit

Bupa Hayman currently provides hospital - medical/geriatric, rest home, dementia care and residential disability - intellectual/physical level care for up to 85 residents. There were 80 residents residing across the facility on the day of audit.

This partial provisional included assessing the new purpose-built 25 bed hospital unit that will be available for either rest home or hospital residents. The new wing is due to open the first week in May and will increase bed numbers from 85 to 110. Other renovations are in the process of being completed around the entrance way to the facility, lounge/dining area for the current hospital residents and a fire wall between the two dementia units.

The service currently has a Bupa relieving Facility Manager (RN) who has been in the role for the last week. There is a newly appointed facility manager (due to commence 28 April 2015) who has a management background in residential disability and rehab. The management team includes an experienced Clinical Manager (RN) who has been in the role for six years.

This audit identified improvements required around completing orientation documentation, aspects of care planning and progress notes, completion of landscaping.

Consumer rights

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| Includes 13 standards that support an outcome where 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, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs. | | Standards applicable to this service fully attained. |
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Not audited.

Organisational management

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| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. | | Some standards applicable to this service partially attained and of low risk. |
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There is an overall Bupa business plan and risk management plan. Hayman has set specific quality goals for 2015 including (but not limited to); successful transition to 110 beds including the opening of a new dual purpose wing. There is a developed building timeline plan and a building handover programme.

There are job descriptions for management that include responsibilities and accountabilities. The managers are supported by unit coordinators in the three areas. The current hospital unit coordinator will also oversee the new 25 bed unit.

During a temporary absence, the clinical manager or Bupa relieving facility manager covers the manager's role.

The organisation has well developed policies and procedures that are implemented at a service level and an organisation plan/processes that are structured to provide appropriate care to people who use the service including residents that require hospital (medical), rest home, dementia and those younger residents under YPD contracts.

There are comprehensive human resources policies folder including recruitment, selection, orientation, staff training and development.

A draft roster for the new wing identifies appropriate staff cover.

Continuum of service delivery

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| Includes 13 standards that support an outcome where 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. | | Some standards applicable to this service partially attained and of low risk. |
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There is a new secure medication/treatment room in the new wing. The room is designed to support the safe management of medications. Medication charts were all signed to evidence medications as given and this is an improvement on a previous audit. Medication competencies are all up to date. Medication management in-service is held annually.

The service has a large workable kitchen that contains a walk-in pantry, freezer, and chiller. There is a preparation area and receiving area. The kitchen has been renovated and extended since previous audit. The new wing has an open plan kitchenette. A bain marie will transport food from the kitchen to the kitchenette.

The previous audit identified shortfalls around care plan interventions in relation to seizure, pain, and falls management. Files reviewed identified that these were well covered in care plans. Monitoring charts were also reviewed and identified that these were well used when required and were completed appropriately. This audit identified further improvements around aspects of care planning and progress notes.

Safe and appropriate environment

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| Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure 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. | | Some standards applicable to this service partially attained and of low risk. |
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There is a locked sluice room in the new wing. The new wing has been completed. A certificate of public use has been obtained dated 7 April 2015. The living areas are carpeted and vinyl surfaces exist in bathrooms/toilets and kitchen area.

The external areas off the new hospital wing are in the process of being landscaped.

The new wing has shared ensuites between rooms. There is a communal toilet close to the lounge/dining area. The rooms in the new wing are spacious it can be demonstrated that wheel chairs, hoists and the like can be manoeuvred around the bed and personal space. The new wing has a large combined lounge and dining room

All laundry is done off- site at another Bupa facility. There are laundry and cleaning audits completed as part of the annual internal audit programme. The laundry and cleaning room are designated areas and clearly labelled. Chemicals are stored in a locked room.

Staff training in fire safety occurs annually. Fire evacuations are held six monthly and is scheduled for the opening of the new wing. There is an approved evacuation plan dated 13 April 2015. The call bell system is available in all areas of the new wing. There are indicator panels and the call bells link to staff pagers. The new wing has ceiling heating in resident rooms which can be individually controlled. The lounge and hallways have ceiling heat pumps.

