

Bupa Care Services NZ Limited - Wattle Downs 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: Bupa Care Services NZ Limited - Wattle Downs 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: 1 March 2016 End date: 1 March 2016

Proposed changes to current services (if any): The facility is a new purpose-built facility including a total of 60 hospital and rest home (all dual-purpose) beds. The facility is across two levels with 30 resident rooms on each floor. The service is planning to open the ground floor (level one) initially.

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

Executive summary of the audit

Introduction

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

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

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.

General overview of the audit

Bupa Wattle Downs Care Home is part of the Bupa group of facilities. The facility is a new purpose-built facility including a total of 60 hospital and rest home (all dual-purpose) beds. The facility is across two levels with 30 resident rooms on each floor. The service is planning to open the ground floor (level one) initially. The intention is that the ground floor will be a mix of hospital and rest home and the second floor will essentially be hospital level.

This partial provisional audit included verifying the preparedness of the service to provide care across two service levels (rest home, and hospital/medical level care). The service has plans to open 21 March 2016.

An experienced aged care management team manages the new service. The care home manager (registered nurse) has previous experience in a clinical manager role at another Bupa aged care facility. A clinical manager who has previous aged care and unit coordinator experience, supports the facility manager.

The audit identified the new facility, staff roster and equipment is appropriate for providing rest home, and hospital – geriatric/medical level care.

There are clear procedures and responsibilities for the safe and smooth transition of residents into the new facility.

The corrective actions required by the service are all related to the completion of the building, managing identified risks and implementation of the new service.

Consumer rights

Organisational management

The clinical manager (RN) will fulfil the manager role during a temporary absence, with support from the Bupa operations manager or relief managers. The organisation has well developed policies and procedures that are structured to provide appropriate care for residents that require geriatric hospital (medical), and rest home level care.

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

The newly built facility has been designed with input from evidence based practice models, resident and staff consultation, experiential evidence from the global Bupa Care Homes team, and from evaluation and identified improvements from previous Bupa NZ developments.

There is a comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development. The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies.

An annual education schedule is to be commenced on opening. A competency programme is to be implemented for all staff with different requirements according to work type (eg, support work, registered nurse, cleaner). A draft staffing roster is in place for all areas of the facility.

Continuum of service delivery

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

The service is planning to use two weekly robotic packs and implement an electronic medication management system. There is a secure treatment room on each floor. New medication trolleys have been purchased for both floors.

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

Each floor has an open kitchenette with a servery out to the dining areas. Bain-maries have been purchased to transport the food from the main kitchen to the kitchenettes in each area.

Safe and appropriate environment

The facility is purpose built and is spacious. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Wattle Downs Care Home.

There are centrally located nurse stations with windows/doors opening out into each of the lounge areas. This ensures that staff are in close contact with residents even when attending to paper work or meetings.

Material safety data-sheets are to be available in the laundry and the sluices on each floor. Each sluice has a sanitiser. Gloves, aprons and goggles are available for staff.

All rooms and communal areas allow for safe use of mobility equipment. The facility has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space on each floor for storage of mobility equipment.

A procurement manager assists with ensuring appropriate purchase of equipment (eg, hoists, air relief mattresses). There is a chattel list developed and approved by head office for all new equipment (including medical equipment) for the new facility (sighted). All rooms and ensuites have been designed for hospital level care. There is a mobility bathroom with shower on each floor.

There is one external courtyard/garden area and the second floor has a covered deck.

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

There is a large open plan lounge/dining area on each floor.

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

The facility is appropriately heated and ventilated. There are ceiling heaters in resident rooms and ceiling heat pumps in hallways and lounge areas.

Restraint minimisation and safe practice

[Click here to enter text](#)

Infection prevention and control

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

The programme is reviewed annually at an organisational level.

