

# Bupa Care Services NZ Limited - Whitby Rest Home & Hospital

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## 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:** Whitby Rest Home and Hospital

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

**Dates of audit:** Start date: 1 May 2015 End date: 1 May 2015

**Proposed changes to current services (if any):** (i) A new purpose built hospital wing adjoining the existing hospital wing increasing hospital beds (Dual purpose beds) from 24 to 41. (ii) A new purpose built secure Psychogeriatric unit of 20 beds. (iii) An increase in dementia unit beds from 31 to 33 beds; (iv) As a result of the building, the current rest home wing has reduced from 18 beds to 9 beds, this audit including reviewing the wing as suitable to provide dual purpose beds.

**Total beds occupied across all premises included in the audit on the first day of the audit: 60**

# Executive summary of the audit

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## 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
	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
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

Whitby Rest Home and Hospital is part of the Bupa group. The service currently provides hospital - medical/geriatric, rest home and dementia-level care for up to 73 residents.

A partial provisional audit was completed to verify new buildings, existing building upgrades and renovations and suitability to provide specialist hospital (PG) level care. The following was assessed as part of this audit; (i) A purpose built hospital wing of 24 beds (attached to the current hospital unit). This will increase hospital beds (dual purpose) to 41 beds. (ii) Due to building, the previous rest home wing has been reduced from 18 beds to nine beds. This audit included reviewing the appropriateness of the nine bed rest home wing to provide dual purpose (rest home/hospital) care. (iii) A new purpose built specialist hospital (psychogeriatric) wing of 20 beds. (iv) Two additional rooms were reviewed in the dementia unit. This will increase the dementia unit beds to 33 beds.

As a result of the changes to building and the service, the total bed capacity at Bupa Whitby will increase to 103 beds.

The new wings and existing beds will be managed by the current management team. The audit identified the new wings, staff roster and equipment is appropriate for providing rest home, hospital level care, and dementia and psychogeriatric level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new wings.

The corrective actions required by the service are related to updating the fire evacuation scheme and fire training.

The three previous shortfalls in the last audit around medication and monitoring of residents have all been addressed.

## Consumer rights

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 required to be audited.

## Organisational management

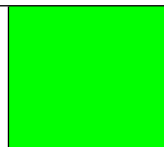
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The Bupa organisation has robust Clinical Governance group for all sites including Whitby. Whitby has quality and risk management systems implemented. There is a documented three year strategic plan in place which is available on the Intranet. The strategic plan identifies the overall objectives of the business. There is a Bupa business plan and risk management plan in place

The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There is adequate staff and a draft roster to cover the new wings.

## Continuum of service delivery

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.



Standards applicable to this service fully attained.

There are policies and procedures in place for medication management. The new wings have secure medication rooms and medication trolleys for medication rounds. New (and existing) staff who give medication all have a medication competency.

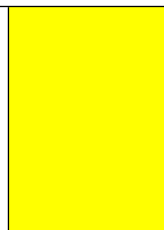
The meals are all cooked on site. There are policies and procedures for meal management in place; kitchen is large enough and well-resourced to provide meal service for the increased residents.

Rest home residents have person specific medication and there is a self-medication process documented. This is an improvement on the previous audit.

Resident files reviewed documented that appropriate monitoring is in place and GPs document if the resident is stable. This is an improvement on the previous audit.

## Safe and appropriate environment

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.

The new wings are purpose built and spacious. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment. There is a centrally located nurse's station that overlooks both the new hospital lounge and the psychogeriatric unit lounge.

Material safety data sheets are available in the sluices in each floor. Each sluice has a sanitizer.

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.

New equipment and furnishings have been purchased. All rooms and communal areas allow for safe use of mobility equipment. All rooms and ensuite have been designed for hospital and rest home level care.


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

There is a large open plan lounge/dining for each of the wings including the new wings.

Appropriate training, information, and equipment for responding to emergencies are provided at induction and as part of the annual training programme. The fire evacuation scheme has yet to be approved and also staff fire evacuation training. The call bell system is available in all areas with visual display panels. Call bells are available in all resident areas, including (but not limited to); bedrooms, ensuite toilet/showers, communal toilets, and dining/rooms.

