# Bupa Care Services NZ Limited - Hugh Green 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:** Hugh Green Care Home

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

**Dates of audit:** Start date: 1 November 2016 End date: 1 November 2016

**Proposed changes to current services (if any):** The facility is a new purpose-built facility including a total of 100 beds. The facility is across three levels. The ground floor includes service areas and a secure dementia unit (24 beds). On the second floor, there are separate wings including a total of 45-dual purpose beds. Fergus wing has 20 rooms. Foyle wing has 20 rooms. There is also a smaller wing that has a total of five premium rooms. Each of the three wings on this floor have their own open-plan lounge/dining area. The third floor includes a 31-bed hospital/rest home (all dual-purpose) beds.

The service is planning to open all floors on the 28 November 2016.

**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 Hugh Green Care Home is part of the Bupa group of facilities. The facility is a new purpose-built 100-bed facility across three floors. The ground floor includes a 24-bed secure dementia unit. The second floor includes 45 hospital/rest home dual-purpose rooms across three units. The third floor includes 31-bed hospital/rest home (all dual-purpose) beds. The service is planning to open the facility on 28 November 2016.

This partial provisional audit included verifying the preparedness of the service to provide care across three service levels (rest home, and hospital/medical and dementia level care).   
An experienced management team is employed to manage the new service. The care home manager has previous aged care management experience. An experienced clinical manager (previous clinical manager at another facility) 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 dementia 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, landscaping and implementation of the new service.

## Consumer rights

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## 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 dementia 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 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 to be trained around the electronic medication system during induction.

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/wing 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 three floors (five separate units). All building and plant have been built to comply with legislation. The organisation has purchased all new equipment.  
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 off the dementia unit and covered balconies off the 2nd and 3rd floor. The dementia unit allows for a ‘loop’ walking area around the unit and through the two external outdoor areas.  
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

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## 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 | 12 | 0 | 4 | 0 | 0 | 0 |
| **Criteria** | 0 | 29 | 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](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).