The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	11	0	4	0	0	0
Criteria	0	30	0	5	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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>Wattle Downs Care Home is to be part of the Bupa group of facilities. The facility is a new purpose-built facility including a total of 60 hospital and rest home (all dual-purpose) beds. The facility is across two levels of 30 resident rooms on each floor. The service is planning to open the ground floor (level one) initially. The intention is that the ground floor will be a mix of hospital and rest home and the second floor will be mainly hospital residents.</p> <p>Wattle Downs Care Home has set a number of quality goals around the opening of the facility and these also link to the organisations strategic goals and H&S goals.</p> <p>Standardised policy and procedure, annual education programme, core competency assessments and orientation programmes are implemented at all sites. Bupa has robust quality and risk management systems implemented across its facilities. The organisation has a Clinical Governance group. Across Bupa, four benchmarking groups are established for rest home, hospital, dementia, psychogeriatric/mental health services. Benchmarking of some key clinical and staff incident data is also carried out with facilities in the UK, Spain and Australia (eg, Mortality and Pressure incidence rates and staff accident and injury rates). Benchmarking of some key indicators with another NZ provider is also in place.</p>

		<p>Wattle Downs Care Home will be benchmarked in two of these.</p> <p>The opening of the service is intended for 21 March 2016. An experienced management team manages the new service. The care home manager (RN) was a previous clinical manager within Bupa and has worked in aged care and for Bupa for the last 6.5 years. A clinical manager, who has worked within Bupa for four years as a registered nurse, supports the care home manager. The management team have been working alongside other Bupa managers since 2015 as part of induction and in preparation for managing a new care home facility. The operations manager, who oversees nine facilities as part of the northern-two region, supports the management team. She visits regularly during this set-up phase. The managers of northern-one teleconference fortnightly and meet monthly, and attend workshops quarterly. The operations manager completes a report to the Director Care Homes and Rehabilitation.</p> <p>There are job descriptions for all management positions that include responsibilities and accountabilities.</p> <p>Bupa provides a comprehensive orientation and training/support programme for their managers and clinical managers and regular forums for both occur across the year. The managers have maintained at least eight hours annually of professional development activities related to managing a hospital.</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>The clinical manager (RN) will fulfil the manager role during a temporary absence with support from the Bupa operations manager or relief managers. She has many years nursing experience in aged care.</p> <p>The organisation has well-developed policies and procedures structured to provide appropriate care for residents that require hospital (medical), and rest home level care. The manager consults with the Bupa dementia leadership group, gerontology nurse specialists, physiotherapist, dietitian, and mental health for older people.</p> <p>The service has negotiated contracts for podiatrist, dietitian, physiotherapist and general practitioner (GP) services (link 1.3.12). Physiotherapy services will initially be three hours a week, dietitian bimonthly or as required.</p> <p>The newly built facility has been designed with input from evidence based practice models, resident and staff consultation, experiential evidence from the global Bupa Care Homes team, and from evaluation and identified improvements from previous Bupa NZ developments.</p> <p>A review of the documentation, policies and procedures and discussions with</p>

		<p>management identified that the service operational management strategies, quality improvement programme, which includes culturally appropriate care, minimises risk of unwanted events and enhances quality.</p>
<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>FA</p>	<p>Register of registered nurse (RN) and enrolled nurse (EN) practising certificates is maintained, both at facility level and access via the Nursing Council of NZ website via the Bupa Intranet. Website links to the professional bodies of all health professionals have been established and are available on the Bupa intranet (quality and risk/links).</p> <p>There is a comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development.</p> <p>The organisation has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies. There are (to date) three registered nurses employed, caregivers to cover the initial roster, kitchen manager, and one activity assistant.</p> <p>Bupa has a 'Bupa bank' of staff that are employed and work as casual within Bupa and then can be employed for new facilities. The registered nurses and caregivers currently employed for Wattle Downs are working within other Bupa facilities.</p> <p>Orientation of currently employed staff commences on 7 March 2016. A training programme has been developed across 2 weeks in preparation for opening.</p> <p>Interviews with the management team confirmed that the caregivers, when newly employed, complete an orientation booklet that has been aligned with foundation skills unit standards. A trainer from Bupa is assisting staff to complete this orientation and to commence competencies. Advised that on completion of orientation, caregivers 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>An annual education schedule is to be commenced on opening. In addition, opportunistic education is to be provided by way of toolbox talks. There is an RN training day provided through Bupa that covers clinical aspects of care, for example dementia, delirium.</p>

