

Bupa Care Services NZ Limited - Foxbridge 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 BSI Group New Zealand Ltd, 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: Foxbridge 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: 7 December 2020 End date: 7 December 2020

Proposed changes to current services (if any): The facility is a new purpose-built care facility across three floors. The ground floor has two dementia units adjacent to each other with a shared office between (one unit is 13 rooms including a double room and the other unit has 14 single rooms). One the first floor and second floor (which is a mirror image of the first floor), there are 30 dual-purpose rooms including one double room on both floors. There is a total of 88 beds and the service is planning to open 25 January 2021.

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 Foxbridge village and care home are part of the Bupa group of facilities. The facility is a new purpose-built 88-bed facility across three floors. The ground floor includes two 14-bed secure dementia units. The first floor includes 30 hospital/rest home (all dual-purpose) rooms. The second floor includes 30-bed hospital/rest home (all dual-purpose) beds. The service is planning to open the facility on 25 January 2021.

This partial provisional audit included verifying the preparedness of the service to open a new facility and 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 are 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 staffing of the facility 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), dementia and rest home level care. The service has contracts for physiotherapy, podiatrist, dietitian and GP services.

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

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

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

Continuum of service delivery

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

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

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

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

Safe and appropriate environment

The facility is purpose-built and spacious and includes three floors (two dementia units and two dual-purpose 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 dining 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 on each floor.

There is an internal courtyard and external garden area off both dementia units and covered balconies off each of the three floors.

All units have a mobility toilet near the lounge. Each resident room has an ensuite. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment. There is a large open plan dining area with closely situated lounges. There are also other quiet lounges on each floor.

Appropriate training, information, and equipment for responding to emergencies is provided at induction and as part of the annual training programme. The call bell system is available in all areas with visual display panels. Call bells are available in all resident areas.

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

Restraint minimisation and safe practice

Restraint minimisation and safe practice policies and procedures are in place. Staff are to receive training in restraint minimisation and challenging behaviour management during the induction week. The clinical manager is appointed as the restraint coordinator and a restraint committee is to be set up on opening.

Infection prevention and control

The IC programme and its content and detail are 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 clinical manager is the IC coordinator for the care home. The IC coordinator has completed specific training for the role.

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	13	0	4	0	0	0
Criteria	0	31	0	6	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>Foxbridge village and care home is part of the Bupa group of facilities. The facility is a new purpose-built facility including a total of 88 beds. The service has applied for hospital (geriatric and medical), rest home level care and dementia level care.</p> <p>The facility is across three levels. The ground floor includes service areas and two secure 14-bed dementia units (one unit has a double room that could be utilised for a couple if needed). There is a shared nurse's station between each dementia unit (Exerter unit and Zenith unit). The service intends to eventually run them as a male only and female only dementia unit. Initially only one unit will open.</p> <p>On the 1st floor (Macdougall unit), are a total of 30 dual-purpose beds (including one double room). On the 2nd floor (Casilda unit) which is a mirror image of the 1st floor is also a total of 30 dual-purpose beds (including one double room).</p> <p>Foxbridge village set a number of quality goals for 2021 around the opening of the facility and these will also link to the organisation's strategic goals and Health & Safety goals. The philosophy of the organisation and service also includes providing safe and therapeutic care for residents with dementia that enhances</p>

		<p>their quality of life and minimises risks associated with their confused states.</p> <p>The service is managed by an experienced care home manager who has been in the role since October 2020. She was previous care home manager and previous to that clinical manager at another Bupa facility. The care home manager is supported by a clinical manager who also commenced in October 2020. The clinical manager has previous experience in the role at another Bupa facility. The management team are supported by the Midlands Bupa operation manager who visits regularly.</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. He 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 geriatric), rest home and dementia level care. The manager consults with the Bupa dementia leadership group, gerontology nurse specialists, physiotherapist, dietitian, and mental health for older people.</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>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.</p> <p>There is a comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development. The care home manager and clinical manager both employed full time are interRAI trained.</p> <p>The organisation has a comprehensive orientation programme in place that</p>

