# Bupa Care Services NZ Limited - Parkstone Care Home

## Introduction

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

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

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

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

The specifics of this audit included:

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

**Premises audited:** Parkstone 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: 21 September 2016 End date: 21 September 2016

**Proposed changes to current services (if any):** The facility is a new purpose-built facility including a total of 102 hospital and rest home (all dual-purpose) beds. The facility is across two levels. The ground floor includes service areas and two separate wings. Peer wing has 21 resident rooms. It is envisaged that this wing will specifically be made up of YPD residents and those residents on peritoneal dialysis. The second wing on the ground floor is Brodie wing. Brodie wing is made up of 26 rooms (two double rooms) making a total of 28 beds.

On the second floor, there are three wings. Yaldhurst wing has 21 rooms. Athol wing has 24 rooms (including one double room) for a total of 25 beds. There is also a smaller wing (Ilam wing) that has a total of seven premium rooms.

The service is planning to open on the 17th October and residents from Bupa St Nicholas (which is closing) will transfer across. One floor of Bupa Parkwood is also closing and those residents that have consented to move will also transfer across to Parkstone. There is a transition plan around the decanting of residents from Bupa St Nicholas (40 residents) and Bupa Parkwood (40 residents) across to Bupa Parkstone on the 17th & 18th October. The transfer of residents will include 12 rest home, 12 YPD residents and 56 hospital residents.

This audit also included verifying the service as suitable to provide residential disability – physical level care.

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

# Executive summary of the audit

## Introduction

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

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

## General overview of the audit

Bupa Parkstone Care Home is part of the Bupa group of facilities. The facility is a new purpose-built facility across two floors including a total of 102 hospital and rest home (all dual-purpose) beds. This audit also included verifying the service as suitable to provide residential disability – physical level care. The service is planning to open the facility on the 17th October 2016. The intention is 80 residents will transfer from two other Bupa facilities (one is closing and the other has a floor closing) the first week of opening.

This partial provisional audit included verifying the preparedness of the service to provide care across three service levels (rest home, and hospital/medical and residential disability - physical level care).   
An experienced management team is employed to manage the new service. The care home manager (registered nurse) has previous management experience in the DHB and aged care nursing. An experienced clinical manager (currently clinical manager at another Bupa care home) is employed to support the care home manager. The audit identified the new facility, staff roster and equipment is appropriate for providing rest home, hospital – geriatric/medical and residential disability – physical 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

N/A

## 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), rest home and residential disability – physical 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. All newly employed staff are transferring from other Bupa villages and therefore come with up-to-date competencies.   
An annual education schedule is to be commenced on opening. 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 in each wing. New medication trolleys have been purchased for all areas. Staff are currently being trained around the electronic medication system at other Bupa villages.

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, stand up fridges 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 spacious and includes five wings. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Parkstone 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 paperwork or meetings.   
Material safety datasheets 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. All rooms and ensuites have been designed for hospital level care. There is a mobility bathroom with shower in each wing.   
There is external courtyard/garden area and covered balconies.   
All wings have a mobility toilet near the lounge. Each resident room has either a shared ensuite or single ensuite. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment. Shared units have locks and green/red lights to identify occupied. These can be opened if necessary by staff in an emergency.  
There is a large open plan lounge/dining area in each wing.   
Appropriate training, information, and equipment for responding to emergencies is provided at induction and as part of the annual training programme. The call bell system is available in all areas with visual display panels. Call bells are available in all resident areas. The call bell system will be connected to staff pagers.   
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

N/A

## 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.

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| **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 | 29 | 0 | 6 | 0 | 0 | 0 |