		<p>A competency programme is to be implemented for all staff with different requirements according to work type (eg, support work, registered nurse, cleaner). Core competencies are required to be completed annually and a record of completion is to be maintained as per Bupa processes. The clinical manager has recently completed her competencies at another Bupa facility as part of her induction. Three RNs employed are InterRAI trained.</p> <p>RN competencies include; assessment tools, BSLs/Insulin admin, controlled drug (CD) administration, moving & handling, nebuliser, oxygen administration, PEG tube care/feeds, restraint, wound management, CPR, and T34 syringe driver. These are to be commenced during the training weeks.</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>	FA	<p>An organisational staffing policy aligns with contractual requirements and includes skill mixes. The wage analysis schedule is based on the safe indicators for aged care and dementia care and the roster is determined using this as a guide. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support. A report is to be provided fortnightly from head office that includes hours and whether there are over and above hours.</p> <p>The roster is flexible to allow for the increase in resident numbers as each floor fills up.</p> <p>The roster for the opening of the first floor is flexible around hospital/rest home residents. A registered nurse is rostered across each floor on am and pm shifts and one at night across the two floors. The draft roster identifies increase in staff/caregivers as resident numbers increase.</p> <p>There is currently one employed activity staff (and one being interviewed). Activity hours are rostered across seven days a week.</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>	PA Low	<p>The organisations medication policy and procedures follows recognised standards and guidelines for safe medicine management practice in accordance with the guideline: Safe Management of Medicines.</p> <p>The service is planning to use two weekly robotic packs and has negotiated a contract with a local pharmacy. There is a secure treatment room on each of the two floors. New medication trolleys have been purchased for each area. There is a controlled drug (CD) safe in a locked cupboard in each of the two treatment rooms. Each treatment room will have a medication fridge.</p>

		<p>A Medication - Self-Administration policy is available if required. This process is well established throughout Bupa services. There are locked drawers available. Bupa policies identify that medication errors are treated as an incident and captured as part of the incident management system, including benchmarking. There is an adverse reaction policy.</p> <p>Medicine management information is well established throughout Bupa Care Services. Advised that only those deemed competent, will be responsible for administration. All new senior staff will complete medication competencies as part of the induction programme planned. The service is introducing an electronic medication system and new staff are scheduled to complete training at another Bupa village that has the electronic system implemented.</p> <p>A contract with a local medical centre is in the process of being confirmed and will visit two x weekly or as required. The medication system is to be fully established at Wattle Downs Care Home.</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>PA Low</p>	<p>The new kitchen is designed in two parts, one for cooking and one for clearing up. Hostservices, who specialise in commercial kitchens, designed the kitchen. There are kitchen staff (one kitchen manager) employed to commence that have completed food safety certificates. Kitchen hands are yet to be appointed but are currently employed via the Bupa bank.</p> <p>Each floor has an open kitchenette off the dining areas</p> <p>Each kitchenette includes a servery area, fridge and dishwasher. Bain-maries have been purchased to transport the food from the main kitchen to each kitchenette via a lift. The kitchenette is open and the service will need to ensure the boiling water tap is managed as part of the hazard register.</p> <p>Kitchen fridge, food and freezer temperatures are to be monitored and documented daily as per Bupa processes. Resident annual satisfaction survey includes food. There are a number of internal audits to be implemented as per Bupa internal audit schedule including (but not limited to); a) environmental hygiene - kitchen, b) weight management audit, c) food storage, and d) food service audit.</p> <p>The residents are to have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. This is to be reviewed six monthly as part of the care plan review. Changes to residents' dietary needs are to be communicated to the kitchen as per Bupa policy.</p>

		Special equipment such as 'lipped plates' built up spoons are available as needs required. Equipment has been purchased for the new dining rooms/kitchenettes in each area.
<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>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 and specific waste disposal – infectious, controlled, food, broken glass or crockery, tins, cartons, paper and plastics.</p> <p>Procedure for disposal of sharps containers. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan.</p> <p>There are documented policies, procedures and an emergency plan to respond to significant waste or hazardous substance management. Accidental needle stick, blood or body fluid exposure risk assessment guidelines. All accidents/incidents are required to be reported on the accident report form, which is in turn investigated by the manager and reported to the Bupa Health and safety coordinator.</p> <p>Material safety data sheets are to be available in the laundry and the sluices on each floor. Each sluice on each floor has a sanitiser. There are locked cupboards in the sluice rooms for safe storage of chemicals.</p> <p>Advised that a sharps container will be kept in the treatment room on each floor. Hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols.</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.</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>	PA Low	<p>The facility is purpose built and is spacious. All building and plant have been built to comply with legislation. The building has two floors. Administration, service areas are on the ground floor (1st floor). There are 30 resident rooms on each floor. Each floor is designed to be stand-alone with a locked nurse's station and lounge/dining areas. The organisation has purchased all new equipment.</p> <p>There are centrally located nurse stations on each floor that have windows out into each of the lounge areas. There are two lifts between floors and two staircases. The lifts are large enough for a stretcher bed.</p>

