**Peter Mathyssen and Sharon Jordan**

**Current Status:** **04-Oct-13**

**The following summary has been accepted by the Ministry of Health as being an accurate reflection of the** **Verification 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**

Glenbrook Rest Home is privately owned by two people. Currently the service offers care to 19 rest home residents. On the day of audit 16 beds are occupied. The facility has undertaken a new build (stage 1) consisting of 10 bedrooms with toilet and hand basin ensuites, a new laundry and a large separate shower room. All these facilities are built to meet resident needs and are appropriate for rest home level care residents. The facility intends to take the total bed numbers to 23. This will be achieved by using the new build area to move residents into and upgrading the existing areas including making all but one bedroom single occupancy, and extending the downstairs lounge and dining areas. The newly built wing is the focus of this verification report.

Glenbrook Rest Home

Peter Mathyssen and Sharon Jordan

Verification audit - Audit Report

Audit Date: 04-Oct-13

Audit Report

To: HealthCERT, Ministry of Health

|  |  |
| --- | --- |
| **Provider Name** | Peter Mathyssen and Sharon Jordan |

|  |  |  |  |
| --- | --- | --- | --- |
| **Premise Name** | **Street Address** | **Suburb** | **City** |
| Glenbrook Rest Home | 131 Wymer Road, Glenbrook | RD1 | Waiuku |

|  |
| --- |
| **Proposed changes of current services** (*e.g. reconfiguration*)**:** |
|       |

|  |  |
| --- | --- |
| **Type of Audit** | Verification audit and (*if applicable*)  |
| **Date(s) of Audit** | **Start Date:** 04-Oct-13 **End Date:** 04-Oct-13 |
| **Designated Auditing Agency** | The DAA Group Limited |

# Audit Team

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Audit Team | Name | Qualification | Auditor Hours on site | Auditor Hours off site | Auditor Dates on site |
| Lead Auditor | XXXXXXX | BA, RCN, Lead Auditor 8086 | 4 | 4 | 04-Oct-13 |
| Auditor 1 |       |       |       |       |       |
| Auditor 2 |       |       |       |       |       |
| Auditor 3 |       |       |       |       |       |
| Auditor 4 |       |       |       |       |       |
| Auditor 5 |       |       |       |       |       |
| Auditor 6 |       |       |       |       |       |
| Clinical Expert |       |       |       |       |       |
| Technical Expert |       |       |       |       |       |
| Consumer Auditor |       |       |       |       |       |
| Peer Review Auditor | XXXXXXX | RN, MBA, NZQA US 8086 |       | 1 |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total Audit Hours on site** | 4 | **Total Audit Hours off site** *(system generated)* | 5 | **Total Audit Hours** | 9 |
| **Staff Records Reviewed** | 2 of 19 | **Client Records Reviewed** *(numeric)* | 0 of 16 | **Number of Client Records Reviewed using Tracer Methodology** | 0of 0 |
| **Staff Interviewed** | 3 of 19 | **Management Interviewed** *(numeric)* | 2 of 2 | **Relatives Interviewed** *(numeric)* | 0 |
| **Consumers Interviewed** | 2 of 16 | **Number of Medication Records Reviewed** | 0 of 16 | **GP’s Interviewed (aged residential care and residential disability)** *(numeric)* | 0 |

# Declaration

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

I confirm that The DAA Group Limitedhas in place effective arrangements to avoid or manage any conflicts of interest that may arise.

Dated this 15 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*): 🗷

# Services and Capacity

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **Kinds of services certified** |
|  |  |  | Hospital Care | Rest Home Care | Residential Disability Care |
| **Premise Name** | **Total Number of Beds** | **Number of Beds Occupied on Day of Audit** | **Number of Swing Beds for Aged Residen-tial Care** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Glenbrook Rest Home | 23 | 16 | 0 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🗷 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Executive Summary of Audit

General Overview

Glenbrook Rest Home is privately owned by two people. Currently the service offers care to 19 rest home residents. On the day of audit 16 beds are occupied. The facility has undertaken a new build (stage 1) consisting of 10 bedrooms with toilet and hand basin ensuites, a new laundry and a large separate shower room. All these facilities are built to meet resident needs and are appropriate for rest home level care residents. The facility intends to take the total bed numbers to 23. This will be achieved by using the new build area to move residents into and upgrading the existing areas including making all but one bedroom single occupancy, and extending the downstairs lounge and dining areas. The newly built wing is the focus of this verification report.