The service has completed a number of renovations throughout the facility since previous audit and these continue. Both lounges in the two dementia units have been extended and are now fully operational. However, as a result of the extensions both dementia units have newly concreted patios/ramps. These are yet to be completed with handrails and therefore the garden areas have been temporarily closed off for residents until fully completed.

Restraint minimisation and safe practice

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| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. | | Standards applicable to this service fully attained. |
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Not audited.

Infection prevention and control

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| Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme. | | Standards applicable to this service fully attained. |
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The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is a job description for the infection control coordinator and clearly defined guidelines. There is an established and implemented infection control programme that is linked into the risk management system. There are bi-monthly infection control meetings. The quality meetings also include a discussion and reporting of infection control matters and the consequent review 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 | 13 | 0 | 4 | 0 | 0 | 0 |
| Criteria | 0 | 33 | 0 | 4 | 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 |
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| <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>Bupa Hayman currently provides hospital - medical/geriatric, rest home, dementia care and residential disability - intellectual/physical for up to 85 residents. There were 14 of 15 rest home residents in the rest home wing, 30 of 31 hospital residents in the hospital wing and 14 of 15 residents in the male-only dementia unit and 22 of 24 residents in the female only unit. There are six residents under YPD contracts across the facility.</p> <p>This partial provisional included assessing the new purpose built 25 bed hospital unit that will be used as dual-purpose beds. The new wing is due to open the first week in May and will increase bed numbers from 85 to 110. Other renovations are in the process of being completed around the entrance way to the facility, lounge/dining area for the current hospital residents and a fire wall between the two dementia units. Stage two of the renovations is around converting the current rest home wing to a specialist psychogeriatric unit. Plans towards this have not yet commenced.</p> <p>There is an overall Bupa business plan and risk management plan. Additionally, each Bupa facility develops an annual quality plan. Hayman has set specific quality goals for 2015 including (but not limited to); successful transition to 110 beds including the opening of a new dual purpose wing and the conversion of the</p> |

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| | | <p>rest home to specialist dementia. There is a developed building timeline plan and a building handover programme.</p> <p>Hayman is part of the northern 1 Bupa region which includes 10 facilities. The managers in the region meet monthly and have a forum quarterly. A forum is held every six months (with national conference including all the Bupa managers). Quarterly quality reports on progress towards meeting the quality goals identified are completed at Hayman and forwarded to the Bupa Quality and Risk team</p> <p>The service currently has a Bupa relieving Facility Manager (RN) who has been in the role for the last week. The newly appointed facility manager (due to commence 28 April 2015) has a management background in residential disability and rehab. The manager is supported by an experienced Clinical Manager (RN) who has been in the role for six years. There are job descriptions for both positions that include responsibilities and accountabilities. The managers are supported by unit coordinators in the three areas. The current hospital unit coordinator will also oversee the new 25 bed unit.</p> <p>Bupa provides a comprehensive orientation and training/support programme for their managers. Managers and clinical 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 Bupa relieving facility manager covers the manager's role. The service is supported by the Bupa Operations Manager. There is a unit coordinator (RN) across the hospital, rest home and dementia units.</p> <p>D19.1a; a review of the documentation, policies and procedures and from discussion with staff identified that the service operational management strategies, QI programme which includes culturally appropriate care, to minimise risk of unwanted events and enhance quality.</p> <p>The organisation has well developed policies and procedures that are implemented at a service level and an organisation plan/processes that are structured to provide appropriate care to people who use the service including residents that require hospital (medical), rest home, dementia and those younger residents under YPD contracts. The building renovations have increased lounge areas for residents including younger residents with wheelchairs etc. There is a house GP that visits two mornings a week. A physiotherapist undertakes twice weekly visits (10 hours) and completes mobility assessments for each resident and reviews. An occupational therapist provides services as required. She is an</p> |

