

## **Summerset Care Limited - Summerset Down The Lane**

**CURRENT STATUS: 20-Sep-13**

**The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Partial provisional audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.**

### **GENERAL OVERVIEW**

This partial provisional audit was to establish the level of preparedness of Summerset Down the Lane to provide rest home, and hospital (geriatric and medical) level services for up to 30 hospital and rest home level beds in the care centre with an additional 10 serviced apartments on the ground floor that are being certified for residents who will receive rest home level care. The day of opening is expected to be the 21 October 2013.

The service is being managed by an acting village manager until a permanent appointment occurs. The recruitment process is in progress and a permanent appointment to village manager is expected to be completed prior to opening date. The current acting village manager is a registered nurse with management experience who is supported by a nurse manager and the leadership and management team at Summerset. The permanent village manager will be supported by Summerset's leadership team.

The service is in the process of recruiting staff. Some staff have been employed and are working within other Summerset facilities. Other staff are employed on site and are servicing the existing retirement village, which is already occupied.

The audit identified that the building, policies and procedures are appropriate for providing rest home and hospital (geriatric and medical) level services and in meeting the needs of the residents. However improvements are required, as the building programme has yet to be completed. Improvements include the need to obtain a certificate of public use, the need to complete the landscaping programme and the evacuation planning process.

# Summerset Down the Lane

Summerset Care Limited

Partial provisional audit - Audit Report

Audit Date: 20-Sep-13



## Audit Team

Audit Team	Name	Qualification	Auditor Hours on site	Auditor Hours off site	Auditor Dates on site
Lead Auditor	XXXXXXXX	RN, RM, ADN, BNurs, MBS, Lead Health Auditor Cert.	4.00	2.00	20-Sept-13
Auditor 1					
Auditor 2					
Auditor 3					
Auditor 4					
Auditor 5					
Auditor 6					
Clinical Expert					
Technical Expert					
Consumer Auditor					
Peer Review Auditor	XXXXXXXX			1.00	

<b>Total Audit Hours on site</b>	4.00	<b>Total Audit Hours off site</b> <i>(system generated)</i>	3.00	<b>Total Audit Hours</b>	7.00
<b>Staff Records Reviewed</b>	1 of 1	<b>Client Records Reviewed</b> <i>(numeric)</i>	0 of 0	<b>Number of Client Records Reviewed using Tracer Methodology</b>	0 of 0

<b>Staff Interviewed</b>	0 of 0	<b>Management Interviewed</b> <i>(numeric)</i>	2 of 2	<b>Relatives Interviewed</b> <i>(numeric)</i>	0
<b>Consumers Interviewed</b>	0 of 0	<b>Number of Medication Records Reviewed</b>	0 of 0	<b>GP's Interviewed</b> <b>(aged residential care and residential disability)</b> <i>(numeric)</i>	0

## Declaration

I, (full name of agent or employee of the company) XXXXXXXX (occupation) Director of (place) Christchurch hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Act.

I confirm that Health and Disability Auditing New Zealand Limited has in place effective arrangements to avoid or manage any conflicts of interest that may arise.

Dated this 1 day of October 2013

Please check the box below to indicate that you are a DAA delegated authority, and agree to the terms in the Declaration section of this document.

This also indicates that you have finished editing the document and have updated the Summary of Attainment and CAR sections using the instructions at the bottom of this page.

Click here to indicate that you have provided all the information that is relevant to the audit:

The audit summary has been developed in consultation with the provider:

Electronic Sign Off from a DAA delegated authority (*click here*):



# Executive Summary of Audit

## *General Overview*

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The service is being managed by an acting village manager until a permanent appointment occurs. The recruitment process is in progress and a permanent appointment to village manager is expected to be completed prior to opening date. The current acting village manager is a registered nurse with management experience who is supported by a nurse manager and the leadership and management team at Summerset. The permanent village manager will be supported by Summerset's leadership team.

The service is in the process of recruiting staff. Some staff have been employed and are working within other Summerset facilities. Other staff are employed on site and are servicing the existing retirement village, which is already occupied.

The audit identified that the building, policies and procedures are appropriate for providing rest home and hospital (geriatric and medical) level services and in meeting the needs of the residents. However improvements are required, as the building programme has yet to be completed. Improvements include the need to obtain a certificate of public use, the need to complete the landscaping programme and the evacuation planning process.

### *1.1 Consumer Rights*

Not applicable to this audit

### *1.2 Organisational Management*

The service is currently managed by an acting village manager who is a registered nurse with a current practising certificate. She has three years' experience in management with Summerset. The acting village manager will be replaced by another acting village manager prior to opening and the intention is to interview for a permanent manager in early October. The team is supported by the clinical education manager for Summerset (nurse manager for five years in a previous Summerset facility who is a registered nurse with a current practising certificate) and the clinical quality manager who is a registered nurse with a current practising certificate and extensive experience in aged care and auditing. During the temporary absence of the village manager, the nurse manager will undertake the role of manager. The service has policies, procedures, and systems that support the provision of clinical care and support including care planning. There are comprehensive human resources policies in operation, as part of the policy manual, which include job descriptions. The service is in the process of recruiting staff. There is a documented staffing plan and staffing will increase as the numbers of residents increase.