|  |  |  |
| --- | --- | --- |
| **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 | Hugh Green Care Home is part of the Bupa group of facilities. The facility is a new purpose-built facility including a total of 100 beds. The service has applied for hospital (geriatric and medical), rest home level care (all dual-purpose) and dementia level care.  The facility is across three levels. The ground floor includes service areas and a secure 24-bed dementia unit (written consent has been obtained from the DHB for the extra four beds).  On the second floor, there are three self-contained wings with a total of 45 dual-purpose beds (it is intended that this floor will essentially be rest home only). Fergus wing has 20 hospital/rest home rooms. Foyle wing has 20 hospital/rest home rooms. There is also a smaller wing that has a total of five premium rooms. Each of the three wings on this floor has an open-plan lounge/dining area. The shared nurse’s station between Fergus wing and Foyle wing includes windows that oversee the open-plan lounges of Fergus and Foyle wings. The third floor includes 31-bed hospital/rest home (all dual-purpose) beds.  The service is planning to open on 28 November 2016. Consenting residents from Oceania Maureen Plowman (which is closing) will transfer across. There are 15 rest home residents and 10 dementia residents transferring into Hugh Green 28-30 November. There are also 17 external residents on the waiting list.  There is a transition plan around the decanting of residents from Maureen Plowman to Hugh Green. All residents will have admission documentation, initial assessments, care plans and medical assessments completed the few days before transfer. Oceania and family of residents are responsible for the transfer to Hugh Green.  Hugh Green 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. The philosophy of the organisation and service also includes providing safe and therapeutic care for residents with dementia that enhances their quality of life and minimises risks associated with their confused states.  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. Hugh Green Care Home will be benchmarked in three of these.  An experienced management team is employed to manage the new service. The care home manager has over 27 years healthcare experience and management in healthcare. He has been a care home manager with Bupa for the last 3.5 years. An experienced clinical manager (previously clinical manager at another village) is employed to support the care home manager. The management team have been working alongside other Bupa managers and in preparation for managing a new care home facility. The clinical manager has been completing her Bupa induction at another Bupa facility.  The operations manager oversees 17 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.  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 dementia 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. Physiotherapy services will initially be two hours a week until resident numbers increase. The physiotherapist will be supported by physiotherapy assistant across five days a week. There is a dietitian available as required and a podiatrist contracted. 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. | PA Low | 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. An orientation/induction fortnight training programme is scheduled for all new staff commencing on opening to complete Bupa inductions, foundations and all required competencies. One chart training and medication management is also scheduled for this time (link 1.3.12.3).  The service has employed the following staff to date, which will cover the initial roster across all three levels. There are 16 caregivers (all come with caregiving experience). Four have completed dementia standards, three Careerforce and one ACE trained. Advised that the staff that have completed their dementia standards will be rostered in the dementia unit.  Seven RNs have currently been employed. Other RNs from the Bupa bank will be utilised if needed. Six of the seven are InterRAI trained. A senior RN with five years dementia-level care nursing will be rostered five days a week in the dementia unit. An RN will eventually be rostered 7 days a week in the unit as resident numbers increase.  Currently there are two activity coordinators employed. One (trained DT) is scheduled to work across the rest home/hospital Monday – Friday. One senior caregiver (with dementia standards) is being employed as an activity coordinator in the dementia unit from 1000 – 1400, 5 days a week. Advised that activities in the dementia unit will cover 7 days a week and a further two activity staff are to be employed to cover 1300 – 1830 in the unit. 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.    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. These will be commenced and completed as part of their induction, and completed annually. |
| 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 opening of the new facility, which will include level one (dementia) and level three (31-bed dual-purpose unit). There are sufficient staff employed currently to cover the roster for those two areas. The roster is specific for each area. The initial roster for the opening of the two floors is as follows. (The second floor will be opened when needed. While this floor is dual-purpose, it is intended that it will essentially be a rest home floor).  Level 3 dual-purpose unit: AM shift - two RNs, four caregivers, PM – two RNs, three caregivers and Night shift – one RN, one caregiver  Level 1 dementia unit: AM shift – one RN, two caregivers, PM shift – three caregivers, Night shift - two caregivers  Staff ratio is initially 1- 5 (as per hospital) with an increase in staff during the first few weeks of admissions. Activity hours are rostered across seven days a week (link 1.2.7.3). |
| 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 on each floor. New medication trolleys have been purchased for each area. There is to be 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/RNs will complete medication competencies at induction. The service is introducing an electronic medication system and staff will complete training during the induction weeks. GP services have been contracted to a medical centre. The service is in the process of getting the contract signed. Initially this will cover 8 hours a week (two onsite visits) and on-call. The medication system is to be fully established at Hugh Green. |
| 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. | FA | 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 a 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 via a lift. The kitchenettes are open. There are boiling water taps with security switches.  The bain-maries will sit on the end of the kitchenette in the dementia unit, which is near the walkway area to the dining area. 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. Advised that any changes to residents’ dietary needs will be communicated to the kitchen as per Bupa policy. The kitchenettes include fridges to store snacks.  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 1.3.7: Planned Activities  Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service. | FA | Currently there are two activity coordinators employed. One (trained DT) is scheduled to work across the rest home/hospital Monday – Friday. One senior caregiver (with dementia standards) is being employed as an activity coordinator in the dementia unit from 1000 – 1400, 5 days a week. Advised that activities in the dementia unit will cover 7 days a week and a further two activity staff are to be employed to cover 1300 – 1830 in the unit.  The dementia unit is spacious and designed for group activities and individual activities. There is a second corridor in the unit that is to be set up as a ‘sensory corridor’ with tactile objects and a view outdoors.  Residents will be able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. An activity plan for the unit has been developed and sited for the initial two-weeks of opening. A 24-hour activity care plan is to be developed on admission for each resident in the dementia unit. The service has a 12-seater van, which is able to be used for resident outings. The group activity plans are to be displayed on noticeboards around the facility.  There is specific programme for residents in the dual-purpose units. Residents interviewed spoke positively of the activity programme with feedback and suggestions for activities made via meetings and surveys. The organisation has an occupational therapist that provides oversight across the organisation. She is available for activity staff to discuss recreational programmes and provides education for activity staff twice a year. |