		<p>The centrally located nurse stations look out on the open plan dining and lounge areas, which ensures that staff are in close contact with residents even when attending to paper work or meetings.</p> <p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired. The maintenance schedule includes checking of equipment. All electrical equipment and other machinery is to be checked as part of the annual maintenance and verification checks. Hi-lo/electric beds have been purchased for all areas.</p> <p>There are handrails in ensuites, communal bathrooms and hallways. All rooms and communal areas allow for safe use of mobility equipment. The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space in each new unit for storage of mobility equipment.</p> <p>The service is currently waiting on a copy of the certificate for public use.</p> <p>A procurement manager assists with ensuring appropriate purchase of equipment, for example, hoists, air relief mattresses.</p> <p>There is a chattel list developed and approved by head office for all new equipment (including medical equipment) for the new facility (sighted).</p> <p>All rooms have been designed for hospital level care. There is a mobility bathroom with shower bed on both floors.</p> <p>There are two doors off the lounge/dining area on the ground floor. One door opens into an enclosed landscaped courtyard and the other opens out into a landscaped garden/courtyard area. A door on the second floor opens into a shaded deck area. All doors off the lounges cannot be opened from the outside without a key.</p> <p>There are environmental audits and building compliance audits, which will be completed as part of the internal audit programme.</p> <p>There is a planned maintenance programme to ensure all buildings, plant and equipment are maintained. There is a full time maintenance/grounds person employed.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate</p>	<p>FA</p>	<p>Both floors have a mobility toilet near the lounge. Each resident room has either a shared ensuite or single ensuite. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment.</p>

toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.		Shared ensuites have locks and green/red lights to identify occupied. These can be opened if necessary by staff in an emergency. There is a mobility bathroom with shower bed on both floors.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	Resident's rooms are spacious and designed for hospital level. Each room allows for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and communal toilets/bathrooms in all areas. The open plan lounge areas are spacious. Residents requiring transportation between rooms or services are able to be moved from their room either by trolley, bed, lazy boy or wheelchair.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	There is a large open plan lounge/dining area on both floors plus another smaller lounge on each floor.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	Cleaning department - use of equipment policy, cleaning schedule – nursing staff. Cleaning schedule/methods – cleaners. There is a laundry manual that contains (but is not limited to) safety, standard infection control practises, procedures for the laundry of linen, infected linen, a laundry flow chart, sluicing soiled laundry, washing, drying, the cleaning of the laundry and chemical safety and storage. There is a laundry on the ground floor that would be used for incidentals. All laundry is to be transported to Sunset Rest Home and Hospital for laundering daily. There are area's for storage of clean and dirty laundry. There is an internal audit around laundry services and environmental hygiene - cleaning to be completed twice each year as per internal audit schedule. The cleaners cupboards are designated areas and lockable for storage of chemicals and are stored securely.
Standard 1.4.7: Essential, Emergency, And Security	PA Low	Appropriate training, information, and equipment for responding to emergencies is