### *1.3 Continuum of Service Delivery*

The medicine management policy and procedures follow recognised standards and guidelines for safe medicine management practice in accordance with the medicines care guides for residential aged care 2011. The service is in the process of finalising a contract with a local pharmacy. Policies and procedures reflect medication legislation and the medicines care guide. There is a secure room for storing medicines when not in use, which includes a safe for the

storage of controlled drugs. There is a policy on residents who self-administer their medicines. Medicine charting will be printed by the pharmacy and signed by the village general practitioner team. There is a medicine administration competency test ready to be implemented that is consistent with the guidelines. Medicines management competencies will be completed during staff induction and prior to residents being admitted. Allergies will be noted on the admission and will be recorded in the resident files and on medicine charts. Management of adverse reactions are described in the medication policy. Food services will be provided under contract with Medirest who will prepare meals in accordance with Summerset's rotating four weekly seasonal menu that has been developed and approved by a dietitian. The care centre will include a café and bar on the ground floor. The commercially fitted out kitchen is located on the ground floor. It includes food storage facilities. Two bain marie trollies will be used to keep prepared food hot and to transport the food from the ground floor to the first floor using the lift. The kitchen is well designed and will be able to provide meals for both the hospital and rest home residents and serviced apartment residents with capacity to spare.

#### *1.4 Safe and Appropriate Environment*

The building is a two storey facility that has been purpose built to an existing plan used successfully in other Summerset aged care facilities. All building and plant have been built to comply to legislation and council requirements. Appropriate agencies have been consulted throughout the design and build phases to ensure compliance. The ground floor includes the village manager's office, sales manager's office, reception, a recreational area, meeting rooms, administration area, library, the main kitchen, laundry (with linen chute from first floor), gym, pool table area, spa pool, hair salon, and additional dining room, a communal lounge and a café and bar with access to outside tiled areas. There are areas for parking mobile scooters and wheelchairs. The ground floor includes 10 serviced apartments which can accommodate rest home level residents. The first floor has 30 beds currently. These rooms are multi-purpose (i.e., able to accommodate rest home or hospital/medical level residents). The first floor contains a lounge and separate dining room with satellite kitchen that includes space for the second bain marie. There is a conservatory/covered veranda, an outside veranda, a nurse manager's office, a nurse's station, a staff room, a staff locker area and a staff toilet area. There is a secure medicine management room and a multipurpose visiting specialist's room. There is a dirty laundry area and a sluice room with sanitiser. There is dedicated storage for hoists and wheelchairs. There is a recreation room/storage area located beside the lounge. CTV cameras are installed for exit doors, which will be monitored from the nursing station. Residents, visitors and staff will be protected from exposure to chemicals and hazardous waste. Chemicals will be stored in locked non-public areas when not in use. Residents will be able to personalise their bedrooms or apartments. Each apartment is fully serviced with their own disabled shower and toilet area. Twenty six rooms in the care centre have ensuites (ie, toilet and disabled showers). Four other rooms have a communal disabled shower and toilet that is readily accessible by all four residents. There is a communal bathroom, with raised bath located on the first floor. There are communal toilet facilities located close to the ground floor café, bar, dining and lounge areas. Staff have access to separate toilets and there is a visitors toilet located on the ground floor. There are tempering valves in place and hot water temperature monitoring will be commenced when the building is occupied. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are all in place. Signage has yet to be installed. There will be paper towels and flowing soap dispensers installed and hand gel dispensers placed strategically throughout the care facility.

Improvements are required as the building programme has yet to be completed. The improvements include the need to obtain a certificate of public use, the need to complete the landscaping programme and the need to obtain an approved evacuation plan.

## *2 Restraint Minimisation and Safe Practice*

Not applicable to this audit

### *3. Infection Prevention and Control*

There are infection prevention and control policies and procedures and surveillance forms developed for use to gather individual information on infections. The responsibility for infection prevention and control is clearly defined in the infection prevention and control guidelines. The policy states that the infection prevention and control coordinator will be a registered nurse and this role will be fulfilled by the nurse manager. There are adequate hand washing and drying facilities throughout the facility. The facility has access to professional advice within the service and the village and nurse manager will develop links with Waikato DHB. There is a clear process for early consultation and feedback to the infection prevention and control team. Infection surveillance will occur and will be consistent with the company's expectations for reporting and benchmarking. There are guidelines and staff health policies for staff to follow ensuring prevention of the spread of infection. These include but are not limited to an outbreak management policy, a pandemic plan and policy, a food handler's sickness policy and a hand hygiene policy.

## Summary of Attainment

### 1.1 Consumer Rights

		Attainment	CI	FA	PA	UA	NA	of
Standard 1.1.1	Consumer rights during service delivery	Not Applicable	0	0	0	0	0	1
Standard 1.1.2	Consumer rights during service delivery	Not Applicable	0	0	0	0	0	4
Standard 1.1.3	Independence, personal privacy, dignity and respect	Not Applicable	0	0	0	0	0	7
Standard 1.1.4	Recognition of Māori values and beliefs	Not Applicable	0	0	0	0	0	7
Standard 1.1.6	Recognition and respect of the individual's culture, values, and beliefs	Not Applicable	0	0	0	0	0	2
Standard 1.1.7	Discrimination	Not Applicable	0	0	0	0	0	5
Standard 1.1.8	Good practice	Not Applicable	0	0	0	0	0	1
Standard 1.1.9	Communication	Not Applicable	0	0	0	0	0	4
Standard 1.1.10	Informed consent	Not Applicable	0	0	0	0	0	9
Standard 1.1.11	Advocacy and support	Not Applicable	0	0	0	0	0	3
Standard 1.1.12	Links with family/whānau and other community resources	Not Applicable	0	0	0	0	0	2
Standard 1.1.13	Complaints management	Not Applicable	0	0	0	0	0	3

