

# Bupa Care Services NZ Limited - BeachHaven Hospital

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## Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	BeachHaven Hospital
<b>Services audited:</b>	Residential disability services - Intellectual; Hospital services - Psychogeriatric services; Hospital services - Medical services; Residential disability services - Physical
<b>Dates of audit:</b>	Start date: 30 November 2017    End date: 30 November 2017
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	91

# Executive summary of the audit

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## Introduction

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

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

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

## General overview of the audit

BeachHaven is a Bupa facility which provides hospital and psychogeriatric level care for up to 99 residents across 4 units. On the day of audit there were 91 residents.

The purpose of this partial provisional audit was to assess the preparedness of the service to transition the Kowhai hospital unit to provide only specialist hospital level care (PG). Kowhai unit has a history of residents requiring hospital level care (not just PG level care) in this secure environment. All assessed hospital residents within that secure environment have advanced dementia and require the secure environment for safety. However, not all have been assessed as requiring specialist hospital (PG) level care. As part of this transition the service has been working with the WDHB portfolio manager and MHSOP team to transition the current hospital residents safely from the unit. A number of residents have been reassessed. The transition plan and discussion

with management identified that the service will eventually change to all PG level by natural attrition. The service is also undergoing refurbishments to the unit.

The care home manager at BeachHaven is an experienced manager (RN) with a current practising certificate and has an aged residential including specialist hospital care, background. She is supported by a clinical manager (registered nurse) who oversees clinical care and has been in the role for many years.

The three shortfalls in service delivery identified at their previous surveillance audit around interventions and medication management have been addressed.

This audit identified improvement required around the completion of refurbishments and the external areas.

## **Consumer rights**

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## **Organisational management**

The philosophy of the service includes providing safe and therapeutic care for residents requiring specialised dementia care and hospital care. The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice.

There is an annual education schedule, that exceeds eight hours annually, that is being implemented. In addition, opportunistic education is provided by way of toolbox talks. There is an attendance register for each training session and an individual staff member record of training. Registered nurses are supported to maintain their professional competency. Caregivers have or are in the process of completing the required dementia standards.

There is a draft roster in place across the two Kowhai wings (for change to PG level care). There are sufficient staff currently employed (experienced with residents requiring specialist hospital level care) to cover the unit when transitioned to fully secure PG level.

## **Continuum of service delivery**

Eight files across the three units were reviewed. All long-term care plans had been completed by the registered nurses. Interventions were documented to support all current assessed needs. All wounds reviewed had wound assessments, plans and ongoing evaluations completed. Monitoring charts including behaviour monitoring charts were being utilised.

There are four activities coordinators across BeachHaven. Two are trained diversional therapists and all four activity staff have completed the dementia standards. Activities are rostered daily in Kowhai unit. The Bupa activities programme template is designed for high end and low end cognitive functions and caters for the individual needs.

The service uses an electronic medication management system and robotic packs. There is a spacious secure medication room in the Kowhai unit. All medications were securely and appropriately stored.

All meals and baking are prepared and cooked on-site by the cook. The four-weekly seasonal menus have been reviewed by the organisational dietitian. The main kitchen is directly off the Kowhai unit; therefore, food is served directly from the kitchen into the Kowhai dining area.

## **Safe and appropriate environment**

There are comprehensive and up-to-date policies that include chemical safety and waste disposal. Management of waste and hazardous substances is covered during orientation and staff have attended chemical safety training.

The building holds a current warrant of fitness (BWOFF) which expires on 26 April 2018. Advised there are no changes required to the BWOFF with the refurbishments. Reactive and preventative maintenance occurs. The Kowhai unit is already secure with

keypad exits. The organisation is currently in the process of refurbishing rooms as part of stage 2 around the building improvements to Kowhai unit. An end of one wing (eight beds/three double rooms), is currently closed off and is being upgraded. Advised that on completion the other end of the wing will be refurbished. An activities room off the lounge is currently closed off for refurbishment to be made into a quiet lounge and family/resident room. It is intended that all refurbishments will be completed by April 2018.

Off the large communal/dining area there are four exits of which three leads out onto decks. The organisation is currently upgrading the areas and replacing fences off the deck to make them more secure with pool fences.

The connecting hallway between the two wings in Kowhai unit includes adequate communal mobility toilets and showers. The 15 double rooms include curtains for privacy and allow for mobility equipment and staff to manoeuvre between beds.

