

# Bupa Care Services NZ Limited - Riverstone Care Home

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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 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:** Riverstone 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: 3 June 2021 End date: 3 June 2021

**Proposed changes to current services (if any):** The facility is a new single level purpose-built care facility. There are a total of 56 beds. This includes 36 dual-purpose beds across 3 x 12 wings (households). There are 20 dementia beds across 2x 10 bed wings (households). The service is planning to admit residents from 5 July 2021.

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



# 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.

## General overview of the audit

Bupa Riverstone care home is part of the Bupa group of facilities. The facility is a new purpose-built 56-bed facility on one level. There are a total of 56 beds. This includes 36 dual-purpose beds and 20 dementia beds. The service is planning to open from 5 July 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 general manager has previous aged care management experience. An experienced clinical manager (previous clinical manager at another facility) is employed to support the general 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 facility is designed on the smaller household model with each household having their own kitchen, dining and lounge area.

The corrective actions required by the service are all related to securing the garden off the dementia unit and managing potential risk of the courtyard.

## **Consumer rights**

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## **Organisational management**

The clinical manager (RN) will fulfil the general 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 working with a medical centre to provide medical support.

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 has been implemented for all staff on induction and will continue annually thereafter. 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 four weekly robotic packs and implement an electronic medication management system. There is a secure treatment room in the dual-purpose area and one in the dementia area. New medication trolleys have been purchased for each area.

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

Bain maries and hot boxes have been purchased to transport the food from the main kitchen to the kitchenettes in each area.

## **Safe and appropriate environment**

The facility is purpose-built and spacious and includes five small households (3 x 12-bed dual purpose households and 2 x 10-bed dementia households). All building and plant have been built to comply with legislation. The organisation has purchased all new equipment.

There are centrally located nurses' desks in each of the dining areas. This ensures that staff are in close contact with residents even when attending to paperwork. There is an open plan dining/lounge and kitchenette in each household. There is also a quiet lounge in each household. All households 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.

Material safety datasheets are available in the laundry and the sluices in each area. 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 household for storage of mobility equipment. All dual-purpose bedrooms have overhead hoists.

A procurement manager assists with ensuring appropriate purchase of equipment. All new equipment (including medical equipment) for the new facility is in place. All rooms and ensuites have been designed for hospital level care. There is a mobility bathroom with shower and shower bed in the dual-purpose area.

There is an internal courtyard and external garden area off the dementia households and dual purpose areas.

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 have received 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.

<b>Attainment Rating</b>	<b>Continuous Improvement (CI)</b>	<b>Fully Attained (FA)</b>	<b>Partially Attained Negligible Risk (PA Negligible)</b>	<b>Partially Attained Low Risk (PA Low)</b>	<b>Partially Attained Moderate Risk (PA Moderate)</b>	<b>Partially Attained High Risk (PA High)</b>	<b>Partially Attained Critical Risk (PA Critical)</b>
<b>Standards</b>	0	16	0	1	0	0	0
<b>Criteria</b>	0	36	0	1	0	0	0

<b>Attainment Rating</b>	<b>Unattained Negligible Risk (UA Negligible)</b>	<b>Unattained Low Risk (UA Low)</b>	<b>Unattained Moderate Risk (UA Moderate)</b>	<b>Unattained High Risk (UA High)</b>	<b>Unattained Critical Risk (UA Critical)</b>
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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>Riverstone care home is part of the Bupa group of facilities. The facility is a new single level purpose-built care facility. The service has applied for hospital (geriatric and medical), rest home level care and dementia level care for up to 56 residents. This includes 36 dual-purpose beds across 3x 12 wings (households). There are 20 dementia beds across 2x 10 bed wings (households). The service is planning to admit residents from 5 July 2021.</p> <p>Riverstone care home has 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 H&amp;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.</p> <p>The service is managed by an experienced general manager who has been with Bupa for nine years and in care home manager roles for the last four years. The general manager is supported by a clinical manager who also recently commenced at Riverstone but has been in similar roles within Bupa for the last ten years. The management team are supported by the central Bupa operation manager who visits regularly. The general manager will provide monthly reports to the central operations manager. There are weekly team meetings between the central</p>



		<p>managers and operations manager.</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. The managers have also completed Bupa Leadership in Action course.</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>	FA	<p>The clinical manager (RN) will fulfil the general manager role during a temporary absence with support from the Bupa operations manager or relief managers. She has many years management experience within Bupa and within 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>	FA	<p>There is a comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development. 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>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. Currently all employed staff are undertaking a three week induction programme which includes completing the required orientation booklets and competencies. A team of trainers from Bupa is assisting staff to complete this orientation and to commence competencies.</p> <p>The service has employed (to date) ten caregivers (half are internal transfers), five</p>