The new wings are appropriately heated and ventilated.

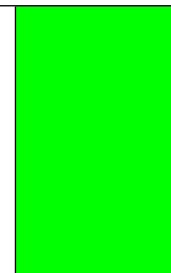
## Restraint minimisation and safe practice

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 required to be audited.

## Infection prevention and control

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.

The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service.

The scopes of the infection control programme policy and infection control programme description are available. There is a job description for the infection control coordinator with clearly defined guidelines. There is an established and implemented infection control programme that is linked into the risk management system. The quality committee and the governing body are responsible for the development of the infection control programme and its annual review. There are combined infection control / health and safety and quality meetings held regularly. The meetings include a discussion and reporting of infection control matters, trends and quality improvements. Minutes and graphs are available to staff.

The facility has adequate signage and hand sanitizers at the entrance asking visitors not to enter if they have contracted or been in contact with infectious diseases. There is a staff health policy.



## 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)
<b>Standards</b>	0	15	0	1	0	0	0
<b>Criteria</b>	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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>Whitby hospital currently provides 24 hospital level beds, 18 rest home level beds and 31 dementia beds. This audit was to verify stage one of a two stage renovation and new building project for the service. Stage one has included; (i) Extending the existing hospital wing with a purpose built extension of 24 beds, increasing the hospital wing to 41 beds. (ii) Due to building changes, the previous rest home wing has reduced from 18 beds to nine beds. This audit included assessing these nine beds as suitable to provide dual purpose level care (hospital or rest home). (iii) A new purpose built psychogeriatric wing of 20 beds. (iv) Two additional beds were assessed in the dementia unit; as a result the unit will increase from 31 to 33 beds.</p> <p>The total bed capacity at Bupa Whitby will increase to 103 beds. The service plans to open the new hospital wing as early as possible.</p> <p>Advised, the new psychogeriatric wing (PG) will not open as a PG unit until after stage two. Stage two is the renovation of the dementia unit. The service plans to move half the residents from the dementia unit (at a time) into the new psychogeriatric unit whilst the dementia unit is renovated in stages. Once this is complete the psychogeriatric unit plans to open for this higher level of residents (date not yet confirmed). Extensive kitchen and laundry renovations are also</p>

		<p>planned with some kitchen and laundry renovations already completed to ensure compliance with standards and local body legislation.</p> <p>The Bupa organisation has robust Clinical Governance group for all sites including Whitby. Whitby has quality and risk management systems implemented. There is a documented three year strategic plan in place in place which is available on the Intranet. The strategic plan identifies the overall objectives of the business. There is a Bupa business plan and risk management plan in place. There are project plans for the new buildings and renovations and a transition plan for when the service opens to residents.</p> <p>The additional beds and level of care will be managed by the current management team at Whitby. The manager was the clinical manager at Whitby, she is an experienced registered nurse (RN) and has been in her current role for a year and will continue oversight of the entire complex. The service has an experienced clinical manager Monday to Friday who is also available on call.</p> <p>There are job descriptions for all management positions that include responsibilities and accountabilities.</p> <p>ARC D17.3di (rest home), D17.4b (hospital), the manager and the clinical manager have maintained at least eight hours annually of professional development activities related to managing a hospital.</p> <p>ARHSS D5.1 The philosophy of the 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</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>Whitby has a business plan and quality and risk management plan. The quality programme is extensive and covers all aspects of service delivery, infection control and health and safety.</p> <p>The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There is adequate staff and a draft roster to cover the new service and additional beds in existing services. Bupa is experienced in providing specialist hospital level care (Psychogeriatric) and has policies and procedures and systems to ensure safe management care.</p> <p>In the absence of the manager the service clinical manager will undertake the manager's role. Bupa also provides support from the operations manager and</p>