There is a large open plan lounge and dining area that has been set up with a number of sitting areas that allow for group activities and quiet time. An activities room off the lounge is currently being refurbished as a quiet lounge for residents and also as a meeting place for residents and relatives.

There are emergency and disaster plan's in place to guide staff in managing emergencies and disasters.

## **Restraint minimisation and safe practice**

The restraint policy includes the definitions of restraint and enablers. The policy includes comprehensive restraint procedures. The restraint standards are being implemented and implementation is reviewed through internal audits, facility meetings, regional restraint meetings and at an organisational level. Training has been provided to staff around restraint minimisation and managing behaviours that challenge.

On the day of audit, there were no residents using enablers. There were 13 residents with physical restraints and 2 hospital residents currently with environmental restraint (due to the unit being secure).

## 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 clinical manager is the IC coordinator. There is an established and implemented IC programme that is linked into the quality and risk management system. The IC committee includes a cross section of staff from all areas of the service and they meet 2 monthly.

### 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	16	0	1	0	0	0
Criteria	0	34	0	2	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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>BeachHaven is a Bupa facility which provides hospital and psychogeriatric level care for up to 99 residents across 4 units. On the day of audit there were 91 residents. The majority of the residents are either on the ARCC contract or ARHSS contract. There were two residents within the PG unit on LTC-SH contracts and one YPD. The Tui unit is divided into two. Unit one (16-bed PG male only unit) includes 16 residents. Unit two (16-bed PG mixed unit) included 16 residents.</p> <p>East unit (27 bed hospital unit). There were 27 residents including 25 hospital level and two (immobile) PG residents.</p> <p>Kowhai unit (40-bed PG unit) currently includes 23 PG residents and 9 hospital residents. Eight rooms are currently de-commissioned while refurbishment occurs. Kowhai unit has a history of residents requiring hospital level care (not just PG level care) in this secure environment. All assessed hospital residents within that secure environment have advanced dementia and require the secure environment for safety, however, have not been assessed as requiring specialist hospital (PG) level care.</p> <p>The purpose of this partial provisional audit is to assess the service transition of</p>

		<p>the Kowhai hospital unit to provide only specialist hospital level care (PG). As part of this transition the service has been working with the WDHB portfolio manager and MHSOP team to transition the current hospital residents safely with less disruption. Of the nine hospital residents within Kowhai unit, three are being reassessed as PG level and the others will transfer to East hospital unit as rooms free up. There are currently two (immobile) PG residents within the East unit while their rooms in Kowhai are being refurbished.</p> <p>The philosophy of the service includes providing safe and therapeutic care for residents requiring specialised dementia care and hospital care. Bupa have identified six key values that are displayed on the wall at BeachHaven. There is an overall Bupa business plan and risk management plan and a documented purpose, values, and direction. Each facility is required to develop annual quality goals – BeachHaven had been focusing on two site-specific goals for the 2017 year. Progress towards goals are reported through the various meetings. BeachHaven participates in the organisations benchmarking programme that monitors key aspects of care.</p> <p>The care home manager at BeachHaven is an experienced manager (RN) with a current practising certificate and has an aged residential care background. She is supported by a clinical manager (registered nurse) who oversees clinical care and has been in the role for many years. The management team is supported by the wider Bupa management team that includes an operations manager. Bupa provides a comprehensive orientation and training/support programme for their managers. Managers and clinical managers attend annual forums and regional forums six monthly. The manager has maintained at least eight hours annually of professional development activities related to managing a hospital.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Human resources policies include recruitment, selection, orientation and staff training and development. A register of registered nursing staff and other health practitioner practising certificates is maintained.</p> <p>The service 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 and support staff) and includes documented competencies. New staff are buddied for a period of time (eg, caregivers - two weeks and RN - four weeks); during this period, they do not carry a clinical load. Management interviewed were able to describe the</p>