		<p>RNs (three are interRAI trained), one unit coordinator (RN and also interRAI trained), activity coordinator (trained DT), activity assistant (trained caregiver), kitchen manager, three kitchen assistants, two cleaners, one laundry, administration support, office finance, and maintenance person. Further recruitment is in process including employing a further six caregivers and one RN.</p> <p>The service has enough staff employed to cover the initial roster.</p> <p>Of the ten caregivers employed, there are two with level 2, five with level 3, and three with level 4 (inclusive of dementia standards). The three caregivers with the dementia standards will work in dementia initially. All caregivers rostered for the dementia unit will be required to and supported to complete the dementia standards. The two managers are Careerforce assessors.</p> <p>There is a 2021 education plan developed (noting induction has covered all compulsory training for the year). 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 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 &amp; handling, nebuliser, oxygen administration, PEG tube care/feeds, restraint, wound management, CPR, and T34 syringe driver. These are being commenced during the current training weeks.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>An organisational staffing policy aligns with contractual requirements and includes skill mixes. The wage analysis schedule is based on the safe indicators for aged care and dementia care and the roster is determined using this as a guide. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support. A report is to be provided fortnightly from head office that includes hours and whether there are over and above hours.</p> <p>The roster is flexible to allow for the increase in resident numbers. The draft roster is in place for the opening of the new facility. Currently there is sufficient employed</p>

		<p>staff to cover the roster.</p> <p>Dementia households designed as 2x 10-bed households (opened as one large unit)</p> <p>There is one unit coordinator/RN 0800 – 1600, and a RN rostered 3 days the UC not rostered (0645 – 1500). Two x caregivers 0700 – 1515 and 0700 – 1300, two caregivers 1445 - 2315 and 1600 - 2300. There is one caregiver 2300 – 0700.</p> <p>One Activity coordinator – 1000 – 1730 (7 days a week)</p> <p>Dual Purpose 3 x 12 bed households</p> <p>2x 12-bed households are opening initially.</p> <p>There is a RN rostered across all three shifts 0645 – 1500, 1445 – 2315, and 2300 – 0700</p> <p>The roster varies depending on the acuity of the residents. However initially on opening for up to 5 hospital residents there will be a caregiver on each shift.</p> <p>A further caregiver will be rostered on AM and PM shift from 6 – 10 residents.</p> <p>The service is in the process of finalising GP services. They will visit once weekly initially and provide 24/7 on call services.</p> <p>A physiotherapy/OT/dietitian contract is confirmed, with the physiotherapist initially visiting once a week.</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>The organisations medication policy and procedures follow recognised standards and guidelines for safe medicine management practice in accordance with the guideline: Safe Management of Medicines.</p> <p>The service is planning to use four weekly robotic packs and has negotiated a contract with a local pharmacy. There is a secure treatment room in the dual purpose area (for all three households) and a treatment room in the dementia unit (for the two households). New medication trolleys have been purchased for each area. There is a controlled drug (CD) safe in a locked cupboard in the two treatment rooms. Each treatment room has a medication fridge and a specimen fridge. Both treatment rooms are secure and fully furnished with an air conditioning pump to keep the room temperature down. There are plentiful cupboards, equipment, wound supplies, oxygen concentrators, suction.</p> <p>A Medication - Self-Administration policy is available if required. This process is</p>

		<p>well established throughout Bupa services. There are locked drawers available. Bupa policies identify that medication errors are treated as an incident and captured as part of the incident management system, including benchmarking. There is an adverse reaction policy.</p> <p>Medicine management information is well established throughout Bupa Care Services. Advised that only those deemed competent, will be responsible for administration. All new senior staff have completed medication competencies as part of their current induction programme. The service will implement an electronic medication system and medication competent staff have been completing this training and competencies as part of the three-week induction programme.</p> <p>A contract with a local GP service is in the process of being confirmed with the GP visiting 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</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The new kitchen is designed in two parts, one for cooking and one for clearing up. Hostservices, who specialise in commercial kitchens, designed the kitchen. There is a walk in pantry, chiller and freezer. A food control plan is in place. There are kitchen staff (one kitchen manager and three kitchen assistants) employed. The kitchen manager has completed food safety certificates. Kitchen assistants are currently completing these as part of their induction programme. Each of the five households has an open kitchenette off the dining areas.</p> <p>Each kitchenette includes a servery area, fridge and dishwasher. Scan hot boxes and bain maries have been purchased to transport the food from the main kitchen to each kitchenette. The kitchenette is open; boiling water taps have safety locks. There are lockable cupboards in the kitchenettes for safety.</p> <p>Kitchen fridge, food and freezer temperatures are to be monitored and documented daily as per Bupa processes. Resident annual satisfaction survey includes food. There are a number of internal audits to be implemented as per Bupa internal audit schedule including (but not limited to); a) environmental hygiene - kitchen, b) weight management audit, c) food storage, and d) food service audit.</p> <p>The residents are to have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. This is to be reviewed six-monthly as part of the care plan review. Changes to residents' dietary needs are to be communicated to the kitchen as per Bupa policy.</p>