Consumer Rights Standards (of 12):	N/A:12	CI:0	FA: 0	PA Neg: 0	PA Low: 0	PA Mod: 0	PA High: 0	PA Crit: 0
	UA Neg: 0	UA Low: 0	UA Mod: 0	UA High: 0	UA Crit: 0			
Criteria (of 48):	CI:0	FA:0	PA:0	UA:0	NA: 0			

## 1.2 Organisational Management

		Attainment	CI	FA	PA	UA	NA	of
Standard 1.2.1	Governance	FA	0	3	0	0	0	3
Standard 1.2.2	Service Management	FA	0	2	0	0	0	2
Standard 1.2.3	Quality and Risk Management Systems	Not Applicable	0	0	0	0	0	9
Standard 1.2.4	Adverse event reporting	Not Applicable	0	0	0	0	0	4
Standard 1.2.7	Human resource management	FA	0	5	0	0	0	5
Standard 1.2.8	Service provider availability	FA	0	1	0	0	0	1
Standard 1.2.9	Consumer information management systems	Not Applicable	0	0	0	0	0	10

Organisational Management Standards (of 7):	N/A:3	CI:0	FA: 4	PA Neg: 0	PA Low: 0	PA Mod: 0	PA High: 0
	PA Crit: 0	UA Neg: 0	UA Low: 0	UA Mod: 0	UA High: 0	UA Crit: 0	
Criteria (of 34):	CI:0	FA:11	PA:0	UA:0	NA: 0		

### 1.3 Continuum of Service Delivery

		Attainment	CI	FA	PA	UA	NA	of
Standard 1.3.1	Entry to services	Not Applicable	0	0	0	0	0	5
Standard 1.3.2	Declining referral/entry to services	Not Applicable	0	0	0	0	0	2
Standard 1.3.3	Service provision requirements	Not Applicable	0	0	0	0	0	6
Standard 1.3.4	Assessment	Not Applicable	0	0	0	0	0	5
Standard 1.3.5	Planning	Not Applicable	0	0	0	0	0	5
Standard 1.3.6	Service delivery / interventions	Not Applicable	0	0	0	0	0	5
Standard 1.3.7	Planned activities	Not Applicable	0	0	0	0	0	3
Standard 1.3.8	Evaluation	Not Applicable	0	0	0	0	0	4
Standard 1.3.9	Referral to other health and disability services (internal and external)	Not Applicable	0	0	0	0	0	2
Standard 1.3.10	Transition, exit, discharge, or transfer	Not Applicable	0	0	0	0	0	2
Standard 1.3.12	Medicine management	PA Low	0	2	2	0	0	7
Standard 1.3.13	Nutrition, safe food, and fluid management	FA	0	5	0	0	0	5

Continuum of Service Delivery Standards (of 12):	N/A:10	CI:0	FA: 1	PA Neg: 0	PA Low: 1	PA Mod: 0	PA High: 0
	PA Crit: 0	UA Neg: 0	UA Low: 0	UA Mod: 0	UA High: 0	UA Crit: 0	
Criteria (of 51):	CI:0	FA:7	PA:2	UA:0	NA: 0		

**1.4 Safe and Appropriate Environment**

		<b>Attainment</b>	<b>CI</b>	<b>FA</b>	<b>PA</b>	<b>UA</b>	<b>NA</b>	<b>of</b>
Standard 1.4.1	Management of waste and hazardous substances	FA	0	6	0	0	0	6
Standard 1.4.2	Facility specifications	PA Low	0	5	2	0	0	7
Standard 1.4.3	Toilet, shower, and bathing facilities	FA	0	5	0	0	0	5
Standard 1.4.4	Personal space/bed areas	FA	0	2	0	0	0	2
Standard 1.4.5	Communal areas for entertainment, recreation, and dining	FA	0	3	0	0	0	3
Standard 1.4.6	Cleaning and laundry services	FA	0	3	0	0	0	3
Standard 1.4.7	Essential, emergency, and security systems	PA Low	0	5	2	0	0	7
Standard 1.4.8	Natural light, ventilation, and heating	FA	0	3	0	0	0	3

Safe and Appropriate Environment Standards (of 8):		N/A:0	CI:0	FA: 6	PA Neg: 0	PA Low: 2	PA Mod: 0	PA High: 0
		PA Crit: 0	UA Neg: 0	UA Low: 0	UA Mod: 0	UA High: 0	UA Crit: 0	
Criteria (of 36):	CI:0	FA:32	PA:4	UA:0	NA: 0			

## 2 Restraint Minimisation and Safe Practice

		Attainment	CI	FA	PA	UA	NA	of
Standard 2.1.1	Restraint minimisation	Not Applicable	0	0	0	0	0	6
Standard 2.2.1	Restraint approval and processes	Not Applicable	0	0	0	0	0	3
Standard 2.2.2	Assessment	Not Applicable	0	0	0	0	0	2
Standard 2.2.3	Safe restraint use	Not Applicable	0	0	0	0	0	6
Standard 2.2.4	Evaluation	Not Applicable	0	0	0	0	0	3
Standard 2.2.5	Restraint monitoring and quality review	Not Applicable	0	0	0	0	0	1