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| | | <p>access able assessor and is used to assess residents for sitting, wheelchairs and specific equipment that may be needed to aid daily living. A dietitian provides two monthly visits to assess residents requiring dietary input and reviews and monitors residents already assessed as needing dietary input. The dietitian also attends 'food for thought meetings' and advises qualified staff and kitchen.</p> <p>The service consults 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>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>With the new wing, the service has currently employed three casual caregivers, one enrolled nurse and one registered nurse. The intention is to initially decant the 14 rest home residents from the rest home wing into the new dual purpose wing, so that renovations can be started on the rest home wing. This will mean the current rest home staff will be included as part of the new 25 bed wing roster reviewed as part of this audit.</p> <p>Register of RN and EN practising certificates is maintained, both at facility level and within Bupa. Website links to the professional bodies of all health professionals have been established and are available on the Bupa intranet (quality and risk / Links).</p> <p>There are comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development.</p> <p>The service 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. New staff are buddied for a period of time (e.g. caregivers two weeks, RN four weeks); during this period they do not carry a clinical load. Four new staff files were reviewed (including two caregivers and two registered nurses). The two registered nurse files did not include completed orientation booklets.</p> <p>There is an annual education schedule that is being implemented. In addition opportunistic education is provided by way of tool box talks. There is an RN training day provided through Bupa that covers clinical aspects of care.</p> <p>Education is an agenda item of the two monthly quality meetings. Toolbox talks held on a regular basis and staff been encouraged to participate. A review of the education [programme for the last year identified two – four in-service sessions a</p> |

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| | | <p>month. There is a 2015 training plan currently being implemented.</p> <p>A competency programme is in place with different requirements according to work type (e.g. support work, registered nurse, cleaner). Core competencies are completed annually and a record of completion is maintained – competency register sighted.</p> <p>Bupa is the first aged care provider to have a council approved PDRP. The nursing Council of NZ has approved and validated their PDRP for five years. Bupa has taken over the responsibility for auditing their qualified nurses. At Hayman, qualified staff are in the process of completing their portfolio on the Bupa Nursing Council approved PDRP.</p> <p>A Bupa goal is to have 70% of caregivers enrolled or completed a national qualification (level 2 or 3) by quarter 4 2015. Currently at Hayman, 66% of caregivers are either enrolled or qualified,</p> <p>D17.7d: RN competencies include; assessment tools, BSLs/Insulin admin, CD admin, moving & handling, nebuliser, oxygen admin, PEG tube care/feeds, restraint, wound management, CPR, and T34 syringe driver. A review of the competency register identified that these are up to date.</p> <p>E4.5f 100% of caregivers that work in the dementia units have completed the required dementia standards.</p> |
| <p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p> | <p>FA</p> | <p>There is an organisational staffing policy (359) that aligns with contractual requirements and includes skill mixes. The WAS (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. A report is provided fortnightly from head office that includes hours and whether hours are over and above. A draft roster for the new 25 bed dual purpose wing has been determined around the WAS.</p> <p>There is a relieving Facility Manager (RN) Mon - Fri and a Clinical Manager (RN) Mon - Fri.</p> <p>The new wing will be overseen by the current hospital unit coordinator (RN). There will also be another RN rostered morning, afternoon and night shift. They will be responsible for 31+ 25 hospital/rest home residents. There is also 24 hr. registered nurse cover across the two dementia units. The draft roster includes an adequate increase in caregiver hours to manage the 25 beds. Hours can be adjusted depending on the needs of the residents.</p> |

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| | | <p>There is an activity coordinator across the rest home and hospital. Activity hours will increase an extra 4 hours with the new wing.</p> <p>Cleaning hours will increase.</p> |
| <p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | FA | <p>There is a new secure medication/treatment room in the new wing. The room is designed to support the safe management of medications.</p> <p>Sixteen medication charts were reviewed across the current hospital, rest home and dementia units. All had three month reviews. Medication charts were all signed to evidence medications as given and this is an improvement on a previous audit. There is a list of standing order medications that have been approved by the GP's. Medication competencies are all up to date. The medication folders include a list of specimen signatures and competencies.</p> <p>Medication management in-service is held annually.</p> <p>The service has in place policies and procedures for ensuring all medicine related recording and documentation meets acceptable good practice standards.</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> | FA | <p>The service has a large workable kitchen that contains a walk-in pantry, freezer, and chiller. There is a preparation area and receiving area. The kitchen has been renovated and extended since previous audit.</p> <p>The new wing has an open plan kitchenette. A bain marie will transport food from the kitchen to the kitchenette. It was noted that there is a boiling water tap. Due to the open plan of the kitchenette, advised that hot hazard signs will be used to warn of the hot water and the bain marie.</p> <p>Kitchen fridge, food and freezer temperatures are monitored and documented daily and daily in other areas.</p> <p>The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. This is reviewed six monthly as part of the care plan review. Special diets being catered for include soft diets, puree diets and diabetics.</p> <p>All fridges throughout the facility are monitored daily and this is an improvement since previous audit.</p> <p>The service has a bi monthly 'Food for Thought' meeting which is attended by the facility manager, the clinical manager, the kitchen manager, the unit coordinators and the dietitian. At this meeting there is a full discussion around the food service,</p> |