		<p>orientation process and stated that they believed new staff are adequately orientated to the service. The Kowhai unit will continue to be staffed with current experienced staff.</p> <p>There is an annual education schedule, that exceeds eight hours annually, that is being implemented. In addition, opportunistic education is provided by way of toolbox talks. Dementia related behaviours has been completed as part of the annual training programme June 2017 and through toolbox talks. There is an attendance register for each training session and an individual staff member record of training. Registered nurses are supported to maintain their professional competency. There is an RN training day provided through Bupa that covers clinical aspects of care (eg, dementia and delirium). External education is available via the DHB and Bupa RN training days.</p> <p>Ten of 14 RNs have completed their interRAI training. Fifteen of 17 qualified staff have completed dementia standards. Of 45 caregivers that work across the BeachHaven units; 37 of 45 caregivers have completed the standards, six are in process and two are new.</p> <p>A competency programme is in place with different requirements according to work type (eg, support work, registered nurse, and cleaner). Core competencies are completed annually, and a record of completion is maintained.</p> <p>RN competencies include assessment tools, BSLs/Insulin administration, CD administration, moving &amp; handling, nebuliser, oxygen administration, PEG tube care/feeds, restraint, wound management, CPR and T34 syringe driver. These are monitored by the clinical manager and all up-to-date.</p> <p>The previous shortfalls identified at their surveillance have been addressed</p> <p>There is a minimum of one care staff with a current first aid certificate on every shift</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is an organisational staffing policy that aligns with contractual requirements. The WAS (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 report is provided fortnightly from head office that includes hours and whether hours are over and above.</p> <p>There is a draft roster in place across the two Kowhai wings (for change to PG</p>

		<p>level care). The roster includes one unit-coordinator (RN) and two RNs rostered on the morning shift (plus four caregivers - two long and two short); two RNs on afternoon shift (plus four caregivers - two long and two short) and one RN at night (plus two caregivers). There are sufficient staff currently employed (experienced with residents requiring specialist hospital level care) to cover the unit when transitioned to fully secure PG level.</p> <p>The transition plan and discussion with management identified that the service will eventually change to all PG by natural attrition. Of the nine hospital residents that were in Kowhai, four are being reassessed for a higher level of care (PG). The five remaining will move to East unit (hospital) as beds become available. This arrangement has been discussed with the DHB portfolio manager.</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>FA</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were no residents self-administering on the day of audit. The service uses an electronic medication management system and robotic packs. There is a spacious secure medication room in the Kowhai unit. All medications were securely and appropriately stored.</p> <p>Registered nurses, enrolled nurses, and clinical assistants who have passed their competency, administer medications. Medication competencies are updated. A review of the competency register identified all those staff administering medication had up-to-date competencies. Other annual competencies include (but not limited to) syringe drivers, sub cut fluids, blood sugars and oxygen/nebulisers. These were up-to-date for all qualified staff. This is an improvement on the previous audit.</p> <p>Medication charts have photo IDs. There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. There is a list of standing order medications that have been approved by the GPs. The standing orders have been updated to include 2litres of oxygen.</p> <p>All 12 medication charts reviewed across all units met legislative requirements and indications for use were documented for 'as required' medication. Medication reviews were all up-to-date. There are two house GPs that visit at least 3 days a week and cover on-call. Anti-psychotic prescribing is monitored closely by the service. The medication fridge has temperatures recorded daily and these are</p>

		within acceptable ranges.
<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>	FA	<p>All meals and baking are prepared and cooked on-site by the cook. The cook is supported in the morning and in the afternoon by kitchenhands. Food services staff have attended food safety training. The four-weekly seasonal menus have been reviewed by the organisational dietitian. The main kitchen is directly off the Kowhai unit; therefore, food is served directly from the kitchen into the Kowhai dining area.</p> <p>End cooked food temperatures are recorded on each meal daily. Serving temperatures from bain maries are monitored. Fridges (including facility fridges) and freezer temperatures are monitored and recorded daily. All foods are dated in the fridges and freezers. Dry goods are stored in dated sealed containers. Chemicals are stored safely. Cleaning schedules are maintained. A nutritional profile developed on admission, identifies dietary requirements and likes and dislikes. These are provided to the kitchen. Advised that any changes to residents' dietary needs are communicated to the kitchen. Food allergies and dislikes are listed in the kitchen. Special diets such as diabetic desserts, vegetarian, pureed, high protein shakes and alternative choices for dislikes are accommodated.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as needs required.</p> <p>Snacks are available 24/7 for residents. Specific care plans are documented for residents with identified weight-loss. A dietitian visits two monthly or earlier if requested.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Eight files across the three units were reviewed (four PG, four hospital). All long-term care plans had been completed by the registered nurses. Three files were residents with identified weight loss. Care plans had been updated and food/fluid charts implemented. Two residents were identified as high falls risks and strategies documented and implemented. Two residents with change in health status (one with a fracture and one with declining health and on a syringe driver), both had their care plans updated to reflect interventions to support the changes of health status. The files of one resident in Kowhai unit with a recent medication error was reviewed. An incident form was completed and follow-up by the unit</p>