Restraint Minimisation and Safe Practice Standards (of 6):	N/A: 6	CI:0	FA: 0	PA Neg: 0	PA Low: 0	PA Mod: 0	PA High: 0
	PA Crit: 0	UA Neg: 0	UA Low: 0	UA Mod: 0	UA High: 0	UA Crit: 0	
Criteria (of 21):	CI:0	FA:0	PA:0	UA:0	NA: 0		

### 3 Infection Prevention and Control

		Attainment	CI	FA	PA	UA	NA	of
Standard 3.1	Infection control management	FA	0	9	0	0	0	9
Standard 3.2	Implementing the infection control programme	Not Applicable	0	0	0	0	0	4
Standard 3.3	Policies and procedures	Not Applicable	0	0	0	0	0	3
Standard 3.4	Education	Not Applicable	0	0	0	0	0	5
Standard 3.5	Surveillance	Not Applicable	0	0	0	0	0	8

Infection Prevention and Control Standards (of 5): N/A: 4 CI:0 FA: 1 PA Neg: 0 PA Low: 0 PA Mod: 0 PA High: 0  
 PA Crit: 0 UA Neg: 0 UA Low: 0 UA Mod: 0 UA High: 0 UA Crit: 0

Criteria (of 29): CI:0 FA:9 PA:0 UA:0 NA: 0

**Total Standards (of 50)** N/A: 35 CI: 0 FA: 12 PA Neg: 0 PA Low: 3 PA Mod: 0 PA High: 0 PA Crit: 0 UA  
 Neg: 0 UA Low: 0 UA Mod: 0 UA High: 0 UA Crit: 0  
**Total Criteria (of 219)** CI: 0 FA: 59 PA: 6 UA: 0 N/A: 0

## Corrective Action Requests (CAR) Report

Provider Name: Summerset Care Limited  
 Type of Audit: Partial provisional audit

Date(s) of Audit Report: Start Date:20-Sep-13 End Date: 20-Sep-13  
 DAA: Health and Disability Auditing New Zealand Limited  
 Lead Auditor: XXXXXXXX

Std	Criteria	Rating	Evidence	Timeframe
1.3.12	1.3.12.1	PA Low	<p><b>Finding:</b> The medication system is to be fully established at Summerset Down the Lane</p> <p><b>Action:</b> Implement a safe transition for the medication system</p>	Timed with opening
1.3.12	1.3.12.3	PA Low	<p><b>Finding:</b> The service has newly employed staff and advised that medication competencies will be completed during induction</p> <p><b>Action:</b> For new staff commencing that will have medication administration responsibilities, ensure all have completed medication competencies</p>	Timed with opening
1.4.2	1.4.2.1	PA Low	<p><b>Finding:</b> The building is not yet completed and therefore the certificate for public use has not yet been signed off.</p> <p><b>Action:</b> A Certificate of Public Use (CPU) must be sighted by DHB/healthcert prior to opening</p>	To be completed prior to occupancy
1.4.2	1.4.2.6	PA Low	<p><b>Finding:</b> The external landscaping is yet to be completed</p> <p><b>Action:</b> Ensure there is safe external areas for residents to access.</p>	To be completed prior to occupancy
1.4.7	1.4.7.1	PA Low	<p><b>Finding:</b> As the facility has not yet opened, staff have not completed a fire drill or training around the fire</p>	To be completed prior to

			<p>evacuation procedure.</p> <p><b>Action:</b> Implement fire drills for all staff at Summerset Down the Lane</p>	occupancy
1.4.7	1.4.7.3	PA Low	<p><b>Finding:</b> The evacuation plan has yet to be approved.</p> <p><b>Action:</b> Ensure the service has an approved fire evacuation scheme and the DHB/healthcert are notified when approved.</p>	3 months

## Continuous Improvement (CI) Report

Provider Name: Summerset Care Limited

Type of Audit: Partial provisional audit

Date(s) of Audit Report: Start Date:20-Sep-13 End Date: 20-Sep-13

DAA: Health and Disability Auditing New Zealand Limited

Lead Auditor: XXXXXXXX

# 1. HEALTH AND DISABILITY SERVICES (CORE) STANDARDS

## OUTCOME 1.2 ORGANISATIONAL MANAGEMENT

Consumers receive services that comply with legislation and are managed in a safe, efficient, and effective manner.

### STANDARD 1.2.1 Governance

The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.

ARC A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.3d; D17.4b; D17.5; E1.1; E2.1 ARHSS A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.5

Evaluation methods used: D  SI  STI  MI  CI  MaI  V  CQ  SQ  STQ  Ma  L

#### How is achievement of this standard met or not met?

**Attainment: FA**

The service is currently managed by an acting village manager who is a registered nurse (RN) with a current practising certificate who has three years' experience in management with Summerset. The acting village manager will be replaced by another acting village manager and the intention is to interview for a permanent manager in early October. The village manager's job description includes authority and accountability and responsibilities (sighted).

#### Criterion 1.2.1.1 The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

#### Criterion 1.2.1.3 The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

Timeframe:

### STANDARD 1.2.2 Service Management

The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.