		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. Advised that snacks will be available and stored in each kitchenette daily.
<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>	FA	<p>There is one activity coordinator (DT trained) employed for the dementia units and one activity assistant. Activities are to be provided across seven days 1000 - 1730.</p> <p>The dementia unit is spacious and designed for group activities and individual activities. A communal lounge and a quiet lounge is available 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 dementia household has been developed. A 24-hour activity care plan is to be developed on admission for each resident in the dementia household. 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><b>Standard 1.4.1: Management Of Waste And Hazardous Substances</b></p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are policies on the following: waste disposal policy - medical, sharps and food waste and guidelines as well as the removal of waste bins and waste identification and specific waste disposal – infectious, controlled, food, broken glass or crockery, tins, cartons, paper and plastics.</p> <p>Procedure for disposal of sharps containers. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan.</p> <p>Material safety data sheets are to be available in the laundry, cleaners' rooms and the sluices in each area. Each sluice rooms is secure and has a sanitiser. Sharps containers are kept in the treatment rooms.</p> <p>Hazard register identifies hazardous substance and staff indicated a clear</p>

		<p>understanding of processes and protocols. 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>FA</p>	<p>The facility is purpose built and is spacious. All building and plant have been built to comply with legislation. The building is single level. The building is designed around two internal courtyards. The dual-purpose wings are designed into 3x 12-bedroom households. Each household has their own communal lounge/dining and kitchen. 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>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 for all areas.</p> <p>There is adequate space in each household for storage of mobility equipment. The building and furnishing of the facility has been completed. The service has a certificate for public use dated 3 May 2021. Room temperatures and hot water temperature monitoring has commenced in resident areas. Where hot water temperatures were higher, a corrective action plan has been completed and the tempering valves adjusted.</p> <p>Dual purpose units (3x 12-bed households)</p> <p>The rest home/hospital households are designed as smaller homes with their own communal open-plan dining/lounge and kitchen. There is a whānau lounge with kitchenette available. There is a centrally located nurses' desk with locked cupboards within the communal area of each household. The centrally located nurses' desk ensures that staff are in close contact with residents even when attending to paperwork. There are handrails in ensuites and in hallways. All</p>

		<p>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 households for storage of mobility equipment. Hilo and electric beds are in place and all rooms have a ceiling hoist. There are a number of landing strips purchased and sensor mats. The resident rooms have large windows and sliding doors that either open to a small deck around the outside of the building or internally to the courtyard. 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 dual-purpose households and the internal courtyard have been completed and include garden areas, safe paths, shade and seating and water features. Doors from the hallway and communal areas that open to the internal courtyard are not lockable (link 1.4.7.6).</p> <p>Dementia unit (2x 10-bed households)</p> <p>The dementia unit includes 2x 10 bed households. While the unit is designed into two households it will still open as one 20-bed unit. The two households are designed as smaller homes with their own communal open-plan dining/lounge and kitchen. There is a centrally located nurses' desk with locked cupboards within the communal area of each household. The centrally located nurses' desk ensures that staff are in close contact with residents even when attending to paperwork. The household is circular around an internal courtyard. There are decals to distract residents from exit doors and signs to alert residents of key rooms such as toilets. There is a quiet lounge available. The courtyard can be accessed from the communal area and the hallway on the other side of the unit. The doors to the courtyard are not lockable (link 1.4.7.6). The courtyard include paths, seating, shade raised gardens and a water feature. There is an additional external garden area and walkway that is accessible from the two lounges that walks around the side of the building. This garden and pathed area is currently only partially secure (link 1.4.7.6).</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</p>	<p>FA</p>	<p>Dual-purpose households: 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/paper-towels. There is one large communal toilet/shower with a shower bed and bariatric shower chair and a further toilet near each communal lounge. All communal toilets/bathrooms have locks and engaged</p>