<p>Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>provided at induction and is included as part of the annual training programme. Staff training in fire safety and fire drills are to be completed for new staff in the induction prior to opening.</p> <p>There is a comprehensive civil defence manual and emergency procedure manual in place. There is a civil defence kit available including spare water.</p> <p>Key staff are required to hold a first aid certificate. Currently the RNs employed to cover 24/7 have up to date first aid certificates and first aid training is scheduled as part of induction.</p> <p>Smoke alarms, sprinkler system and exit signs are in place in the building. The fire evacuation plan has been approved by the fire service.</p> <p>The facility has emergency lighting and torches. Gas BBQ and additional cylinders are available for alternative cooking.</p> <p>The call bell system is available in all areas with visual display panels. Call bells are available in all resident areas, (ie, bedrooms, ensuite toilet/showers, communal toilets, dining/rooms). The call bell system will also be connected to staff pagers.</p> <p>There is a two-door entrance to the lobby, which is open 24hrs a day. The second door into the care home locks at 6pm and unlocks at 7am. Afterhour's access is by way of keypad for staff and an intercom to the nurse call station where they can unlock the doors during this time. Anyone is free to leave at anytime from the inside during these hours, by pushing the exit button.</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>The new building is appropriately heated and ventilated. There are ceiling heaters in resident rooms and ceiling heat pumps in hallways. There are heat control panels in individual rooms. 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 IC programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The scope of the IC programme policy and IC programme description are available. There is a job description for the IC coordinator and clearly defined guidelines. The infection control programme is designed to link to the quality and risk management system. The programme is reviewed annually at organisational level.</p> <p>The service plans to establish monthly IC meetings. Towards the end of 2008, Bupa introduced a regional infection control group (RIC) for the three regions in NZ.</p>

		The meetings are held six monthly and terms of reference are clearly documented. The IC coordinator is the clinical manager.
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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 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	PA Low	<p>All new RN/ENs/senior caregivers that will be responsible for administering medication will complete a medication competency. This is to be completed annually. Only those staff deemed competent administer medication. Competencies include; a) demonstration of knowledge, b) supervised medication round, and c) competency sign off. The service is introducing an electronic medication system and staff are to be trained in its use.</p>	<p>The service has newly employed staff and advised that medication competencies will be completed during induction prior to opening. The service is introducing an electronic medication system and new staff are scheduled to complete training at another Bupa Care Home that has an electronic system implemented. The contracted GP is yet to be trained around the electronic medication system.</p>	<p>For new staff commencing who will have medication administration responsibilities, ensure all have completed medication competencies.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery,</p>	PA Low	<p>Each floor has an open plan kitchenette that has a servery out to the dining areas. Each kitchenette includes a servery area, fridge and dishwasher. Bain-maries have been purchased to transport the food</p>	<p>The kitchenette is open and there is a boiling water tap over the sink.</p>	<p>The service will need to ensure the boiling water tap is managed as part of the hazard register.</p>

and disposal comply with current legislation, and guidelines.		from the main kitchen to each kitchenette via a lift.		Prior to occupancy days
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The facility is purpose built and is spacious. All building and plant have been built to comply with legislation. The building has two floors. Administration, service areas and a 30-bed rest home/hospital is on the ground/first floor. The second floor also includes a 30-bed hospital (dual-purpose if needed). Each floor is designed to be stand-alone with nurse's station and combined lounge/dining. The organisation has purchased all new equipment. There are handrails located around the hallways and ensuites. There are two lifts between floors. One is larger than the other and can fit a stretcher bed. There are centrally located nurse stations on each floor that have windows out into each of the lounge areas.</p>	The building certificate for public use is yet to be signed off.	<p>A Certificate of Public Use (CPU) must be sighted by DHB/HealthCert prior to opening.</p> <p>Prior to occupancy 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>There is a landscaped courtyard and gardens/courtyard off the main lounge. Landscaping is yet to be completed off the second lounge. External doors off the lounges are not accessible from the outside and this not appropriate for the residents who could potentially be locked out.</p>	<p>(i) Landscaping is in the process of being completed off the front of the building off one 2nd lounge area (ii) There are two doors off the lounge dining area on the ground floor. One door opens into an enclosed landscaped courtyard and the other opens out into a landscaped garden/courtyard area. There is a door on the second door that opens into a shaded deck area. All doors off the lounges cannot be opened from the</p>	<p>(i) Ensure landscaping is completed in resident areas. (ii) Ensure the external doors to outdoor areas for residents can be managed internally and externally by residents</p> <p>Prior to occupancy days</p>

			outside without a key.	
<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>Appropriate training, information, and equipment for responding to emergencies is provided at induction and as part of the annual training programme. Staff training in fire safety and fire drill are to be completed for new staff in the four day induction prior to opening.</p>	<p>Staff training in fire safety and fire drill are to be completed for new staff during the induction prior to opening.</p>	<p>Ensure staff training in fire safety are to be completed for new staff prior to opening</p> <p>Prior to occupancy days</p>

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.