	<p>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. Orientation of newly employed staff commences on 5 January 2021. Training is scheduled across five days.</p> <p>The manager stated they are currently interviewing and to date have offered positions to two caregivers, five RNs (three interRAI training), one activity assistant, two laundry, one kitchenhand. They are yet to sign contracts. The care home manager stated they are planning to employ a further six RNs and 12 caregivers for the opening of the facility. Advised that any caregivers employed with the dementia standards will be rostered for the dementia unit.</p> <p>Bupa has a 'Bupa bank' of staff that are employed and work as casual within Bupa and then can be employed for new facilities.</p> <p>Interviews with the care home manager 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. All caregivers rostered for the dementia unit will be required to and supported to complete the dementia standards.</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. 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 are to be commenced during the training week.</p>
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<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. The draft roster is in place for the opening of the new facility, which will include ground level (dementia) and level one (30-bed dual-purpose unit). Currently there is not sufficient employed staff to cover the roster (link 1.2.7.3). Level two will open later when resident numbers increase.</p> <p>Dementia (ground floor)</p> <p>Initially one of the 14-bed units will open.</p> <p>There is one-unit coordinator/RN 0645 – 1515, one caregiver 0700 -1500, two caregivers 1445 – 2300 and 1500 – 2300. There is one caregiver 2300 – 0700.</p> <p>Dual Purpose (level 1) – 30 beds</p> <p>This unit will initially open. 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.</p> <p>The initial roster up to 10 residents. Level 1 dual-purpose unit: AM shift - one RN, two caregivers, PM – one RN, one caregiver and night shift – one RN, one caregiver.</p> <p>Activity hours are rostered across seven days a week (link 1.2.7.3).</p> <p>The service is in the process of finalising GP services with (RESL). They will visit once weekly initially and provide 24/7 on call services.</p> <p>A physiotherapy contract is confirmed, initially visiting once a week.</p> <p>The service is finalising contracts with a local medical service. The house GPs will visit weekly initially. A contract with a physiotherapist has been confirmed. The physiotherapist will visit weekly initially.</p>
<p>Standard 1.3.12: Medicine Management</p>	<p>PA Low</p>	<p>The organisations medication policy and procedures follow recognised standards and guidelines for safe medicine management practice in accordance with the</p>

<p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>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 of the three floors with a shared treatment room between the two dementia units. New medication trolleys have been purchased for each area. There is a controlled drug (CD) safe in a locked cupboard in each of the three treatment rooms. Each treatment room has a medication fridge. All treatment rooms are fully furnished. 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 new senior staff will complete medication competencies as part of the induction programme planned. The service will implement an electronic medication system and new staff are scheduled to complete training at another Bupa village that has the electronic system implemented. A contract with a local GP service is in the process of being confirmed and will visit 1x weekly or as required. The GP service will be on call 24/7.</p>
<p>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.</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 kitchen manager) employed whom commenced on the day of audit. The kitchen manager has completed food safety certificates. Kitchenhands are yet to be appointed. Each floor has an open kitchenette off the dining areas Each kitchenette includes a servery area, fridge and dishwasher. Scan hot boxes have been purchased to transport the food from the main kitchen to each kitchenette via a lift. The kitchenette is open plan, boiling water taps have safety locks. Each kitchenette has a bench with an induction hob to keep pots warm. This is safe for residents. 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</p>

		<p>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' and built up spoons are available as needs required. Equipment has been purchased for the new dining rooms/kitchenettes in each area. There is a fridge in each unit for snacks.</p>
<p>Standard 1.3.7: Planned Activities</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>Currently there is one activity assistant position offered (DT trained). A further activity assistant is to be employed. Advised that activities in the dementia unit will cover 7 days a week (link 1.2.7.3).</p> <p>The dementia unit is spacious and designed for group activities and individual activities. A sensory room is to be set up for residents.</p> <p>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 units 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.</p> <p>There is a specific programme for residents in the dual-purpose units. 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.</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</p>	<p>FA</p>	<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</p>

<p>service delivery.</p>		<p>hazardous substances is covered during orientation of new staff and is included as part of the annual training plan.</p> <p>There are documented policies, procedures and an emergency plan to respond to significant waste or hazardous substance management; Accidental needle stick, blood or body fluid exposure risk assessment guidelines. All accidents/incidents are required to be reported on the accident report form, which is in turn investigated by the manager and reported to the Bupa Health and safety coordinator.</p> <p>Material safety data sheets are to be available in the laundry and the sluices on each floor. Each sluice on each floor has a sanitiser. There are locked cupboards in the sluice rooms for safe storage of chemicals. Sharps containers are kept in the treatment room on each floor.</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>	<p>PA Low</p>	<p>The facility is purpose built and is spacious. All building and plant have been built to comply with legislation. The building has three floors. Administration, service areas and two dementia units are on the ground floor. The 1st floor and 2nd floor include 30 dual purpose units. The 1st and 2nd floor design are a mirror image. The organisation has purchased all new equipment. A procurement manager assists with ensuring appropriate purchase of equipment, for example, hoists, air relief mattresses.</p> <p>There is one lift between floors and two staircases. The lift is large enough for a stretcher bed.</p> <p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired. 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. 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</p>