1.1 Consumer Rights

Not applicable

1.2 Organisational Management

The owner/directors have overseen the new build which has been managed by a quantity surveyor/project manager. Business planning is undertaken to ensure services are coordinated and appropriate to the needs of residents.

The service has clearly defined policy that is implemented related to the staff skill mix required to ensure residents receive timely, appropriate and safe service.

1.3 Continuum of Service Delivery

Residents' nutritional needs are met by the service. They have a four weekly rotating menu that has been overseen by a registered dietitian. There are no changes planned for the kitchen area as it is able to cater for the additional four residents.

1.4 Safe and Appropriate Environment

Services are provided in a clean, safe environment that is appropriate to the needs of residents. The new wing consists of 10 additional bed which are designated single occupancy with toilet and hand basin ensuites, a large centrally located shower and a laundry/sluice area. On the day of audit painters and electricians were working on final completion of the new build. New bedroom furniture was sighted but not in place. All bedrooms have wall mounted electric heaters, a working call bell system and completed ensuites. The area has wide corridors and secure hand rails. There is easy access to appropriate outdoor areas. The laundry/sluice area has a well-defined clean and dirty area but no laundry equipment was installed at the time of audit.

Existing lounge and dining areas will be reconfigured and upgraded as part of stage 2 of the building project once current residents are relocated to the new bedroom area.

The service has a current Building Warrant of Fitness which does not include the new built. There is a long term and reactive maintenance system in place. Glenbrook Rest Home has an application into the New Zealand Fire Service for approval of their fire evacuation scheme to cover the new build. Staff receive appropriate education and training to ensure residents receive timely response during emergency and security situations.

Areas identified for improvement relate to ensuring all electrical equipment and biomedical equipment is checked to meet legislative requirements, that a Code of Compliance is obtained for the new wing prior to resident use. The service is also awaiting a response from the Fire Service related to evacuation procedures.

2 Restraint Minimisation and Safe Practice

Not applicable

3. Infection Prevention and Control

Documented policies and procedures related to the prevention and control of infection are referenced accordingly to reflect current accepted good practice and show that legislative requirements are met. Policies are available to all staff. Procedures are practical, safe and appropriate to the service provided.

Summary of Attainment

* 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 1.1.5 | Recognition of Pacific values and beliefs |   | 0 | 0 | 0 | 0 | 0 | 2 |
| 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: 0Criteria (of 48): CI:0 FA:0 PA:0 UA:0 NA: 0 |

* 1. Organisational Management

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Attainment** | **CI** | **FA** | **PA** | **UA** | **NA** | **of** |
| Standard 1.2.1 | Governance | FA | 0 | 2 | 0 | 0 | 0 | 3 |
| Standard 1.2.2 | Service Management | Not Applicable | 0 | 0 | 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 1.2.5 | Consumer participation |   | 0 | 0 | 0 | 0 | 0 | 5 |
| Standard 1.2.6 | Family/whānau participation |   | 0 | 0 | 0 | 0 | 0 | 3 |
| Standard 1.2.7 | Human resource management | Not Applicable | 0 | 0 | 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:5 CI:0 FA: 2 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: 0Criteria (of 34): CI:0 FA:3 PA:0 UA:0 NA: 0 |

* 1. 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 1.3.11 | Use of electroconvulsive therapy (ECT) |   | 0 | 0 | 0 | 0 | 0 | 4 |
| Standard 1.3.12 | Medicine management | Not Applicable | 0 | 0 | 0 | 0 | 0 | 7 |
| Standard 1.3.13 | Nutrition, safe food, and fluid management | FA | 0 | 3 | 0 | 0 | 0 | 5 |

|  |
| --- |
| Continuum of Service Delivery Standards (of 12): N/A:11 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: 0Criteria (of 51): CI:0 FA:3 PA:0 UA:0 NA: 0 |