		other senior team members as needed.
<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>	FA	<p>Whitby currently employs 40 staff which includes nine registered nurses, care staff, cleaning and maintenance. There is also administration staff.</p> <p>Hard copies of health practitioner annual practising certificates (APCs) are held by the facility manager.</p> <p>The service implements the Bupa orientation programme that provides new staff with relevant information for safe work practice.</p> <p>There are comprehensive human resources policies. Five staff files reviewed. All staff files included a contract of employment, a copy of their job description, evidence of Police and reference checks, evidence of orientation, evidence of qualifications and training attended and annual appraisals were up-to-date where applicable. All staff working in the dementia unit has specific NZQA qualifications.</p> <p>Interviews with the clinical manager confirmed that the caregivers when newly employed complete an orientation booklet that has been aligned with foundation skills unit standards level 2. 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).</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 qualified staff training day provided through Bupa that covers clinical aspects of care - e.g. - Dementia, Delirium and Care planning. There is evidence on RN staff files of attendance at the RN training day/s and external training. Bupa's focus for 2015 is to complete the interRAI training for all RN's by end July 2015.</p> <p>Whitby has a comprehensive annual education schedule in place. All staff are encouraged to attend at least 10 compulsory education sessions per year. Additional education sessions are held including individual education or small group opportunistic tool box training.</p> <p>A competency programme is in place with different requirements according to work type (e.g. registered nurse, caregiver, cleaner). Core competencies are completed annually and a record of completion is maintained.</p> <p>E4.5b; There is at least one staff member on duty in the dementia unit at all times</p>

		<p>and additional staff available in the facility. ARHSS D17.1: Caregiving staff currently with completed dementia standards will be rostered for the PG unit.</p> <p>E4.5d, Staff working in the dementia unit receive a planned orientation and are familiarised with the physical layout including the emergency management system in use</p> <p>To date two RNs and an additional activities person have been employed to manage the first stage of occupancy. All are currently being orientated. The service is currently recruiting and orientating additional caregivers. All staff have experience in dementia care and supported by the Bupa clinical team as well as Bupa clinical experts in dementia and psychogeriatric care.</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 a staffing policy that aligns with contractual requirements and includes appropriate skill mixes. There is a draft roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The roster is flexible to allow for the increase in resident numbers as the first floor fills up.</p> <p>A registered nurse is rostered 24/7. The roster allows identification of the increases required in staffing as resident numbers increase. There are prospective rosters in place.</p> <p>An additional activities person has been employed for the psychogeriatric unit as well as two RNs, additional caregivers are in the process of recruitment and orientation.</p> <p>Hospital</p> <p>The service has an RN on duty every shift currently and a clinical manager Monday to Friday. There is a staffing rational linked to resident numbers and acuity. The current roster for caregivers (for 24 beds) includes two full shifts and two part shifts AM, and PM and one caregiver at night. The staffing rational includes an additional caregiver for every additional five residents and an enrolled nurse to support the registered nurse when there are over ten new residents.</p> <p>The psychogeriatric unit will have a registered nurse on duty every shift (staff already employed). There will be one caregiver each shift when the unit opens and care staff added as the resident numbers increase (one caregiver for five residents). The service is in the process of recruiting and orientating caregivers. The proposed roster includes an additional RN every shift for the psychogeriatric</p>

		<p>unit as well as the current RNs rostered in the hospital.</p> <p>In the dementia unit, there is an RN who is employed from 0800 – 1600 Monday – Friday. She is assisted by four caregivers on the morning and afternoon shifts (one short shifts and three full shifts), and two caregivers work on the night shift.</p> <p>In the rest home one caregiver is scheduled on the morning, one in the afternoon and one at night. The RNs from the hospital wing provides oversight to the rest home.</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>Bupa’s medication policy and procedures follow recognized standards and guidelines for safe medicine management practice in accord with the guidelines. The local pharmacy will continue to provide service.</p> <p>The new hospital wing has a secure medication room. This room is located very closely to the secure psychogeriatric unit and will store the medications and trolleys for this unit as well. The medication is well equipped. There is also a secure nurse’s station that overlooks both the hospital and the psychogeriatric lounge; this will assist with ensuring over sight of both lounges during medication rounds.</p> <p>The rest home has its own medication room (no change to current practice).</p> <p>A medication self-administration policy is available if required. There are locked drawers available. This is an improvement on the previous audit. There are no residents self-medicating currently at Whitby.</p> <p>A review of the rest home medications evidence those residents are given their individual pharmacy dispensed medication (i.e.: not stock). This is an improvement from the previous audit.</p> <p>Medication errors are treated as an incident and captured as part of the incident management system. Medication competencies have been completed by the newly employed RNs.</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</p>	FA	<p>All meals are cooked on site at Whitby. The menu has been audited by a registered dietitian and offers a varied menu with alternatives provided if required.</p> <p>The current kitchen and staff are able to cater for the increase in resident numbers. They are already proving specialist diets for some residents and cater</p>