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

# Attainment against the Health and Disability Services Standards

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

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

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

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

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Parkstone Care Home is part of the Bupa group of facilities. The facility is a new purpose-built facility including a total of 102 beds. The service has applied for hospital (geriatric and medical) and rest home level care (all dual-purpose). This audit also included verifying the service as suitable to provide residential disability – physical level care.  The facility is across two levels. The ground floor includes service areas and two separate self-contained care wings with a nurse’s station in each. Peer wing has 21 resident rooms. It is envisaged that this wing will specifically be a community for YPD residents and those residents on peritoneal dialysis. The second wing on the ground floor is Brodie wing. Brodie wing has 26 rooms, (two double rooms) making a total of 28 beds.  On the second floor, there are three self-contained wings. Yaldhurst wing has 21 rooms. Athol wing has 24 rooms (including one double room) for a total of 25 beds. There is also a smaller wing (Ilam wing) that has a total of seven premium rooms. The nurse’s station between Ilam wing and Yaldhurst wing will be shared for those two wings.  The service is planning to open on the 17th October and those consenting residents from Bupa St Nicholas (which is closing) will transfer across. One floor of Bupa Parkwood is also closing and those residents that have consented to move will also transfer across to Parkstone. There is a transition plan around the decanting of residents from Bupa St Nicholas (40 residents) and Bupa Parkwood (40 residents) across to Bupa Parkstone on the 17th & 18th October. The transfer of residents will include 12 rest home residents, 12 YPD residents and 56 hospital residents. A specific committee from Bupa has been set up to manage this process. A Bupa project manager has visited a Bupa facility in Sydney with the same scenario to see how this process was best managed.  Parkstone 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.  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. Parkstone Care Home will be benchmarked in two of these.  An experienced management team is employed to manage the new service. The care home manager (registered nurse) has previous management experience in the DHB and aged care nursing. An experienced clinical manager (currently clinical manager at another Bupa village) is employed to support the care home manager. The management team have been working alongside other Bupa managers as part of induction and in preparation for managing a new care home facility. A Bupa relieving Care Home manager will work alongside and support the new care home manager for the first month.  The operations manager, who oversees nine facilities as part of the southern-one region, supports the management team. She is very involved with the set-up phase. The managers of southern-one teleconference fortnightly and meet monthly, and attend workshops quarterly. The operations manager completes a report to the Director Care Homes and Rehabilitation.  There are job descriptions for all management positions that include responsibilities and accountabilities.  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. |
| Standard 1.2.2: Service Management  The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers. | FA | The clinical manager (RN) will fulfil the manager role during a temporary absence with support from the Bupa operations manager or relief managers. She has many years nursing experience in aged care. The organisation has well-developed policies and procedures structured to provide appropriate care for residents that require hospital (geriatric and medical), rest home and residential disability-physical level care. The service can consult with the Bupa dementia leadership group, gerontology nurse specialists, physiotherapist, dietitian, and mental health for older people.   The service has negotiated contracts for podiatrist, dietitian, physiotherapist and general practitioner (GP) services (link 1.3.12). Physiotherapy services will initially be eight hours a week with support from a physiotherapy assistant across five days a week. There is a dietitian available as required and an Occupational Therapist. 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.  A review of the documentation, policies and procedures and discussions with management identified that the service operational management strategies, quality improvement programme, which includes culturally appropriate care, minimises risk of unwanted events and enhances quality. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | A 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). There is a comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development.   The organisation has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies.  All staff commencing at Parkstone are currently employed at either Bupa St Nicholas or Parkwood. There are 18 RNs coming across to Parkstone. Nine of the 18 are InterRAI trained, nine are trained in Peritoneal dialysis (currently three residents are transferring to Parkstone that require Peritoneal dialysis). There is a unit coordinator employed for each floor. The two unit coordinators are experienced Bupa unit coordinators and familiar with the current residents.  There are 39 caregivers coming to Parkstone from other Bupa sites. All staff commencing on opening have completed Bupa inductions, foundations and all competencies are up to date.  