ARC D3.1; D19.1a; E3.3a ARHSS D3.1; D4.1a; D19.1a

Evaluation methods used: D  SI  STI  MI  CI  MaI  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: FA**

During the village manager's absence the facility will be managed by the nurse manager who will be support by the operations manager and the clinical education manager or the clinical quality manager, who are members of Summerset's leadership team.

**Criterion 1.2.2.1 During a temporary absence a suitably qualified and/or experienced person performs the manager's role.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

### STANDARD 1.2.7 Human Resource Management

Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.

ARC D17.6; D17.7; D17.8; E4.5d; E4.5e; E4.5f; E4.5g; E4.5h ARHSS D17.7, D17.9, D17.10, D17.11

Evaluation methods used: D  SI  STI  MI  CI  MaI  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: FA**

The recruitment process includes the checking of professional qualifications and the sighting of registration and scope of practice for health practitioners. Summerset is employing a number of registered nurses in addition to the village and nurse manager who will staff the care centre 24 hours a day, seven days a week. They will be

supported by a number of care givers. The numbers of care givers will increase as the occupancy increases. The service has recruited some staff who are employed in other Summerset facilities. Orientation of caregivers includes completion of stage one CareerForce. Caregivers who have not achieved this qualification prior to commencement will be expected to start this training as soon as they have completed their orientation with the intention that they complete this training within six months. There is a training policy for staff that includes the provision of compulsory subjects and a training programme will be implemented. The 2013 training programme includes key aspects of the health and disability standards. Summerset employs a clinical education manager who is a registered nurse with a current practising certificate. She will facilitate the orientation programme for new staff and will support the ongoing education programme.

**Criterion 1.2.7.2 Professional qualifications are validated, including evidence of registration and scope of practice for service providers.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.7.3 The appointment of appropriate service providers to safely meet the needs of consumers.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.7.4 New service providers receive an orientation/induction programme that covers the essential components of the service provided.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.7.5** A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.

**Audit Evidence**

**Attainment:** FA

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.2.8 Service Provider Availability**

Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.

ARC D17.1; D17.3a; D17.3 b; D17.3c; D17.3e; D17.3f; D17.3g; D17.4a; D17.4c; D17.4d; E4.5 a; E4.5 b; E4.5c ARHSS D17.1; D17.3; D17.4; D17.6; D17.8

Evaluation methods used: D  SI  STI  MI  CI  MaI  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment:** FA

There is a staffing document, which describes staffing and is based on benchmarking information. A skill mix policy is in operation for Summerset facilities. The draft roster for the serviced apartments is that the serviced apartments will be staffed on a 1:10 ratio depending on resident acuity. The service apartments will be staffed by one care giver when the first apartment is occupied with a subsidised rest home level resident. The draft roster for the care centre is based on a 'four days on, four days off' roster. The care centre will be managed by a registered nurse manager (1 FTE). That person will be supported by RNs who will be employed to cover 24 hours a day, seven days a week. RNs who have already been employed are orientating at other Summerset homes. Caregivers are in the process of being employed. The care centre will be initially staffed by two caregivers on each of the three eight hour shifts. Additional staffing for the whole care centre includes: an activities coordinator (1 FTE-already employed), an office manager (1 FTE- already employed). Kitchen staff is sub-contracted to Medirest. Housekeeping staff are being recruited. A maintenance person (1 FTE) is already employed. There is a team of site management staff already employed who are responsible for the upkeep of the existing village and the new care centre. The on-call roster will be covered by the nurse manager and the village manager. The numbers of staff are flexible and will depend on the ratio of hospital to rest home level residents and their acuity needs.

**Criterion 1.2.8.1** There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.

<b>Audit Evidence</b>	<b>Attainment: FA</b>	<b>Risk level for PA/UA:</b>
<b>Finding Statement</b>		
<b>Corrective Action Required:</b>		
<b>Timeframe:</b>		

### **OUTCOME 1.3 CONTINUUM OF SERVICE DELIVERY**

Consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.

#### **STANDARD 1.3.12 Medicine Management**

Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.

ARC D1.1g; D15.3c; D16.5e.i.2; D18.2; D19.2d ARHSS D1.1g; D15.3g; D16.5i..i.2; D18.2; D19.2d

Evaluation methods used: D  SI  STI  MI  CI  MaI  V  CQ  SQ  STQ  Ma  L

<b>How is achievement of this standard met or not met?</b>	<b>Attainment: PA Low</b>
<p>The medication policy and procedures follows recognised standards and guidelines for safe medicine management practice in accord with Medicines Care Guides for Residential Aged Care 2011. The service is in the process of finalising a contract with a local pharmacy. Policies and procedures reflect medicines management legislation and the medicines care guide. Charting will be printed by pharmacy and signed by the village general practitioner team. There is a secure medication room and a safe for the storage of controlled drugs in the locked medication room. There is a policy on self-administrations of medicines. There is a medication competency test ready to be implemented that is consistent with the guidelines. Medicines management competencies will be completed during staff induction and prior to residents being admitted (confirmed in discussions with the clinical quality manager). Residents' allergies and sensitivity status will be noted on admission and recorded in their clinical records and on their medicine chart. Management of adverse reactions are described in the medication policy.</p> <p>The medication system is to be fully established at Summerset Down the Lane.</p>	

**Criterion 1.3.12.1** A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.

**Audit Evidence****Attainment:** PA**Risk level for PA/UA:** Low

The medication policy and procedures follows recognised standards and guidelines for safe medicine management practice in accord with Medicines Care Guides for Residential Aged Care 2011. The service is in the process of finalising a contract with a local pharmacy. Policies and procedures reflect medicines management legislation and the medicines care guide. Charting will be printed by pharmacy and signed by the village general practitioner team. There is a secure medication room and a safe for the storage of controlled drugs in the locked medication room.