* 1. Safe and Appropriate Environment

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Attainment** | **CI** | **FA** | **PA** | **UA** | **NA** | **of** |
| Standard 1.4.1 | Management of waste and hazardous substances | FA | 0 | 2 | 0 | 0 | 0 | 6 |
| Standard 1.4.2 | Facility specifications | PA Low | 0 | 2 | 1 | 0 | 0 | 7 |
| Standard 1.4.3 | Toilet, shower, and bathing facilities | FA | 0 | 1 | 0 | 0 | 0 | 5 |
| Standard 1.4.4 | Personal space/bed areas | FA | 0 | 1 | 0 | 0 | 0 | 2 |
| Standard 1.4.5 | Communal areas for entertainment, recreation, and dining | FA | 0 | 1 | 0 | 0 | 0 | 3 |
| Standard 1.4.6 | Cleaning and laundry services | FA | 0 | 2 | 0 | 0 | 0 | 3 |
| Standard 1.4.7 | Essential, emergency, and security systems | PA Negligible | 0 | 4 | 1 | 0 | 0 | 7 |
| Standard 1.4.8 | Natural light, ventilation, and heating | FA | 0 | 2 | 0 | 0 | 0 | 3 |

|  |
| --- |
| Safe and Appropriate Environment Standards (of 8): N/A:0 CI:0 FA: 6 PA Neg: 1 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: 0Criteria (of 36): CI:0 FA:15 PA:2 UA:0 NA: 0 |

1. 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 |
| Standard 2.3.1 | Safe seclusion use |   | 0 | 0 | 0 | 0 | 0 | 5 |
| Standard 2.3.2 | Approved seclusion rooms |   | 0 | 0 | 0 | 0 | 0 | 4 |

|  |
| --- |
| 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: 0Criteria (of 21): CI:0 FA:0 PA:0 UA:0 NA: 0 |

1. Infection Prevention and Control

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Attainment** | **CI** | **FA** | **PA** | **UA** | **NA** | **of** |
| Standard 3.1 | Infection control management | Not Applicable | 0 | 0 | 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 | FA | 0 | 1 | 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 |
| Standard 3.6 | Antimicrobial usage |   | 0 | 0 | 0 | 0 | 0 | 5 |

|  |
| --- |
| 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: 0Criteria (of 29): CI:0 FA:1 PA:0 UA:0 NA: 0 |

|  |
| --- |
| **Total Standards (of 50) N/A:** 38 **CI:** 0 **FA:** 10 **PA Neg:** 1 **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**Total Criteria (of 219) CI:** 0 **FA:** 22 **PA:** 2 **UA:** 0 **N/A:** 0 |

# Corrective Action Requests (CAR) Report

Provider Name: Peter Mathyssen and Sharon Jordan

Type of Audit: Verification audit

Date(s) of Audit Report: Start Date:04-Oct-13 End Date: 04-Oct-13

DAA: The DAA Group Limited

Lead Auditor: XXXXXXX

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Std** | **Criteria** | **Rating** | **Evidence** | **Timeframe** |
| 1.4.2 | 1.4.2.1 | PALow | **Finding:**Biomedical equipment (NZS 3551) and electrical equipment (AS/NZS 3760) have not been checked by a suitably qualified person to meet standard requirements. Currently the new wing does not have a code of compliance. **Action:**(i) Ensure all equipment checking complies with legislative requirements. (ii)A code of compliance is gained prior to the new wing being occupied. | (i) Three months(ii) prior to occupation |
| 1.4.7 | 1.4.7.3 | PANegligible | **Finding:**All documents have been submitted to the New Zealand fire service and the operator is awaiting approval of the evacuation plan which includes the new wing.Action:Ensure all actions are followed up to obtain the fire evacuation approval to cover all buildings. | One month |

# Continuous Improvement (CI) Report

Provider Name: Peter Mathyssen and Sharon Jordan

Type of Audit: Verification audit

Date(s) of Audit Report: Start Date:04-Oct-13 End Date: 04-Oct-13

DAA: The DAA Group Limited

Lead Auditor: XXXXXXX

**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 has systems in place to ensure organisational performance is alighted with and regularly monitored against their business and quality and risk plan which identifies the values, scope, strategic direction and goals for all areas of service provision. The organisation has a long term business plan which is a working document. This identifies renovations and maintenance upgrades, equipment replacement and dates these are to be or have been completed.