| 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 secure sluice room on 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 three floors. There are two lifts between floors and two staircases. The lifts are large enough for a stretcher bed.  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. 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.  Residents are able to bring their own possessions into the home and are able to adorn their room as desired. 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 area for storage of mobility equipment.  A certificate for public use has been obtained dated 26 October 2016.  Hospital and Rest Home dual-purpose floors: In each wing (except the small five bed premium wing) 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. There is a covered balcony off the Fergus lounge and Foyle lounge on level two. This is in the process of being completed/landscaped. There is an open balcony area off the lounge on level three.  Dementia Unit – The ground floor includes service areas and a secure 24-bed dementia unit (written consent has been obtained from the DHB for the extra four beds). This unit has been reviewed by the Waitemata DHB Dementia Unit design group. The report from the group included two recommendations, which have been implemented by the service. There is a centrally located nurse station, which looks out on the open plan dining and lounge areas. The unit is centred around an internal courtyard. It is accessible from the dining area and the quiet room. There is an additional external garden area that is accessible from the lounge. The outside areas lie along paths with entry and exit points at either end. This outside area is 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 casual maintenance/grounds person employed to cover fulltime until a permanent one is 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 | All three 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. Ensuites in the dementia unit are all the same colour as other doors. Advised that blue signage is to be installed on ensuite doors. |
| 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 across the facility. 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 | Hospital/rest home units level two and three: There is a spacious open plan lounge/dining area in the three larger wings across the two floors (Fergus, Foyle, and Liffey). The smaller five-bed premium wing has a smaller lounge and kitchenette. There is a smaller quiet lounge available on level three. There is a café room on the ground floor, which can be accessed by residents and family.  Dementia unit ground floor: There is a large spacious open plan lounge/dining room. There is also a large quiet room additional to the main lounge. Both communal areas will allow for group or individual activities. |
| 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. The laundry is large and has a dirty to clean flow. 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. There are currently 10 staff employed with up-to-date first aid certificates. RNs also complete first aid training as part of induction. Smoke alarms, sprinkler system and exit signs are in place in the building. The fire evacuation plan was approved by the fire service 9 August 2016. The facility has emergency lighting up to four hours 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 1.2.7.3  The appointment of appropriate service providers to safely meet the needs of consumers. | PA Low | Currently there are two activity coordinators employed. One (trained DT) is scheduled to work across the rest home/hospital Monday – Friday. One senior caregiver (with dementia standards) is being employed as an activity coordinator in the dementia unit from 1000 – 1400, 5 days a week. Advised that activities in the dementia unit will cover 7 days a week and a further two activity staff are to be employed to cover 1300 – 1830 in the unit. The service has employed sufficient staff to date, which will cover the initial roster across all three levels. | Advised that activities in the dementia unit will cover 7 days a week and a further two activity staff are to be employed to cover 1300 – 1830 in the unit. | Ensure that the activities team is employed to cover the activity roster in the dementia unit.  Prior to occupancy days |
| Criterion 1.2.7.4  New service providers receive an orientation/induction programme that covers the essential components of the service provided. | PA Low | Orientation of newly employed staff commences on 11 November 2016. An orientation-training programme has been developed across two 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.  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 | Orientation of newly employed staff commences on 11 November 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. | Ensure staff commencing on opening complete the facility induction programme and competencies.  Prior to occupancy 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 on each of the floors is in the process of being fully furnished. 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 three treatment rooms. | The treatment rooms are in the process of being furbished including adding CD safes and fridges. The medication system is to be fully established at Hugh Green. | Implement a safe transition for the medication system.  Prior to occupancy days |
| Criterion 1.3.12.3  Service providers responsible for medicine management are competent to perform the function for each stage they manage. | PA Low | 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 during induction. | 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. | For new staff commencing who will have medication administration responsibilities, ensure all have completed medication competencies.  Prior to occupancy days |
| Criterion 1.4.2.1  All buildings, plant, and equipment comply with legislation. | PA Low | The building has three floors. The ground floor includes service areas and a secure 24-bed dementia unit (written consent has been obtained from the DHB for the extra four beds).  On the second floor, there are three self-contained wings with a total of 45 dual-purpose beds. Fergus wing has 20 hospital/rest home rooms. Foyle wing has 20 hospital/rest home rooms. There is also a smaller wing that has a total of five premium rooms. Each of the three wings on this floor have an open-plan lounge/dining area. The shared nurses’ station between Fergus wing and Foyle wing includes windows that oversee the open-plan lounges of Fergus and Foyle wings. The organisation has purchased all new equipment for the facility. There are two lifts between floors and two staircases. The lifts are large enough for a stretcher bed.  A certificate for public use has been obtained dated 26 October 2016. | There is an exit door from outside the secure dementia unit in the stairwell that is accessible to the secure garden area. A keypad has not yet been installed. | Ensure a keypad is installed to ensure the dementia outdoor area remains secure.  Prior to occupancy days |
| Criterion 1.4.2.6  Consumers are provided with safe and accessible external areas that meet their needs. | PA Low | Hospital/rest home level two and three: There is a covered balcony off the Fergus lounge and Foyle lounge on level two. This is in the process of being completed/landscaped. There is an open balcony area off the lounge on level three.  Dementia Unit –The unit is centred around an internal courtyard. It is accessible from the dining area and the quiet room. The internal courtyard is completed and landscaped with walking paths, raised plants, seating and sensory stimulation. There is an additional external garden area that is accessible from the lounge. The outside areas lie along paths with entry and exit points at either end. This outside area is in the process of being completed. | (i) Landscaping is in the process of being completed; (ii) Balconies are in the process of being decked out; (iii) Seating and shade on the ground floor and third floor balcony is yet to be installed. | (i) Ensure landscaping is completed in resident areas. (ii) Ensure balconies are completed; (iii) Ensure seating and shade 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. | Specific fire drill training for the Hugh Green 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 |

# 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.