	<p>for all areas.</p> <p>There is adequate space in each new unit for storage of mobility equipment. The building and furnishing of the facility has been completed. The service has a certificate for public use dated 28 September 2020 and expires 16 March 2021. Room temperatures and hot water temperatures have been completed to resident areas.</p> <p>Dual purpose units (level one and two)</p> <p>The level one and two (rest home/hospital) units are designed with a service area consisting of a centrally located nurses' station with windows. These service areas are situated near the spacious open plan dining and separate lounge area. The centrally located nurses' station near the dining and lounge areas, ensures that staff are in close contact with residents even when attending to paperwork or meetings. There are handrails in ensuites and in hallways. All rooms and communal areas allow for safe use of mobility equipment. The care centre has carpet throughout with vinyl/tiled surfaces in bathrooms/toilets and kitchen/dining areas. There is adequate space in the new dual-purpose units for storage of mobility equipment. Hilo and electric beds have been purchased. There are a number of landing strips purchased and sensor mats. The resident rooms have large windows with Juliet balconies. Frosting is being placed on the lower half of the windows. There is a large, covered balcony off the lounge that includes tables and chairs. Another covered deck is also off the second lounge overlooking the racetrack. Landscaping outside the facility includes garden areas, safe paths and seating.</p> <p>Dementia units - The ground floor includes service areas and two 14-bed dementia units. There is a centrally located nurses' station, which looks out on the open plan dining and lounge areas. This nurse's office is shared between the two units and keypad accessible by staff from both units. The units are circular with flow for wanderers. There are decals to distract residents from exit doors and signs to alert residents of key rooms such as toilets. There are large sloping beams on each side of the sliding doors to the internal courtyard. These beams have foam on the edges to protect any resident that may potentially hit their head on them. Each unit is centred around landscaped internal courtyards. The courtyards can be accessed from the communal area and the hallway on the other side of the unit. The courtyards include paths and seating. There is an additional external garden area that is accessible from the lounge that walks around the side of the building. This garden and pathed area looks out on the neighbouring racecourse. The outside areas lie along paths with entry and exit</p>
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		points at either end. There are covered balconies with seating and tables.
<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>Dual-purpose units: There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. Every resident's room has an ensuite with a disability-friendly shower, toilet and hand basin. There is one large communal toilet/shower that fits a shower bed on each floor and a further toilet near the communal lounge.</p> <p>Dementia: Every resident's room has an ensuite with a disability friendly shower, toilet and paper towels. There are also well-placed communal toilets near the communal lounge and dining room.</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>Dual-purpose units: Residents rooms in the level one and two hospital/rest home are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites. There are a number of rooms within the dual-purpose unit that have ceiling hoists. Large premium rooms also have two door entrances to resident rooms, one into a lounge and one to the resident bedroom.</p> <p>Dementia units: Residents rooms in the dementia units are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites. Residents can personalise their rooms and the rooms are large enough for family and friends to socialise with the resident. There is one double room in one of the dementia units. This room includes two call bells and spacious enough for a couple.</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>Dual-purpose units: Level one and two hospital/rest home units have a large open-plan dining area/kitchenette and a dividing wall to a large spacious lounge area. There are large, covered balconies off the communal areas with tables and chairs. There is another quiet lounge and balcony on each floor. The centrally located nurses' station is directly off the open plan aspect of the dining area. The open plan lounge is large enough for individual or group activities.</p> <p>Dementia units: Each dementia unit has an open-plan living area. The living area</p>

		is spacious with a separate assigned dining area. The spacious open plan area allows for quiet areas and group activities. The open-plan living area and hallways are spacious and allow maximum freedom of movement while promoting the safety of residents who are likely to wander. Courtyards are well-positioned in the centre of each unit. There is a further separate quiet/sensory lounge in each unit.
<p>Standard 1.4.6: Cleaning And Laundry Services</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>There is a laundry manual that includes (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 on the ground floor. There are area's for storage of clean and dirty laundry and a dirty to clean flow is evident. There is a laundry chute in the sluice rooms of level 1 and 2 dual-purpose units. Laundry bags are transferred to the laundry chute which opens down in the dirty area of the main laundry. There are commercial washing machines and dryers.</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 cleaner's 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>	PA Low	<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 are civil defence kits available including spare water in each wing. Water storage tanks are also available.</p> <p>Key staff are required to hold a first aid certificate. RNs will complete first aid training as part of induction.</p> <p>Smoke alarms, sprinkler system and exit signs are in place in the building. The</p>