The joint owners share management responsibilities and both actively work within in the business. They have been in their roles for almost six years. One owner concentrates on the management processes and the other owner is a registered nurse manager and oversees all clinical components of the business and care delivery. They are both appropriately qualified and experienced for the roles they undertaken and they maintain up to date knowledge and skills by attendance at study days, conferences, seminars and local community groups. They have job descriptions which identify their authority, accountability and responsibility for service delivery. The nurse manager's role includes infection control, restraint coordinator and privacy officer. Educational records sighted identify that both owners attend appropriate educational activities. The nurse manager is an Aged Care Educator (ACE) assessor and is actively involved in the CMDHB community educational programme and is the local civil defence planning group.

The owners ensure service delivery is coordinated to meet residents' needs. Interviews with three staff confirm they are kept fully informed about the building process and how each stage is being managed.

**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 1.2.8 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

Glenbrook Rest Home has a documented service provider levels and skills mix policy which is implemented. The facility has already increased staffing hours in anticipation of the new wing opening. This is confirmed during interviews with one RN, the cook and one caregiver and a roster review.

The nurse manager is rostered Monday to Friday and is on call as required. The on call component is shared with a second RN who works as required. Both RNs undertake and meet required education hours required by the Nursing Council of New Zealand professional body requirements.

There are two caregivers on morning and the afternoon shift. Hours have been added to these shifts by extending the hours worked. For example a six hour shift worked by one of the caregivers is now an eight hour shift. Housekeeping hours have been extended to cover seven days a week, five hours a day. Previously housekeeping hours only covered five days a week. The owner/manager confirmed these hours would be extended further as required when the new unit is operating as it has increased the number of bathrooms that require cleaning. The cook’s hours have been increased from 6.5 hours Monday to Friday to 8 hours seven days a week. There are two activities coordinators who job share Monday to Friday, six hours per day. All care provision is overseen by the nurse manager.

Staff and resident interviews confirm that services are not rushed and that all expected jobs are completed in the allocated work time.

**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.**

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

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**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 1.3.13 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 🗷 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

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

The service has a four week, rotating menu that was signed off by a registered dietitian in April 2009 to say that it is in line with recognised nutritional guidelines appropriate to aged care. The cook confirms that if any changes are made to the menu for any reason they are documented. This documentation was sighted. The service has changed from the main meal in the evening to having it at lunch time. Residents are happy with this change. The cook confirms all additional or modified nutritional requirements can be catered for by the service. Currently there are no special dietary requirements. The cook stated that the addition of four extra residents can easily be catered for by the service especially with the roster changes and extra hours allocated. (Refer comment in 1.2.8). No additional equipment is required.

A nutritional profile is completed for each resident by the RN upon entry and this information is shared with the kitchen staff to ensure all needs, wants, dislikes and special diets are catered for. This information is displayed in the kitchen.

All aspects of food procurement, production, preparation, storage, delivery and disposal complies with current legislation and guidelines. Fridge, freezer and meat temperature recordings are undertaken daily and meet requirements. The kitchen staff have undertaken New Zealand Qualifications Authority Unit Standard 167- Food Safety Management.

As part of the new build the size of the kitchen grease trap has been extended to meet building requirements.

**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 in place related to waste and hazardous substances. Staff who handle chemicals have undertaken education related to safe chemical handling (September 2013) as shown in the staff education records sighted. Clinical staff education includes the safe disposal of sharps and continence/wound care products. Staff are offered infection control and health and safety education which covers these topics. Approved yellow sharp bins sighted are used for the safe disposal of sharps. The owner/manager confirms there are no special territorial authority requirements regarding waste products.