**Finding Statement**

The medication system is to be fully established at Summerset Down the Lane

**Corrective Action Required:**

Implement a safe transition for the medication system

**Timeframe:**

Timed with opening

**Criterion 1.3.12.3 Service providers responsible for medicine management are competent to perform the function for each stage they manage.****Audit Evidence****Attainment:** PA**Risk level for PA/UA:** Low

There is a medication competency test ready to be implemented that is consistent with the guidelines. Medicines management competencies will be completed during staff induction and prior to residents being admitted (confirmed in discussions with the clinical quality manager).

**Finding Statement**

The service has newly employed staff and advised that medication competencies will be completed during induction

**Corrective Action Required:**

For new staff commencing that will have medication administration responsibilities, ensure all have completed medication competencies

**Timeframe:**

Timed with opening

**Criterion 1.3.12.5 The facilitation of safe self-administration of medicines by consumers where appropriate.****Audit Evidence****Attainment:** FA**Risk level for PA/UA:****Finding Statement****Corrective Action Required:****Timeframe:**

**Criterion 1.3.12.6 Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**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.

ARC D1.1a; D15.2b; D19.2c; E3.3f ARHSS D1.1a; D15.2b; D15.2f; D19.2c

Evaluation methods used: D  SI  STI  MI  CI  Ma  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: FA**

Food services are contracted to Medirest who will be responsible for employing kitchen and catering staff and will be responsible for the management of the kitchen. They will be responsible for all aspects of food procurement, food delivery, food storage, food preparation and service delivery from the kitchen to Summerset staff. The kitchen is located on the ground floor and is powered by natural gas and electricity. Summerset has purchased the fit out for the kitchen, which includes a combi oven, a gas hotplate, a commercial dishwasher, refrigerator and freezer. The kitchen has a food preparation area. There are two bain maries to keep meals hot within the servery on the ground floor and to transport hot food to the first floor servery/ dining room. There is a cafe and bar on the premises, which will be open part-time and will be operational when the care centre opens. The kitchen is well designed and will be able to provide meals for hospital and rest home residents and residents living in the serviced apartments. There is a lift beside the kitchen that will enable food to be transported to the first floor for rest home and hospital level residents. There is a separate mixed dining room and lounge on the ground floor for use by residents living in the serviced apartments. Meals will be cooked according to the Summerset fixed menu which has determined by the contracted Medirest dietitian. The fixed menu is a four weekly rotating seasonal menu.

**Criterion 1.3.13.1 Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

Corrective Action Required:

Timeframe:

**Criterion 1.3.13.2 Consumers who have additional or modified nutritional requirements or special diets have these needs met.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

Corrective Action Required:

Timeframe:

**Criterion 1.3.13.5 All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

Corrective Action Required:

Timeframe:

**OUTCOME 1.4 SAFE AND APPROPRIATE ENVIRONMENT**

Services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensures physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

These requirements are superseded, when a consumer is in seclusion as provided for by of NZS 8134.2.3.

### STANDARD 1.4.1 Management Of Waste And Hazardous Substances

Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.

ARC D19.3c.v; ARHSS D19.3c.v

Evaluation methods used: D  SI  STI  MI  CI  MaI  V  CQ  SQ  STQ  Ma  L

#### How is achievement of this standard met or not met?

**Attainment: FA**

There are policies and procedures for waste disposal. The new care centre has secure storage areas for chemicals. The service has an incident and accident system for investigating, recording and reporting incidents. There is blood and body fluid spill management policy. Monitoring is not possible until the service opens. Waste and hazardous substance management is included on the training policy as part of infection prevention and control training. Chemicals will be supplied from Jasoll and a secure dispensing system will be installed in the laundry and kitchen. There is a lockable cleaner's cupboard. The service will have access to MSD sheets for the chemicals supplied by Jasoll. Gloves, aprons, and goggles will be available for staff. Infection prevention and control policies state the specific activities where staff are required to wear personal protective equipment.

#### Criterion 1.4.1.1 Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

#### Criterion 1.4.1.6 Protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used by service providers.

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.2 Facility Specifications**

Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.

ARC D4.1b; D15.1; D15.2a; D15.2e; D15.3; D20.2; D20.3; D20.4; E3.2; E3.3e; E3.4a; E3.4c; E3.4d ARHSS D4.1c; D15.1; D15.2a; D15.2e; D15.2g; D15.3a; D15.3b; D15.3c; D15.3e; D15.3f; D15.3g; D15.3h; D15.3i; D20.2; D20.3; D20.4

Evaluation methods used: D  SI  STI  MI  CI  MaI  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: PA Low**