		<p>fire evacuation plan is in draft and awaiting approval by the fire service.</p> <p>The facility has emergency lighting up to four hours and torches. Gas BBQ and additional cylinders are available for alternative cooking.</p> <p>The “Austco Monitoring programme” call bell system is available in each resident room. There are call bells and emergency bells in common areas. There is a nurse presence bell when a nurse/carer is in the resident room; a green light shows staff outside that a colleague is in a particular room. The call bell system has a cascading system of call recognition that will cascade if not responded to within a certain time from the primary nurse (caregiver) to the unit coordinator, and to the clinical manager. The system software is able to be monitored. 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).</p> <p>There is a two-door entrance to the lobby, which is open 24hrs a day. The second door into the care home locks at 1800 and unlocks at 0700. 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 these hours, by pushing the exit button.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>The new building is appropriately heated and ventilated. There are ceiling heaters/conditioners in resident rooms and ceiling heat pumps/conditioners in hallways and lounges. Bathrooms have waterproof infrared heaters. There is plenty of natural light in the new rooms and all have windows. A number of rooms have sliding doors with Juliet balconies.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The IC programme and its content and detail are 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 IC coordinator role is to be undertaken by the clinical manager. The service plans to establish two monthly IC meetings. Foxbridge has plentiful supplies of PPE equipment. There are regional infection control groups (RIC). The meetings are</p>

		held six monthly and terms of reference are clearly documented. There is a management of communicable disease outbreak and management of coronavirus procedure.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service has documented policies and procedures in place to ensure the use of restraint will be actively minimised. Policies and procedures include definitions of restraint and enabler that are congruent with the definition in NZS 8134.0. The clinical manager is the restraint coordinator.</p> <p>Staff education including assessing staff competency on RMSP/enablers, challenging behaviours and falls prevention is scheduled as part of induction and will continue annually.</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 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	<p>The manager stated they are currently interviewing and to date have offered positions to two caregivers, five RNs (three interRAI training), one activity assistant, two laundry, one kitchenhand. They are yet to sign contracts. The care home manager stated they are planning to employ a further six RNs and 12 caregivers for the opening of the facility. Advised that any caregivers employed with the dementia standards will be rostered for the dementia unit.</p>	<p>The service is yet to employ sufficient staff including 24/7 RNs to cover the roster of the dementia and dual-purpose unit.</p>	<p>Ensure there are sufficient staff employed to cover the roster on opening.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction</p>	PA Low	<p>The organisation has a comprehensive orientation programme in place that provides new staff with relevant</p>	<p>Orientation of newly employed staff commences on 5 January 2021. An orientation-training programme has</p>	<p>Ensure staff commencing on opening complete the</p>

<p>programme that covers the essential components of the service provided.</p>		<p>information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies. Orientation of newly employed staff commences on 5 January 2021. Training is scheduled across five days.</p>	<p>been developed across the week 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>facility induction programme and competencies.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.12.3 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 planning to implement an electronic medication system and staff are to be trained in its use.</p>	<p>The service is in the process of employing staff and advised that medication competencies including training around the electronic system will be completed during induction prior to opening.</p>	<p>For new staff commencing who will have medication administration responsibilities, ensure all have completed medication competencies.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.4 The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	<p>PA Low</p>	<p>The building and furnishing of the facility has been completed. The service has a certificate for public use dated 28 September 2020 and expires 16 March 2021. Room temperatures and hot water temperatures have been completed to resident areas. Keypad locks are in place. One has been placed in error.</p>	<p>There are two separate stand-alone dementia units. A key-pad entrance has been placed within one of the units between the lounge and the hallway rather than on the door between the two units.</p>	<p>Ensure the keypad is placed so a standalone unit has no limitations for movement within the unit.</p> <p>Prior to occupancy days</p>

<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>	<p>PA Low</p>	<p>Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. First aid training is scheduled to occur with the RNs at induction training. Fire training is scheduled for induction and a fire drill is to be completed before opening.</p>	<p>(i) Staff training in fire safety and fire drill are to be completed for new staff during the induction prior to opening. (ii) First aid training is scheduled for all RNs during induction.</p>	<p>(i) Ensure a fire drill is completed prior to occupancy. (ii) Ensure there is a trained first aider staff across 24/7.</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>	<p>PA Low</p>	<p>The fire service has completed a check on fire alarms, notices etc. The fire evacuation plan is in draft and awaiting approval by the fire service.</p>	<p>The fire evacuation plan is in draft and awaiting approval by the fire service.</p>	<p>Ensure that the fire evacuation plan is approved.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.