<p>delivery.</p>		<p>for the special needs of dementia residents.</p> <p>The kitchen has undergone some renovation to comply with safety standards (such as a new fire wall). The service has also purchased a new oven and bain marries to transport meals to all areas including the psychogeriatric unit.</p> <p>There are continued upgrades planned for the kitchen as part of the renovation plans for the overall service.</p> <p>Resident's nutritional assessments are completed on admission and the kitchen maintains up to date copies of residents' nutritional profiles. Special equipment such as lipped plates and built up spoons are available as the need arises. Equipment has been purchased for the new dining rooms.</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>	<p>FA</p>	<p>There are policies and procedures on waste disposal, waste management and the disposal of sharps containers. Management of waste and hazardous substances is covered during the orientation of new staff and is included as part of the biennial training plan.</p> <p>There are documented policies, procedures and an emergency plan designed to allow staff to respond to significant waste or hazardous substance management. All accidents/incidents are required to be reported on the accident report form which is in turn investigated by the quality manager and the general manager. Material safety data sheets are available and these will be kept in the sluices on each floor as well as in the Health and Safety manual.</p> <p>The new hospital and new psychogeriatric wing both have a sluice with sanitizer. Both rooms are secure.</p> <p>Chemical safety training is provided annually and as part of orientation.</p> <p>Personal Protective Equipment is available for staff at all times.</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>	<p>FA</p>	<p>The new wings are spacious and purpose built. The organisation has purchased all the equipment required for the new wings, including beds (including extra-long beds), and pressure relieving mattresses. There is a comprehensive purchase list. Hoists are already in place for the service and further hoists have been ordered.</p> <p>The shared nursing station for the hospital and psychogeriatric wing is centrally</p>

		<p>located and overlooks both the hospital lounge and the psychogeriatric unit lounge. The Hospital 'old' wing has an alternative office that overlooks a separate hospital lounge.</p> <p>All electrical equipment and other machinery is checked as part of the annual maintenance and verification checks.</p> <p>There are handrails in ensuite and hallways. All rooms and communal areas allow for safe use of mobility equipment.</p> <p>The facility has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchen areas.</p> <p>There is adequate space for storage of mobility equipment.</p> <p>The new psychogeriatric wing is secure and includes a secure outside garden with walkways.</p> <p>Two additional bedrooms in the dementia unit are incorporated as part of the secure wing and appropriate in size and location for dementia level residents. The dementia lounges and dining area can accommodate the additional two residents with ease.</p> <p>The rest home wing bedrooms and corridors are appropriate for both hospital and rest home level residents.</p> <p>The building certificate for public use has been obtained (sited). Landscaping has been completed.</p> <p>There are environmental audits and building compliance audits which are completed as part of the internal audit programme.</p> <p>There is a planned maintenance programme to ensure all buildings and equipment is maintained.</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>Hospital: A communal toilet is located near the lounge. Each resident's room has a single ensuite or shared ensuite. All ensuite have been designed for hospital level care and allow for the use of mobility equipment.</p> <p>Psychogeriatric unit: There are three shower/ toilets and two rooms have ensuite, there is also one communal toilet. All toilets and bathrooms are large enough to accommodate mobility equipment if needed.</p>