		<p>coordinator and clinical manager documented. Behaviour monitoring charts were in place for two residents with behaviours that challenge. The four PG files reviewed included specific dementia care plans. The previous shortfalls identified around care plan interventions have been addressed.</p> <p>Progress notes in all eight files sampled had detailed progress which reflected the interventions detailed in the long-term care plans. When a resident's condition alters, the registered nurse initiates a review and if required, GP or specialist consultation. There is evidence of wound nurse specialist involvement in chronic wounds/pressure areas. A sample of three wounds (including one chronic) were reviewed in Kowhai. All wounds have wound assessments, plans and ongoing evaluations completed.</p> <p>Monitoring forms currently in use (but not limited to) include; SC fluid chart, continence diary, monthly blood pressure and weight monitoring, nutritional food and fluid monitoring record, two hourly turning charts, and behaviour monitoring charts</p>
<p><b>Standard 1.3.7: Planned Activities</b></p> <p>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.</p>	<p>FA</p>	<p>There are four activities coordinators across BeachHaven. Two are trained diversional therapists and all four activity-staff have completed the dementia standards.</p> <p>In Kowhai unit there is an activity coordinator Monday – Friday 9.00 am - 3.00 pm. On the weekend a rostered activity coordinator provides activities from 9.00 am – 4.30 pm across all units. Activity hours will not change with the transition to PG only.</p> <p>The Bupa activities programme template is designed for high end and low end cognitive functions and caters for the individual needs. The calendar includes (but not limited to) site-specific activities, entertainers and outings. Activities meet the abilities of resident groups. One-on-one time is spent with residents who are unable to or choose not to join in the group activities.</p> <p>There are regular entertainers to the home and residents go on regular outings and drives. The service had a wheelchair hoist van. The van driver and activity staff have current first aid certificates. There is a gardening and craft group. Residents and family interviewed stated the activity programme was varied and there were lots to choose from.</p> <p>The programme is developed monthly and displayed in large print. Residents</p>

		<p>have an assessment completed over the first few weeks after admission, obtaining a complete history of past and present interests, career, family etc. The family/resident completes a Map of Life on admission, which includes previous hobbies, community links, family, and interests. The individual activity plan is incorporated into the 'My Day My Way' care plan, and is reviewed at the same time as the care plan.</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 comprehensive and up-to-date policies that include chemical safety and waste disposal. Management of waste and hazardous substances is covered during orientation and staff have attended chemical safety training. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas in all services. Safety datasheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. The hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Gloves, aprons, and goggles are available for staff. There is a secure sluice with sanitiser in the Kowhai unit.</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 building holds a current warrant of fitness which expires on 26 April 2018. Fire equipment is checked by an external provider. Electrical equipment has been tested and tagged. Reactive and preventative maintenance occurs. There is a 52-week planned maintenance programme in place. Hot water temperature has been monitored monthly in resident areas and was within the acceptable range.</p> <p>The Kowhai unit is already secure with keypad exits. The organisation is currently in the process of refurbishing rooms. An end of one wing (eight beds/three double rooms) is currently closed off and is being upgraded. Advised that on completion the other end of the wing will be refurbished. Kowhai is made up of two main wings that are connected by a corridor of communal showers/toilets suitable for residents and mobility equipment. In total there are 15 double-rooms and 10 single rooms in Kowhai. An activities room off the lounge is currently closed off for refurbishment to be made into a quiet lounge and family/resident room.</p> <p>The living areas and bedrooms have vinyl surfaces as do bathrooms/toilets. The</p>

		<p>corridors are wide enough and promote safe mobility with the use of mobility aids and transferring equipment. Off the large communal/dining area there are four exits of which three leads out onto decks. The organisation is currently upgrading the areas and replacing fences off the deck to make them more secure with pool fences. One exit goes down to a grassy area with hazards identified.</p> <p>The outdoor areas include seating and shade. There is wheelchair access to all areas. The facility has a van available for transportation of residents. Those staff transporting residents holds a current first aid certificate.</p> <p>In the facility, residents can bring in their own possessions and are able to adorn their room as desired. There are quiet, low stimulus areas that provide privacy when required.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>The connecting hallway between the two wings in Kowhai unit includes adequate communal mobility toilets and showers.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Residents' rooms in Kowhai wing are of an adequate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in communal bathrooms. The 15 double rooms include curtains for privacy and allow for mobility equipment and staff to manoeuvre between beds. There is one wing securely closed off to residents and staff as refurbishment occurs.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There is a large open plan lounge and dining area that has been set up with a number of sitting areas that allow for group activities and quiet time. An activities room off the lounge is currently being refurbished as a quiet lounge for residents and also as a meeting place for residents and relatives (link 1.4.2.1). There is adequate space to allow maximum freedom of movement while promoting safety for those that wander. There are plans to utilise the large communal area by designing smaller specific areas within the space using wall panels.</p>