Four activity staff have been employed. (Two each from St Nicholas and Parkwood). Activities are rostered across 7 days at Parkstone.  Site-specific orientation training days are scheduled the week of 4th October for all staff (repeat sessions are being held). This included (but not limited to), fire and evacuation. 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. All staff have completed in-service training through their previous Bupa facilities. All HR records are to be transferred to Parkstone from the other Bupa facilities.  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.    RN competencies include; assessment tools, BSLs/Insulin administration, controlled drug (CD) administration, moving & handling, nebuliser, oxygen administration, PEG tube care/feeds, restraint, wound management, CPR, and T34 syringe driver. All RNs are currently up to date with their competencies and appraisals. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | 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.  The roster is flexible to allow for the increase in resident numbers. The draft roster is in place for the safe transfer of 80 residents across two days, both onsite and during transfer. The roster is specific for each wing (with Athol and Ilam wing combined). A registered nurse is rostered in each wing on am and pm shifts and one RN at night on each floor with support by caregivers. Staff ratio is initially 1- 5 (as per hospital). Activity hours are rostered across seven days a week.  The roster for the first two days, where 80 residents transfer from St Nicholas and Parkwood, has been safely determined. Two companies have been contracted to move the residents. On day one, there will be 16 care staff, plus five extra staff at St Nicholas to assist with moving the residents out. Residents will have an overnight bag and their file. All is colour-coded to which wing they will move to. There will be 16 care staff rostered at Parkstone to meet the residents/staff on arrival. A checklist for each resident will be completed on arrival. Resident’s personal furniture and belongings will be delivered the next day.  On day two, the same scenario will occur at Parkwood care home for transfer of those residents. Advised, that all resident files are up to date including InterRAI, care plans and evaluations. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | PA Low | The organisations medication policy and procedures follows recognised standards and guidelines for safe medicine management practice in accordance with the guideline: Safe Management of Medicines.  The service is planning to use two weekly robotic packs and has negotiated a contract with a local pharmacy. There is a secure treatment room in each wing. New medication trolleys have been purchased for each area. There is a controlled drug (CD) safe in a locked cupboard in each of the treatment rooms. Each treatment room will have a medication fridge. A Medication - Self-Administration policy is available if required. This process is well established throughout Bupa services. There are locked drawers available. Bupa policies identify that medication errors are treated as an incident and captured as part of the incident management system, including benchmarking. There is an adverse reaction policy. Medicine management information is well established throughout Bupa Care Services. Advised, that only those deemed competent, will be responsible for administration. All senior staff transferring to Parkstone have current medication competencies. The service is introducing an electronic medication system and staff are currently completing training at St Nicholas and Parkwood and will have completed competencies. GP services have been contracted to two GPs. This will cover 4.5 hours a week and on-call. The medication system is to be fully established at Parkstone. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | PA Low | 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. Kitchen staff are employed to commence that have completed food safety certificates.  Each wing has an open kitchenette off the dining areas. 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. The kitchenette is open and the service will need to ensure the boiling water tap is managed as part of the hazard register. The kitchenette is also near the walkway area from the hallways to the dining area. The heated bain-marie is set to sit at the end of the kitchenette for staff to dish meals. This may be a potential hazard for residents walking past. While it is not specifically in the walkway, there is potential for the residents to touch it. This will need to be managed as part of the hazard register. 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.  The residents are to have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. These are to transfer with the current residents and provided to the kitchen. Advised that any changes to residents’ dietary needs will be communicated to the kitchen as per Bupa policy.  Special equipment such as 'lipped plates' built up spoons are available as needs required. Equipment has been purchased for the new dining rooms/kitchenettes in each area. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | 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.  Procedure for disposal of sharps containers. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan.  There are documented policies, procedures and an emergency plan to respond to significant waste or hazardous substance management. Accidental needle stick, blood or body fluid exposure risk assessment guidelines. All accidents/incidents are required to be reported on the accident report form, which is in turn investigated by the manager and reported to the Bupa Health and safety coordinator.  