

Bupa Care Services NZ Limited - St Andrews 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: St Andrews 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: 26 September 2016 End date: 26 September 2016

Proposed changes to current services (if any): The care home is a new purpose-built facility including a total of 40 hospital (medical and geriatric) and rest home (all dual-purpose) rooms. The facility is a single-level building and the service plans to open on 25th October.

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 St Andrews Care Home is part of the Bupa group of facilities and is situated in Hamilton. The facility is a new purpose-built single level facility including a total of 40 hospital (medical and geriatric) and rest home (all dual-purpose) beds.

This partial provisional audit included verifying the preparedness of the service to open a new facility and to provide care across two service levels (rest home, and hospital/medical level care). The service is planning to open on the 25th October 2016.

An experienced aged care management team is employed to manage the new service. The care home manager (registered nurse) has previous experience as a clinical manager and care home manager with Bupa in New Zealand and in the UK. There is a newly employed clinical manager (CM). The CM has over four years' experience in clinical management roles at another Bupa facility.

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, and implementation of the new service.

Consumer rights

Not applicable

Organisational management

The clinical manager (RN) will fulfil the manager role during a temporary absence, with support from the Bupa operations manager or Bupa 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, and dietitian and GP services.

There are comprehensive human resource policies 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 are two secure treatment rooms; one will be used for medication and for wound care products. 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, fridges and walk-in pantry.

Food will be serviced directly from the kitchen to the dining area. Hostess positions have been introduced to assist with a premium dining service.

Safe and appropriate environment

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

There are two centrally located nurse stations with windows opening out into the separate lounge and separate dining room. 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 sluice. The 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 dining/kitchen areas. There is adequate space throughout the facility 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 and premium level care. There is a mobility bathroom with shower available.

There is a large internal courtyard/garden area and other outdoor areas off the lounge.

There is a mobility toilet near the lounge and one near the separate dining room. 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 lounge and a smaller quiet lounge. There is a separate dining room.

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

Not applicable

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	28	0	7	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>Bupa St Andrews Care Home is part of the Bupa group of care homes and is situated in Hamilton. The care home is a new purpose-built single level facility including a total of 40 hospital (medical and geriatric) and rest home (all dual-purpose) beds.</p> <p>This partial provisional audit included verifying the preparedness of the service to open a new facility and to provide care across two service levels (rest home, and hospital/medical level care). The service is planning to open on the 25th October 2016.</p> <p>The audit identified the new facility, staff roster and equipment is appropriate for providing rest home, and hospital – geriatric/medical level care.</p> <p>There are clear procedures and responsibilities for the safe and smooth transition of residents into the new facility. There are currently nine residents on the waiting list (all rest home level).</p> <p>St Andrews Care Home has set a number of quality goals around the opening of the care home 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. St Andrews Care Home will be benchmarked in two of these.</p> <p>An experienced aged care management team is employed to manage the new service. The care home manager (registered nurse) has previous experience as a clinical manager and care home manager with Bupa in New Zealand and in the UK. There is a newly employed clinical manager (CM). The CM has over four years' experience in clinical management roles at another Bupa facility. The management team have been working alongside other Bupa managers as part of induction and in preparation for managing a new care home facility. The operations manager oversees 11 facilities as part of the midlands region. He is regularly available to support the management team and visits regularly during this set-up phase. The managers of Midlands teleconference fortnightly 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 management team also have links 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 contracted as needed until resident numbers increase.</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 management identified that the service operational management strategies, quality improvement programme, which includes culturally appropriate care, will minimise risk of unwanted events and enhance 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>PA Low</p>	<p>There is a register of registered nurse (RN) and enrolled nurse (EN) practising certificates 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.</p> <p>Currently, there are three registered nurses employed (a further three to be recruited), four caregivers to cover the initial roster, kitchen manager (Chef), three hostesses, one household cleaner and one part-time maintenance person. The service is currently interviewing for further staff and this will continue as resident numbers increase.</p> <p>Bupa has a 'Bupa bank' of staff that are employed and work as casuals within Bupa and then can be employed for new facilities. The registered nurses currently employed for St Andrews are InterRAI trained and first aid trained. The four caregivers currently employed have an NZQA qualification.</p>

		<p>Orientation of newly employed staff commences on 6 October 2016. An orientation training programme has been developed across three weeks in preparation for opening and will also include completing required Bupa core competencies. Registered nurses and senior caregivers will also be trained in 'One chart' during this time.</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.</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>	<p>FA</p>	<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 resident numbers increase.</p> <p>The roster for the opening of the care home is flexible around hospital/rest home residents. A registered nurse is rostered across each shift (link 1.2.7.3). The care home manager and clinical manger (both RNs are rostered across five mornings as well). The initial roster (first week) includes one caregiver and one RN per shift. The draft roster identifies increase in staff/caregivers as resident numbers/assessed needs increase.</p> <p>There is currently one employed FTE activity therapist.</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>	<p>PA Low</p>	<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 in two wings (one is going to be used as a medication room and the other as a wound care/clinical products room). Two new medication trolleys have been purchased. There is a controlled drug (CD) safe in a locked cupboard and a fridge in the treatment room.</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 care home that has the electronic system implemented.</p> <p>A contract with a local medical centre has been confirmed and will visit two times weekly or as required. The medication system is to be fully established at St Andrews 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>FA</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 chef and another yet to be appointed) employed to commence that has completed food safety certificates. Three hostesses have been employed to assist residents to ensure it is a pleasant dining experience. A kitchen servery opens out into the dining room.</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> <p>Special equipment such as 'lipped plates' built up spoons are available as needs required. Equipment has been purchased for the new dining room.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>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.</p> <p>Material safety datasheets are to be available in the laundry and the sluice. The sluice has a sanitiser. There are locked cupboards in the sluice room for safe storage of chemicals.</p> <p>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 care home has a total of 40 hospital (medical and geriatric) and rest home (all dual-purpose) rooms. The facility is a single-level building and the service plans to open on 25th October.</p> <p>There are two centrally located nurse stations that have windows out into the spacious lounge room and one off the dining room. The reception area, which</p>