<p><b>Standard 1.4.6: Cleaning And Laundry Services</b></p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>All laundry is undertaken on-site, there is a well organised laundry and is divided into a “dirty” and “clean” area and staff manage the workload adequately. There are appropriate systems for managing infectious laundry, which laundry staff could describe. There is a comprehensive laundry manual; cleaning and laundry services are monitored throughout the internal auditing system and the resident satisfaction surveys. The cleaners’ trolleys were attended at all times or locked away in the cleaning rooms as sighted on the day of the audit. There is a sluice room in each part of the facility for the disposal of soiled water or waste.</p>
<p><b>Standard 1.4.7: Essential, Emergency, And Security Systems</b></p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>There are emergency and disaster plans in place to guide staff in managing emergencies and disasters. Emergencies, first aid and CPR were included in the mandatory in-service programme. There was a first aid trained staff member on every shift. The facility has an approved fire evacuation plan and fire drills occur six monthly. No changes are required to the fire evacuations scheme as a result of the refurbishment. However, the fire service visited the facility on the day of audit to complete a review of the current fire and emergency plan. Smoke alarms, sprinkler system and exit signs are in place. The service has alternative gas facilities for cooking in an event of a power failure with a backup system for emergency lighting and battery backup. Oxygen cylinders are available. There is a civil defence kit in the facility and stored water. Call bells are evident in resident’s rooms, lounge areas, and toilets/bathrooms. The facility is secured at night.</p>
<p><b>Standard 1.4.8: Natural Light, Ventilation, And Heating</b></p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>The unit has plenty of natural light. There is overhead heating in the corridors and panel heaters in the main areas. The facility and grounds are a smoke free area.</p>
<p><b>Standard 3.1: Infection control management</b></p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of</p>	FA	<p>The IC programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is a job description for the IC coordinator and clearly defined guidelines and responsibilities documented. The clinical manager is the IC coordinator.</p>

<p>the service.</p>		<p>There is an established and implemented IC programme that is linked into the quality and risk management system. The IC committee includes a cross section of staff from all areas of the service and they meet two monthly.</p> <p>Public Health is currently involved with the service following the identification of a staff member with TB. All residents and staff have recently been tested.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. The restraint standards are being implemented and implementation is reviewed through internal audits, facility meetings, regional restraint meetings and at an organisational level. Training has been provided to staff around restraint minimisation and managing behaviours that challenge.</p> <p>On the day of audit there were no residents using enablers. There are thirteen residents with restraints (7 PG residents and 6 hospital). There are two hospital residents currently in Kowhai with environmental restraint (due to the unit being secure).</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The building holds a current warrant of fitness (BWOFF) which expires on 26 April 2018. Advised there are no changes required to the BWOFF with the refurbishments. Reactive and preventative maintenance occurs. There is a 52-week planned maintenance programme in place. The Kowhai unit is already secure with keypad exits. The organisation is currently in the process of refurbishing rooms as part of stage two around the building improvements to Kowhai. An end of one wing (eight beds/three double rooms), is currently closed off and is being upgraded. Advised that on completion the other end of the wing will be refurbished. An activities room off the lounge is currently closed off for refurbishment to be made into a quiet lounge and family/resident room. It is intended that all refurbishments will be completed by April 2018.</p>	<p>Refurbishments are in the process of being completed to Kowhai unit and areas are safely closed off for residents. A quiet room is being created from an existing internal room.</p>	<p>Ensure all refurbishments are completed</p> <p>180 days</p>

<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	<p>PA Low</p>	<p>Off the large communal/dining area there are four exits of which three lead out onto decks. The organisation is currently upgrading the areas and replacing fences off the deck to make them more secure with pool fences. One exit goes down to a grassy area with hazards identified. All areas currently being upgraded are locked off for residents. There is always one outdoor area available to be utilised. The organisations project manager stated they are hoping to have these completed by Christmas.</p> <p>The outdoor areas include seating and shade.</p>	<p>The organisation is currently upgrading the areas and replacing fences off the deck to make them more secure with pool fences. One exit goes down to a grassy area with hazards identified.</p>	<p>Ensure all external areas available for residents are safe and secure.</p> <p>60 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.