The building is purpose built for the provision of rest home and hospital level care with 30 multipurpose bedrooms on the first floor and ten apartments on the ground floor. The building warrant of fitness/code of compliance/certificate of public use have yet to be obtained as the building is not quite completed. An improvement is noted. Summerset Down the Lane is built on two levels with lift and stair access between floors. The ground floor includes the village managers office, sales manager's office, reception, a recreational area, meeting rooms, administration area, library, the main kitchen, laundry (with linen chute from first floor), gym, pool table area, spa pool, hair salon, and additional dining room, a communal lounge and a café and bar with access to outside tiled areas. There are areas for parking mobile scooters and wheelchairs. The first floor contains a lounge and separate dining room with satellite kitchen and room for the second bain marie, a conservatory/covered veranda, an outside veranda, a nurse manager's office, a nurse's station, staff room and staff locker area and staff toilet, There is a secure medication room with controlled drug safe. There a multipurpose visiting specialist's room, a dirty laundry area. and a sluice room with sanitiser. Hoist and wheelchair storage and a recreation room/storage area off the lounge. TV cameras are installed for exit door which will be monitored from nursing station. All building and plant have been built to comply to legislation and the appropriate compliance agencies have been actively in the planning of the building. Summerset has purchased all new equipment. There are grab rails installed in en-suites and communal areas as necessary. Resident rooms are of appropriate size to ensure safety is not compromised. Residents will be able to bring their own possessions into the home. There is a transportation of residents policy which provides guidelines for managing resident and staff safety while being transported and there is a manual handling policy in place. There is safe access to outside areas that includes level access to the ground floor and there is an outside deck area off the first floor care centre. Part of the outside garden areas directly beside the care centre have yet to be fully landscaped as building is still in progress. Outside seating and tables and shade areas are planned. There is an existing BBQ area, bowling green, children's playground and petanque court. There are roads and paving in place. The building is not yet completed and therefore the certificate for public use has not yet been signed off. The external landscaping is yet to be completed.

**Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.**

**Audit Evidence**

**Attainment: PA**

**Risk level for PA/UA: Low**

The building has been built in consultation with relevant external agencies to ensure it complies with legislation.

**Finding Statement**

The building is not yet completed and therefore the certificate for public use has not yet been signed off.

**Corrective Action Required:**

A Certificate of Public Use (CPU) must be sighted by DHB/healthcert prior to opening

**Timeframe:**

To be completed prior to occupancy

**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.**

**Audit Evidence****Attainment:** FA**Risk level for PA/UA:****Finding Statement****Corrective Action Required:****Timeframe:**

**Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.**

**Audit Evidence****Attainment:** PA**Risk level for PA/UA:** Low

The external area immediately adjacent to the care centre has been partially landscaped and there is a plan to complete all landscaping within three months of opening as part of the completion of the care centre. The remainder of the village is landscaped.

**Finding Statement**

The external landscaping is yet to be completed

**Corrective Action Required:**

Ensure there is safe external areas for residents to access.

**Timeframe:**

To be completed prior to occupancy

**STANDARD 1.4.3 Toilet, Shower, And Bathing Facilities**

Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.

ARC E3.3d ARHSS D15.3c

Evaluation methods used: D  SI  STI  MI  CI  MaI  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?****Attainment:** FA

Twenty six rooms in the care centre will have ensuites (ie, toilet and showers). Four other rooms have a communal shower and toilet that is readily accessible to all four residents. There are communal toilet facilities located close to the ground floor dining and lounge area. Staff have access to separate toilets and there is a visitors toilet on the ground floor. Each apartment is fully serviced with a shower and toilet. There are tempering valves in place and hot water monitoring will be commenced. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are all in place. Signage has yet to be installed. There will be paper towels, flowing soap dispensers and hand gel dispensers installed throughout the facility.

**Criterion 1.4.3.1 There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.4 Personal Space/Bed Areas**

Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.

ARC E3.3b; E3.3c ARHSS D15.2e; D16.6b.ii

Evaluation methods used: D  SI  STI  MI  CI  MaI  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: FA**

There are 30 bedrooms in the care centre and ten serviced apartments. All rooms in the care centre are large enough to provide hospital level care, allowing the use of mobility equipment in the rooms and corridors. Rooms can accommodate a hoist and any other equipment that may be used.

Resident rooms have one and half width doors. Doorways into residents' rooms and communal areas are wide enough for wheelchairs. There are wide hallways throughout the facility. The lift in the facility can accommodate a bed and will be used to move the bain maries. Mobility scooters are able to be parked in a designated bay.

**Criterion 1.4.4.1 Adequate space is provided to allow the consumer and service provider to move safely around their personal space/bed area. Consumers who use mobility aids shall be able to safely maneuvers with the assistance of their aid within their personal space/bed area.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.5 Communal Areas For Entertainment, Recreation, And Dining**

Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.

ARC E3.4b ARHSS D15.3d

Evaluation methods used: D  SI  STI  MI  CI  MaI  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: FA**

Adequate access is provided on both floors to the lounges and dining areas. There will be a large lounge, a large open dining room on the first floor and on the ground floor. The lounge areas and other communal areas (eg, library, pool table, bar/café) will be used for relaxation and recreation. There is adequate space for manoeuvring with mobility aids in communal areas. Activities will be able to occur in any of the lounges, communal areas or outside in the courtyard.

**Criterion 1.4.5.1 Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.6 Cleaning And Laundry Services**

Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.