		<p>includes administration, meeting room, care home managers office, hairdressers and cafe (for residents/relatives), is situated between the lounge room and the separate dining room.</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 are 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. The service is near completion and the certificate for public use has yet to be obtained.</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). A review of furniture identified there was no specific lazy boy chairs on wheels for immobile residents.</p> <p>All rooms have been designed for hospital level care. There is a mobility bathroom with shower bed available.</p> <p>There are doors off the lounge and dining rooms onto courtyard areas that are in the process of being completed. A large internal courtyard is accessible off two lounges, café and the dining room. This is in the process of being completed.</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>
Standard 1.4.3: Toilet, Shower, And Bathing Facilities	FA	There is a mobility toilet near the lounge and one near the dining room. Each resident room has either a shared ensuite or single ensuite. All ensuites

<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>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 available.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Residents' 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.</p>
<p>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.</p>	FA	<p>There is a large open plan lounge room and another smaller quiet lounge. There is also a separate dining room. The rooms are spacious enough to allow for group or individual activities. There is a separate café off the reception area for residents and relatives.</p>
<p>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.</p>	FA	<p>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.</p> <p>There is a laundry that has an entrance and exit. There are areas for storage of clean and dirty laundry. A household manager will be responsible for laundry and cleaning initially.</p> <p>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.</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>	<p>PA Low</p>	<p>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.</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 draft fire evacuation plan is currently with the fire service and the service is awaiting approval.</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. This is a step down system, so call bell response times can be monitored.</p> <p>There is a two-door entrance to the lobby. The second door into the care home locks at 6pm and unlocks at 7am. Afterhours 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.</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>	<p>FA</p>	<p>The new building is appropriately heated and ventilated. There are ceiling heaters in resident rooms and ceiling heat pumps in hallways and lounge areas. 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</p>	<p>FA</p>	<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</p>

<p>visitors. This shall be appropriate to the size and scope of the service.</p>		<p>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. There is a Bupa 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.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	<p>Currently, there are three registered nurses employed (a further three to be recruited), four caregivers to cover the initial roster, kitchen manager (Chef), three hostesses, one household cleaner and one part time maintenance person. The service is currently interviewing for further staff and this will continue as resident numbers increase.</p> <p>Bupa has a 'Bupa bank' of staff that are employed and work as casuals within Bupa and then can be employed for new facilities. The registered nurses currently employed for St Andrews are InterRAI trained and first aid trained. The four caregivers currently employed have an NZQA qualification</p>	<p>The service is in the process of employing staff to cover the initial roster.</p>	<p>Ensure there is 24/7 registered nurse cover.</p> <p>Prior to occupancy days</p>

<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	<p>PA Low</p>	<p>Orientation of newly employed staff commences on 6 October 2016. A orientation training programme has been developed across three weeks in preparation for opening and will also include completing required Bupa core competencies. Registered nurses and senior caregivers will also be trained in 'One chart' during this time.</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>Orientation of newly employed staff commences on 6 October 2016. A orientation-training programme has been developed across three weeks in preparation for opening and will also include completing required Bupa core competencies. Registered nurses and senior caregivers will also be trained in 'One chart' during this time.</p>	<p>Ensure staff commencing on opening complete the facility induction programme and competencies.</p> <p>Prior to occupancy days</p>
<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>	<p>PA Low</p>	<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</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.</p>	<p>For new staff commencing who will have medication administration responsibilities, ensure all have completed medication competencies.</p>

		medication system and staff are to be trained in its use.		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 care home has a total of 40 hospital (medical and geriatric) and rest home (all dual-purpose) rooms. All rooms have been designed for hospital level care. The facility is a single-level building and the service plans to open on 25th October. The building project is near completion and therefore a copy of the certificate for public use has not yet been obtained.</p> <p>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). A review of furniture, identified there was no specific lazy boy chairs on wheels for immobile residents.</p>	<p>(i) The building certificate for public use is yet to be signed off. (ii) A review of furniture identified there was no specific lazy boy chairs on wheels for immobile residents.</p>	<p>(i) A Certificate of Public Use (CPU) must be sighted by DHB/HealthCert prior to opening. (ii) Furniture for immobile residents needs to be in place.</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 are doors off the lounge and dining rooms onto courtyard areas that are in the process of being completed. A large internal courtyard is accessible off two lounges, café and the dining room. This is in the process of being completed.</p> <p>There is a fulltime maintenance/grounds person employed.</p>	<p>(i) Landscaping is in the process of being completed. There are doors off the lounge and dining rooms onto courtyard areas that are in the process of being completed. A large internal courtyard is accessible off two lounges, café and the dining room. This is in the process of</p>	<p>Ensure landscaping is completed in resident areas.</p> <p>Prior to occupancy days</p>

			being completed.	
<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	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 four day induction prior to opening.	Staff training in fire safety and fire drills are to be completed for new staff during the induction prior to opening.	<p>Ensure staff training in fire safety are to be completed for new staff prior to opening.</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	The draft fire evacuation plan is currently with the fire service and the service is awaiting approval	The draft fire evacuation plan is currently with the fire service and the service is awaiting approval	<p>Ensure the fire evacuation plan is approved by the fire service</p> <p>60 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.