Material safety datasheets are to be available in the laundry and the sluices on each floor. There is a sluice in each floor, which also has a sanitiser. There are locked cupboards in the sluice rooms for safe storage of chemicals. Advised that a sharps container will be kept in the treatment room on each floor. Gloves, aprons and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | PA Low | The facility is purpose built and is spacious. All building and plant have been built to comply with legislation. The building has two floors. Administration, service areas are on the ground floor. There are two wings on the ground (Brodie and Peer wings). There are three resident wings on the 1st floor (Athol, Yaldhurst and Ilam wings). Each wing is designed to be stand-alone with a locked nurse’s station and lounge/dining areas (Ilam is only a small seven bed wing and staff will utilise the adjoining Yaldhurst nurses’ station). The organisation has purchased all new equipment for the facility. There are two lifts between floors and four staircases. The lifts are large enough for a stretcher bed.  In each wing (except Ilam) 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 paperwork or meetings.  Residents are able to bring their own possessions into the home and are able to adorn their room as desired. The maintenance schedule includes checking of equipment. All electrical equipment and other machinery is to be checked as part of the annual maintenance and verification checks. Hi-lo/electric beds have been purchased for all areas.  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. The building is still in the process of being completed and therefore the certificate for public use is not yet complete.   A procurement manager assists with ensuring appropriate purchase of equipment, for example, 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 have been designed for hospital level care. There is a mobility bathroom with shower bed on in each wing.   There are two sliding doors off the two lounge/dining areas on the ground floor. The doors open into enclosed landscaped courtyards. Two wings on the first floor open onto shaded balcony areas. These areas are in the process of being completed. All landscaping around the facility is in the process of being completed.  There are environmental audits and building compliance audits, which will be completed as part of the internal audit programme.  There is a planned maintenance programme to ensure all buildings, plant and equipment are maintained. There is a full time maintenance/grounds person employed. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements. | FA | Both floors have a mobility toilet near each of the large lounge areas. Each resident room has either a shared ensuite or single ensuite. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment. Shared ensuites have locks and green/red lights to identify they are occupied. The opposite door in the shared ensuite automatically locks when in use (interlocking). These can be opened if necessary by staff in an emergency. There is a mobility bathroom with shower bed in each of the wings. |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | 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. There are double rooms available for married couples. Brodie wing has two double rooms and Athol wing has one double room. |
| 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 spacious open plan lounge/dining area in each of the four wings. The smaller seven-bed Ilam wing has a smaller lounge and kitchenette. Each of the four larger wings also have a smaller lounge available. These are smaller lounges and will seat comfortably up to five residents depending on type of furniture. There is a café room on the ground floor which can be accessed by residents and family. |
| 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 | 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. Cleaning procedures are available for cleaning staff. A team of six cleaners have been employed.  There is a laundry on the ground floor that would be used for incidentals. The laundry is large and has been designed to manage all laundry if needed. However, laundry is to be transported to Bupa Cashmere daily for laundering. There are areas for storage of clean and dirty laundry. Laundry staff have been employed.  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 Systems  Consumers receive an appropriate and timely response during emergency and security situations. | PA Low | Appropriate training, information, and equipment for responding to emergencies is provided at induction and 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.  There is a comprehensive civil defence manual and emergency procedure manual in place. There is civil defence kits available including spare water in each wing. Water storage tanks are also available.  Key staff are required to hold a first aid certificate. All RNs employed have up to date first aid certificates.  Smoke alarms, sprinkler system and exit signs are in place in the building. The fire evacuation plan is in draft and currently with the fire service awaiting approval. The facility has emergency lighting and torches. Gas BBQ and additional cylinders are available for alternative cooking. There is a generator available if needed.  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. This is a step down system, so call bell response times can be monitored.  There is a two-door entrance to the lobby. 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 any time from the inside during afterhours, by pushing the exit button. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | The new building is appropriately heated and ventilated. There are ceiling heaters in resident rooms and ceiling heat pumps in hallways and lounges. There are heat control panels in individual rooms. Bathrooms have waterproof infrared heaters. There is plenty of natural light in the new rooms and all have windows. |