ARC D15.2c; D15.2d; D19.2e ARHSS D15.2c; D15.2d; D19.2e

Evaluation methods used: D  SI  STI  MI  CI  MaI  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: FA**

There are laundry/cleaning policies/procedures in place. The facility has a secure area for the storage of cleaning and laundry chemicals. There is an area for the secure storage of cleaning equipment. The service has a laundry on the ground floor with a laundry chute for sending dirty laundry from the first floor directly to the laundry. The laundry has a commercial washing machine and commercial dryer installed. The laundry design incorporates a dirty to clean flow with an area for sorting clean laundry. All laundry will be done on site. The village manager states that laundry and cleaning processes will be monitored for effectiveness. The apartments have their own area for a washing machine and dryer.

**Criterion 1.4.6.2 The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.6.3 Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.7 Essential, Emergency, And Security Systems**

Consumers receive an appropriate and timely response during emergency and security situations.

ARC D15.3e; D19.6 ARHSS D15.3i; D19.6

Evaluation methods used: D  SI  STI  MI  CI  MaI  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: PA Low**

All staff will have first aid training prior to the first residents being admitted (confirmed with clinical quality manager). The evacuation scheme is yet to be approved as the building is still in progress. There is an electronic call bell system in all areas including the serviced apartments with panels in the corridor and in the nurses' station. Residents requiring further levels of supervision will have these identified in their individual care plans (confirmed by the clinical quality manager). Alternative sources of energy is available on site in the event of a power failure (ie, gas and electric) and the organisation's emergency plan will be applicable when the care centre is opened. There is room for emergency management supplies to be stored on site and the site has water tanks installed for storing emergency water. CCTV is installed and can be monitored from the nursing station. The village external gates are closed at 8 pm each night and the bell is responded to by staff currently who sleep onsite overnight. When the care centre is operational this will be responded to by the nursing team. As the facility has not yet opened, staff have not completed a fire drill or training around the fire evacuation procedure. The fire evacuation plan is yet to be approved. Advised that this will be forwarded to the fire service once the CPU has been obtained.

**Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.**

**Audit Evidence**

**Attainment: PA**

**Risk level for PA/UA: Low**

Emergencies, first aid and CPR is included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Advised that current RNs employed have current first aid certs. Orientation includes emergency preparedness. Fire drills are scheduled for new staff at the Summerset Down the Lane the week before opening.

**Finding Statement**

As the facility has not yet opened, staff have not completed a fire drill or training around the fire evacuation procedure.

**Corrective Action Required:**

Implement fire drills for all staff at Summerset Down the Lane

**Timeframe:**

To be completed prior to occupancy

**Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.**

**Audit Evidence**

**Attainment: PA**

**Risk level for PA/UA: Low**

The evacuation plan is in draft format but is awaiting approval.

**Finding Statement**

The evacuation plan has yet to be approved.

**Corrective Action Required:**

Ensure the service has an approved fire evacuation scheme and the DHB/healthcert are notified when approved.

**Timeframe:**

3 months

**Criterion 1.4.7.4 Alternative energy and utility sources are available in the event of the main supplies failing.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.7.5 An appropriate 'call system' is available to summon assistance when required.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.7.6 The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

Timeframe:

**STANDARD 1.4.8 Natural Light, Ventilation, And Heating**

Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.

ARC D15.2f ARHSS D15.2g

Evaluation methods used: D  SI  STI  MI  CI  MaI  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: FA**

Rooms are well ventilated and light. There is electric and gas heating to areas. Heating panels are installed in the ceiling in bedrooms and there are wall panel heaters and electric heaters in 'fire places' in the lounge. The facility has heat pumps/air conditioning. The facility will have a designated smoking area outside situated so that smoke cannot enter the resident's rooms and communal areas.

**Criterion 1.4.8.1 Areas used by consumers and service providers are ventilated and heated appropriately.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.8.2 All consumer-designated rooms (personal/living areas) have at least one external window of normal proportions to provide natural light.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

Timeframe:

### 3. HEALTH AND DISABILITY SERVICES (INFECTION PREVENTION AND CONTROL) STANDARDS

#### STANDARD 3.1 Infection control management

There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.

ARC D5.4e ARHSS D5.4e

Evaluation methods used: D  SI  STI  MI  CI  MaI  V  CQ  SQ  STQ  Ma  L

#### How is achievement of this standard met or not met?

**Attainment: FA**

There are infection prevention control policies and procedures and surveillance forms available to gather individual incidents of infections. The responsibility for infection prevention and control is clearly defined in the infection prevention and control guidelines. There are adequate hand washing facilities throughout the facility and there is hand gel being installed. The responsibility for infection prevention control is clearly defined and there are clear lines of accountability for infection prevention control matters in the organisation leading to the leadership team, executive team and the board. The policy states that the infection prevention control coordinator will be a registered nurse and there is a job description. The facility has access to professional advice from the GP team, and from within the organisation. Staff will develop links with staff from the DHB. There is a clear process for early consultation and feedback to the infection prevention and control team. Infection surveillance forms are available and will be implemented in line with company policy. There are guidelines and staff health policies for staff to follow ensuring prevention of the spread of infection. These include an outbreak management policy and flow chart, a pandemic plan and policy, a food handlers sickness policy and a hand hygiene policy.

**Criterion 3.1.1 The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters in the organisation leading to the governing body and/or senior management.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 3.1.3 The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 3.1.9** Service providers and/or consumers and visitors suffering from, or exposed to and susceptible to, infectious diseases should be prevented from exposing others while infectious.

**Audit Evidence**

**Attainment:** FA

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**