<p>hygiene requirements.</p>		<p>signs.</p> <p>Dementia households: Every resident's room has an ensuite with a disability friendly shower, toilet, hand basin and paper towels. Toilet seats are a different colour. There are also well-placed communal toilets near the two communal lounges with picture signs, sensor lights, and can be locked for privacy and unlocked from the outside by staff if needed.</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>	<p>FA</p>	<p>Dual-purpose households and Dementia households: Residents rooms 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. All dual-purpose rooms have ceiling hoists. Residents can personalise their rooms and the rooms are large enough for family and friends to socialise with the resident.</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>	<p>FA</p>	<p>Dual-purpose households and Dementia households: Each household (three in the dual-purpose wings and two in the dementia unit) have a large open-plan dining area/kitchenette and spacious lounge area. The open plan communal areas are large enough for individual or group activities. There is also a whānau lounge in the dual-purpose wings and a quiet lounge in the dementia unit.</p> <p>In dementia, 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.</p>
<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>	<p>FA</p>	<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 in the service area of the facility. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. There are three commercial washing machines and two dryers. Material safety data sheets are available, and all chemicals are within closed systems.</p> <p>There is an internal audit around laundry services and environmental hygiene -</p>



		<p>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>	<p>PA Low</p>	<p>Appropriate training, information, and equipment for responding to emergencies is provided at induction and is included as part of the annual training programme. Staff training in fire safety and fire drills are being completed for new staff in the three-week induction programme currently taking place at the time of audit. Smoke alarms, sprinkler system and exit signs are in place in the building. The fire evacuation plan has been approved by the fire service.</p> <p>There is a comprehensive civil defence manual and emergency procedure manual in place. Water storage tanks are available with sufficient spare water. There is a civil defence cupboard all stocked for use if needed. The facility has emergency lighting up to four hours and torches. Gas BBQ and additional cylinders are available for alternative cooking. Bupa has a generator available in Wellington if needed.</p> <p>Key staff are required to hold a first aid certificate. There is staff across 24/7 with a current first aid certificate. All RNs that don't have a current first aid certificate are currently completing this as part of the induction programme which was underway at the time of audit.</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. All call bells are operational.</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 1700 (winter) and unlocks at 0800. Afterhours access is by way of keypad for staff and a doorbell 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. The two entrances</p>

		<p>into the dementia unit is secure with key-pad entry.</p> <p>The exit doors from the dual-purpose wings and from the dementia unit into the courtyards in each area are not able to be locked. While this gives residents freedom at all times and being internal security is not an issue, there is still a risk for confused residents going outside at night and becoming disorientated. The outdoor garden area down the side of the dementia unit is currently not fully secure, as part of the wall is yet to be installed.</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 or sliding doors.</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 who has completed external training. The service plans to establish monthly IC meetings (combined with H&amp;S). Riverstone has plentiful supplies of PPE equipment. There is a national IPC coordinator and a national infection control group. The meetings are held monthly and terms of reference are clearly documented. There is a management of communicable disease outbreak and management of coronavirus procedure. An outbreak kit is available at Riverstone. There is a Bupa pandemic plan and all visitors sign into the facility.</p>
<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 includes assessing staff competency on RMSP/enablers. Training</p>

		around challenging behaviours and falls prevention is scheduled as part of induction and will continue annually.
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.4.7.6</p> <p>The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.</p>	PA Low	<p>There is an internal courtyard within the dual-purpose wings that cannot be accessed from outside the facility. There is also an internal courtyard within the dementia unit that cannot be accessed from outside the unit/facility. The exit doors from the dual-purpose wings and from the dementia unit into the courtyards in each area are not able to be locked. While this gives residents freedom at all times, there is still a risk for confused residents going outside at night and becoming disorientated.</p>	<p>(i) The exit doors from the dual-purpose wings into their internal courtyard and from the dementia unit into their internal courtyard are not able to be locked. While this gives residents freedom at all times, there is still a risk for confused residents going outside at night and becoming cold and disorientated.</p> <p>(ii) The outdoor garden area down the side of the dementia unit is currently not fully secure as part of the wall is yet to be installed.</p>	<p>(i) Ensure the risk to residents around these internal courtyard doors not being lockable is mitigated and this is approved by the DHB.</p> <p>(ii) Ensure the outdoor garden/walkway area down the side of the dementia unit is fully secure.</p> <p>Prior to occupancy days</p>

## 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.