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| | | <p>focussing on any residents with recent or on-going weight loss and what can be done to reduce or manage this weight loss. The service also caters for many cultural and religious meals.</p> <p>D19.2: Kitchen staff working with food have safe food handling certificates.</p> |
| <p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p> | PA Low | <p>The previous audit identified shortfalls around care plan interventions in relation to seizure pain, falls management. Five resident files were reviewed (two hospital, one rest home, two dementia). Overall interventions were well documented and reflected assessed needs and included examples where they had been updated as a result of health status changes. Three residents with identified pain had interventions to manage the pain. One hospital resident with Grand Mal seizures had interventions documented to support safe management. A seizure record was also maintained. The files of the five residents reviewed were all identified as high falls risk. All care plans included specific interventions to manage resident risks and preventative strategies. Further improvements have been identified around aspects of care planning.</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> | PA Low | <p>Five resident files were reviewed and corresponding monitoring charts. The previous audit identified that turning charts were not fully completed. A sample of four turning charts, two behaviour monitoring charts and three fluid balance charts identified that they were all completed as required. A documentation sample of four wounds were reviewed from the hospital and all assessments, management plans and reviews had been completed within required timeframe. This audit identified a further improvement required around progress notes.</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>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. Management of waste and hazardous substances is covered during orientation for new staff and chemical safety is included as part of the annual in-service programme.</p> <p>There is a locked sluice room in the new wing.</p> <p>Gloves, aprons, and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals are labelled.</p> |

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| <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> | <p>PA Low</p> | <p>The new wing has been completed. A certificate of public use has been obtained dated 7 April 2015. The living areas are carpeted and vinyl surfaces exist in bathrooms/toilets and kitchen areas.</p> <p>There is a maintenance person who works a total of 40 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 equipment was calibrated by BV medical and all hoists and electric beds were checked and serviced at this time. Resident rooms have carpet or vinyl.</p> <p>The external areas off the new hospital wing is in the process of being landscaped.</p> <p>There is enough lounges for the hospital and rest home residents to find areas of privacy if needed.</p> <p>There are areas of renovation that have occurred since previous audit including extending the lounges of the two dementia units. As a result both dementia units have newly concreted patios/ramps. These are yet to be completed with handrails and therefore the garden areas have been closed off to residents temporarily until fully completed. One dementia unit (ladies unit) can access the garden via another door.</p> |
| <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> | <p>FA</p> | <p>The new wing has shared ensuites between rooms. The ensuites have lights and locks to ensure privacy when in use. All ensuites are large enough for mobility equipment. There is a mobility bathroom that is large enough for bed bath. There is a communal toilet close to the lounge/dining area.</p> |
| <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> | <p>FA</p> | <p>The rooms in the new wing are spacious it can be demonstrated that wheel chairs, hoists and the like can be manoeuvred around the bed and personal space.</p> |
| <p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age</p> | <p>FA</p> | <p>The new wing has a large combined lounge and dining room. There is another sitting area down one wing. Another large lounge/dining area is in the process of being renovated/extended for the current hospital wings. This area is currently closed off for residents. There is another two lounges being used and available.</p> |