Disposable aprons face masks and gloves are available to staff as required. Staff interviews confirm staff are aware of when to wear personal protective clothing (PPE). The correct use of PPE is monitored by the nurse manager who is the infection control coordinator.

PPE will be available from the laundry/sluice area which is centrally located in the new wing. There is a key punch lock on the door for safe chemical storage. Chemicals safety data sheets are available in the areas where chemicals are stored.

**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

Existing buildings and plant comply with legislation and the service has a current building warrant of fitness dated 31 May 2013. The service has a long term and reactive maintenance plan in place which is implemented. Electrical safety checks have been performed by the owner/manager using a multi-tester and equipment is tagged (October 2013). Biomedical equipment has also been checked by the owner/manager. Improvements are required to ensure equipment checks are conducted to meet legislative requirements.

The newly built rest home wing does not yet have a code of compliance. Discussion with the quantity surveyor/project manager confirmed application will occur as soon as possible and it is expected this will occur one week after the audit.

The physical environment minimises the risk of harm and safe mobility by ensuring the flooring is in good condition, the correct use of mobility aids and walking areas not being cluttered. Throughout the facility, including the new wing, the corridors have safety handrails to assist residents to mobilise safely. The new wing does not yet have any equipment in place at the time of audit.

Ongoing maintenance is undertaken as required. This is congruent with the documented maintenance plan sighted.

From all areas of the facility, including the new wing, residents have easy access to appropriate outdoor areas. Residents sighted walking around outside in the grounds with and without walking aids. The new wing has a deck which goes around three sides of the building with appropriate handrails and gradients. This has been joined up with the deck areas from the existing building.

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

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

Biomedical equipment and electrical equipment has been checked by the owner/manager. Biomedical equipment was checked by an approved provider in March 2012. The owners and the project manager are aware they must obtain a code of compliance prior to the new wing being occupied.

**Finding Statement**

Biomedical equipment (NZS 3551) and electrical equipment (AS/NZS 3760) have not been checked by a suitably qualified person to meet standard requirements. Currently the new wing does not have a code of compliance.

**Corrective Action Required:**

(i) Ensure all equipment checking complies with legislative requirements. (ii)A code of compliance is gained prior to the new wing being occupied.

**Timeframe:**

(i) Three months

(ii) prior to occupation

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

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**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

Residents are provided with adequate toilet and showing facilities that assure privacy when attending to personal hygiene cares. All ten bedrooms in the new wing have toilet and hand basin ensuites completed to a high quality with porcelain toilet and hand basins, stainless steel fittings and fixtures and non slip flooring. The additional new shower is centrally located and has an appropriate lock which identifies if the shower is in use.

Hot water temperatures are monitored and recorded and resident areas are maintained below the required 45o Celsius safety temperature. The owner/manager stated the hot water cylinder in the new wing has an appropriate tempering valve.

There are separate staff and visitor toilets.

**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

The ten bedrooms in the new wing are all single rooms and are large enough to enough to allow residents with or without mobility aids to move around safety. One the day of audit new furnishings were sighted (wardrobes and drawers) but they have not yet been placed correctly in the rooms. The service intends to leave only one double room in the existing part of the building, for husband and wife couples, and all other bedrooms will be single occupancy. (Currently there are four double bedrooms.) This process will commence when the provider gains permission to use the new wing. Residents will be moved into the new wing as required and bedrooms in the old wing will be refurbished as single occupancy rooms. One resident confirmed she is very excited to be the first person who will occupy the new wing when approval is attained. Existing residents' bedrooms are personalised to meet residents' wants and needs.

The new wing will take the total number of available beds from 19 to 23 as several rooms will be incorporated into internal upgrading of the downstairs lounge and dining room areas.

**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

The current lounge and dining areas will be used to service the new wing. Once the new wing can be utilised residents who are currently in bedrooms in close proximity to the lounge and dining areas will be moved over and their bedrooms will be incorporated into the upgrading and enlarging of the downstairs lounge and the separate dining area. The existing areas of two lounges and a separate dining area cater for resident’s relaxation, activity and dining needs and can accommodate all residents. This is confirmed during resident interviews. While the dining area is being refurbished the downstairs lounge area will be divided into two so part of it can be utilised for dining. The remaining space in the downstairs lounge and the upstairs lounge can accommodate 23 residents.