		<p>The dementia unit has sufficient toilets/ showers to accommodate two further residents.</p> <p>The rest home bathrooms and toilets can accommodate residents with mobility equipment if needed.</p>
<p><b>Standard 1.4.4: Personal Space/Bed Areas</b></p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Each resident's room is large enough to allow care to be provided safely and for the secure use and manoeuvring of mobility aids. Mobility aids can be used in en-suites and communal toilets/bathrooms in all areas. Residents requiring transportation between rooms or services are able to be moved from their room either by trolley, bed, lazy boy or wheelchair.</p>
<p><b>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</b></p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There is a lounge in the existing 'old' hospital wing. The new wing also has a very large lounge and dining room including a kitchenette which is over looked by the nurse's station.</p> <p>The psychogeriatric unit has a large lounge/ dining area which is overlooked by the nurse's station. Staff inform that meals will be served directly from the bain marie and then the bain marie will be immediately removed.</p> <p>The lounge and dining areas include a kitchenette in the dementia unit and can accommodate the additional two residents</p> <p>The lounge and dining areas include a kitchenette in the rest home and can accommodate residents with additional mobility aids.</p> <p>All meals are transported to all wings in bain maries and meals serviced from the bain marie on to plates. This is so the staff can personalise the meals to the resident.</p> <p>For all areas there is space to allow recreational activities to take place.</p>
<p><b>Standard 1.4.6: Cleaning And Laundry Services</b></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	<p>Laundry services are provided on site by Bupa staff. There is a laundry with a clear dirty clean flow and appropriate washing machines and driers for the client group. On the day of audit the laundry was being renovated so that the laundry chute deposited dirty items onto the dirty side.</p>

		<p>Effectiveness of the cleaning and laundry services is monitored at the current site.</p> <p>Whitby already employs cleaning staff who provide cleaning at the current site. One staff member will be rostered for the new site, with cleaning capability built up as the resident numbers increase.</p>
<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>	PA Low	<p>There are comprehensive civil defence and emergency procedures. Civil defence kits are readily accessible in a storage cupboard. Key staff are required to hold first aid certificates and this is monitored by the manager.</p> <p>The facility has emergency lighting and torches. There is additional water available. Gas BBQ and additional cylinders are available for alternative cooking. Emergency food supplies sufficient for three days are kept in the kitchen. Extra blankets are also available.</p> <p>The call bell system is installed and has visual display panels. Call bells are available in all resident areas; bedrooms, ensuite toilets/showers, communal toilets and dining/rooms.</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 safe and comfortable temperature.</p>	FA	<p>All areas, existing and new have appropriate heating and ventilation. There is plenty of natural light in the new rooms and all have windows.</p>
<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 control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service.</p> <p>The scopes of the infection control programme policy and infection control programme description are available. There is a job description for the infection control coordinator with clearly defined guidelines. There is an established and implemented infection control programme that is linked into the risk management system. The quality committee and the governing body is responsible for the development of the infection control programme and its annual review. There are combined infection control / health and safety and quality meetings held regularly. The meetings include a discussion and reporting of infection control matters, trends and quality improvements. Information from these meetings is communicated to the registered nurse weekly meetings. Minutes and graphs are</p>

		<p>available to staff.</p> <p>The facility has adequate signage and hand sanitizers at the entrance asking visitors not to enter if they have contracted or been in contact with infectious diseases. There is a staff health policy.</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 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	<p>The existing site has an approved fire evacuation plan and all staff have received fire evacuation training for this. The orientation programme also include fire training</p> <p>Smoke alarms, sprinkler system and exit signs are in place in the building.</p>	<p>The staff are yet to complete fire training for the new wings. This is booked for 20 May 2015.</p>	<p>Ensure fire evacuation training is provided in the new wings.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	<p>Smoke alarms, sprinkler system and exit signs are in place in the building.</p>	<p>The amended fire evacuation plan has yet to be signed off as approved by the fire service.</p>	<p>Ensure the amended fire evacuation scheme has been approved</p> <p>90 days</p>

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

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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
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End of the report.