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| appropriate and accessible areas to meet their relaxation, activity and dining needs. | | All lounge/dining rooms are accessible and accommodate the equipment required for the residents. The design of the facility allows for separation of groups or individuals. |
| 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 | All laundry is done off- site at another Bupa facility. Dirty laundry is collected daily and clean laundry is returned daily. There are laundry and cleaning audits completed as part of the annual internal audit programme. The laundry and cleaning rooms are designated areas and clearly labelled. Chemicals are stored in a locked room. All chemicals are labelled with manufacturer's labels. There is sluice rooms for the disposal of soiled water or waste. These are locked when unattended. |
| Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations. | FA | Appropriate training, information, and equipment for responding to emergencies is provided. Staff training in fire safety occurs annually. Fire evacuations are held six monthly and is scheduled for the opening of the new wing. There is a comprehensive civil defence manual and emergency procedure manual in place. There is an approved evacuation plan dated 13 April 2015. The facility is well prepared for civil emergencies and has emergency lighting. 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. Hoists have battery back and there are batteries that can be used to operate electric beds in the event of a power failure. 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. The call bell system is available in all areas of the new wing. There are indicator panels and the call bells link to staff pagers. |
| 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 has ceiling heating in resident rooms which can be individually controlled. The lounge and hallways have ceiling heat pumps. |
| Standard 3.1: Infection control management There is a managed environment, which minimises the | FA | The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is a job description for the infection control coordinator and clearly defined guidelines. |

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| <p>risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p> | | <p>There is an established and implemented infection control programme that is linked into the risk management system.</p> <p>The committee and the governing body is responsible for the development of the infection control programme and its review. The programme is reviewed annually at an organisational level. The facility has access to professional advice within the organisation and has developed close links with the GP's, Community Lab, the infection control and public health departments at the local DHB. There are bi-monthly infection control meetings. The quality meetings also include a discussion and reporting of infection control matters and the consequent review of the programme. Information from these meetings is passed onto the registered nurse and staff meetings. Minutes are available for staff.</p> |
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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>There are comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development.</p> <p>The service 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. New staff are buddied for a period of time (e.g. caregivers two weeks, RN four weeks); during this period they do not carry a clinical load. Four new staff files were reviewed (including two caregivers and two registered nurses). The two registered nurse staff files did</p> | <p>The two registered nurse staff files did not include completed orientation booklets</p> | <p>Ensure orientation booklets are completed and a record is maintained.</p> <p>90 days</p> |

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| | | not include completed orientation booklets | | |
| <p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p> | PA Low | Overall care plan interventions were comprehensive and reflected assessed needs. Dementia specific care plans were in use for residents with behaviours that challenge | (i) One dementia file identified episodes of hypo and hyperglycaemia in the care plan, but no interventions to support what signs to look for. Same care plan identified a toileting regime, but no interventions to support what the regime involves. (ii) The rest home care plan includes interventions for daily BSLs, advised this is not current; (iii) One hospital care plan identified an update to pureed diet; however another section of the care plan stated sandwiches and finger foods are to be given. Advised this is not current. | <p>Ensure care plan interventions support all resident needs. Ensure interventions not current are crossed out and signed as obsolete.</p> <p>90 days</p> |
| <p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p> | PA Low | Monitoring charts were reviewed from the hospital and dementia unit. All had been completed as required and this is an identified improvement since previous audit. A review of progress notes identified that changes in health status had not all been routinely documented in the progress notes as followed through at the next shift. | A review of progress notes identified that changes in health status had not always been routinely documented as followed through each shift. (Daily progress notes were maintained). Further review of documentation identified that the afternoon and night registered nurses were documenting comprehensive assessments and resident care in the facility manager's handover book that was not documented in the residents progress notes. | <p>Ensure when a resident condition changes that this is followed through and reported in the progress notes on the next shift. Ensure the Facility Managers book identifies 'refer to progress notes', rather than writing resident clinical care and details.</p> <p>30 days</p> |
| <p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p> | PA Low | <p>The service is in the process of completing landscaping around the newly built and renovated areas.</p> <p>Since the previous audit the service has extended a wing of five resident rooms. There is a secure key padded</p> | (i) There are areas of renovation that have occurred since previous audit including extending the lounges of the two dementia units. As a result both dementia units have newly concreted patios/ramps. These are yet to be | (i) Ensure there is adequate supervised access to outdoor areas for the residents in the dementia unit while the outdoor area is being completed; (ii) |

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| | | door to entrance the dementia unit. The combined lounge/dining area in both dementia units have been extended since previous audit. | completed with handrails and therefore have been closed off until fully completed. (ii) The external areas off the new hospital wing are in the process of being landscaped. | Ensure the landscaping is completed around the new hospital Prior to occupancy |
|--|--|---|--|---|

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.

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End of the report.