| Standard 3.1: Infection control management  There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service. | FA | The IC programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The scope of the IC programme policy and IC programme description are available. There is a job description for the IC coordinator and clearly defined guidelines. The infection control programme is designed to link to the quality and risk management system. The programme is reviewed annually at organisational level.  The service plans to establish monthly IC meetings. Towards the end of 2008, Bupa introduced a regional infection control group (RIC) for the three regions in NZ. The meetings are held six monthly and terms of reference are clearly documented. The IC coordinator is the clinical manager. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.3.12.1  A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines. | PA Low | The service is planning to use two weekly robotic packs and has an agreement with a local Pharmacy provider. A secure treatment room in each of the wings is in the process of being completed. New medication trolleys and fridges have been purchased for each area. There is a Controlled Drug (CD) safe to be installed in each of the four treatment rooms | The furbishment of the treatment rooms is not all completed with keypad locks. The medication system is to be fully established at Parkstone. | Implement a safe transition for the medication system.  Prior to occupancy days |
| Criterion 1.3.13.5  All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines. | PA Low | Each wing 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 from the main kitchen to each kitchenette via a lift. | The kitchenette is open and there is a boiling water tap over the sink. | The service will need to ensure the boiling water tap and the position of the bain-marie is managed as part of the hazard register.  Prior to occupancy days |
| Criterion 1.4.2.1  All buildings, plant, and equipment comply with legislation. | PA Low | The facility is a new purpose-built facility including a total of 102 hospital and rest home (all dual-purpose) beds. The facility is across two levels. The ground floor includes service areas and two separate wings. Peer wing has 21 resident rooms. It is envisaged that this wing will specifically made up of YPD residents and those residents on peritoneal dialysis. The second wing on the ground floor is Brodie wing. Brodie wing is made up of 26 rooms (two double rooms) making a total of 28 beds.  On the second floor, there are three wings. Yaldhurst wing has 21 rooms. Athol wing has 24 rooms (including one double room) for a total of 25 beds. There is also a smaller wing (Ilam wing) that has a total of seven premium rooms. Each wing is designed to be stand-alone with a locked nurse’s station and lounge/dining areas (Ilam is only a small seven bed wing and staff will utilise the adjoining Yaldhurst nurses’ station. 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. | The building is in the process of being completed. Not all rooms are completed. Not all handrails and chattels are installed. The building certificate for public use (CPU) is yet to be completed. | A Certificate of Public Use (CPU) must be sighted by DHB/HealthCert prior to opening.  Prior to occupancy days |
| Criterion 1.4.2.6  Consumers are provided with safe and accessible external areas that meet their needs. | PA Low | There will be a number of outdoor garden areas for residents to access. There are landscaped courtyards and gardens/courtyards off the main lounge areas on the ground floors in the process of being completed. Two wings on the first floor open onto shaded balcony areas. These areas are in the process of being completed. All landscaping around the facility is in the process of being completed. | (i) Landscaping is in the process of being completed; (ii) Balconies are in the process of being completed; (iii) Seating and shade on the ground floor is yet to be installed. | (i) Ensure landscaping is completed in resident areas. (ii) Ensure balconies are complete and signed off as part of the CPU; (iii) Ensure seating and shade on the ground floor is in place.  Prior to occupancy days |
| Criterion 1.4.7.1  Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures. | PA Low | Appropriate training, information, and equipment for responding to emergencies is provided at induction and as part of the annual training programme. Staff training in fire safety and fire drills are to be completed for new staff in the induction prior to opening. All staff are currently working for Bupa so have completed regular fire safety and fire drills. | Specific fire drill training for the Parkstone facility has yet to be completed for new staff. This is scheduled for the induction days. | Ensure a fire drill and fire safety is completed for new staff prior to opening.  Prior to occupancy days |
| Criterion 1.4.7.3  Where required by legislation there is an approved evacuation plan. | PA Low | Smoke alarms, sprinkler system and exit signs are in place in the building. The fire evacuation plan is in draft and currently with the fire service awaiting approval. | The draft fire evacuation plan is yet to be approved by the fire service. | Ensure the fire evacuation scheme is approved.  60 days |

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

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

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

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

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End of the report.