Staff interviews confirm they have no concerns about the use of areas and that they are kept fully informed by management about the new build and what to expect.

**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

Laundry and cleaning services are provided in a safe and hygienic manner to meet policy requirements. Chemicals are securely stored and safety data sheets are clearly displayed.

There are policies and procedures in place to guide staff tasks related to laundry and cleaning services. Services are monitored informally on a daily basis and formally on a monthly basis via the audit process. All chemicals sighted are correctly labelled.

The hours for cleaning and laundry services have been extended (refer comments in 1.2.8), this includes having a dedicated cleaner and a dedicated laundry person seven days a week.

Personal protective equipment is available in the laundry and cleaning areas. The new wing includes a specific cleaning storage area which has a tub and room for cleaning trolley storage. There is a laundry with a good clean/dirty flow but it was not operating on the day of audit. Existing washing machines and dryers are to be relocated to this area. The laundry area also has a sluice which was operating on the day of audit. The new laundry area has a touchpad lock on the door so the area can be secured.

**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 Negligible

Staff education and emergency training is appropriate to the service provision to ensure clients receive a timely response during emergency and security situations. The entire facility, including the newly built wing, have newly installed call bell system which uses LED ceiling panels to show where the bell has been activated from. All areas have smoke detectors and the sprinkler system is connected to the fire service. There is a well-documented evacuation scheme in place which as confirmed by email from the fire service will remain operative until the new application is approved.

There is a current approved emergency evacuation plan signed off by the New Zealand Fire Service dated February 2006 which does not include the new wing. Email documentation sighted identifies all plans and paperwork have been submitted to the fire service (02-October-2013) for a new emergency evacuation plan which does include the new wing. The service is awaiting sign off. There is to be trial evacuation using new plan criteria on the 9 October 2013.

Fire equipment was checked by an approved provider in March 2013 and three new fire extinguishers have been purchased for the new wing. Records are sighted for regular sprinkler, smoke stop doors, emergency lighting and sign checks. On the day of audit a smoke alarm went off due to electrician drilling in the ceiling. All appropriate emergency actions were undertaken by staff and management.

Civil defence and emergency supplies are checked regularly. Observation and interview with the nurse manager confirms there are emergency food and water supplies for at least three days if required. The service has a portable gas hot plate and BBQ if required. The nurse manager is an active member of the local civil defence group and is very aware of actions required in case of an emergency. This community group has given the facility a good emergency backup network. Staff undertook emergency management education on the 18 September 2013.

Staff are required to ensure doors and windows are securely closed at night. This is confirmed by one RN and one caregiver interview. Staff carry an emergency personal alarm if assistance is required. It is connected to an approved security company.

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

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

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

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

The existing facility has an approved evacuation plan. All documents have been submitted to the New Zealand fire service and the operator is awaiting approval of the evacuation plan which includes the new wing.

**Finding Statement**

All documents have been submitted to the New Zealand fire service and the operator is awaiting approval of the evacuation plan which includes the new wing.

**Corrective Action Required:**

Ensure all actions are followed up to obtain the fire evacuation approval to cover all buildings.

**Timeframe:**

One month

**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

All resident areas, including the new wing, has at least one opening window which provides natural light and ventilation. The facility is heated by use of electric wall mounted heaters. Each resident's bedroom has a high wall mounted heater that the resident can use for their own comfort.

**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 3.3 Policies and procedures**

Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.

ARC D5.4e, D19.2a ARHSS D5.4e, D19.2a

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 has documented policies and procedures for the prevention and control of infection which reflect current accepted good practice and meet relevant legislative requirements. The infection control policies and procedures were reviewed on the 27 March 2013. The policy related to Construction and Renovation Planning is implemented by the service as confirmed by the owner/manager. Staff demonstrate safe and appropriate infection prevention and control practices.

**Criterion 3.3.1 There are written policies and procedures for the prevention and control of infection which comply with relevant legislation and current accepted good practice.**

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

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**