**Ranfurly Village Hospital Limited**

**Current Status:** **11-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**

This verification audit was to establish the level of preparedness of Ranfurly Village Hospital Limited to provide rest home, medical and hospital level services for up to 63 residents from its new care facility Ranfurly Hospital and Veterans Home. The day of opening is expected to be 5 November 2013.

Services are currently provided on site and the plan is to move existing rest home and hospital level residents into the new facility and thereafter to demolish their old accommodation. All existing staff caring for these residents will transfer at the same time. The existing management and support staff arrangements will continue and Medirest will continue to provide catering services.

The audit identified that the governance, staffing, policies and procedures are appropriate for providing rest home and hospital/medical level care and in meeting the needs of the residents. Improvements are required around conducting a trial evacuation and to formalise the evacuation planning process.

Ranfurly Hospital and Veterans Home

Ranfurly Village Hospital Limited

Verification audit - Audit Report

Audit Date: 11-Oct-13

Audit Report

To: HealthCERT, Ministry of Health

|  |  |
| --- | --- |
| **Provider Name** | Ranfurly Village Hospital Limited |

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| --- | --- | --- | --- |
| **Premise Name** | **Street Address** | **Suburb** | **City** |
| Ranfurly Hospital and Veterans Home | 539 Mt Albert Road | Three Kings | Auckland |

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| --- |
| **Proposed changes of current services** (*e.g. reconfiguration*)**:** |
| This verification audit was to review the level of preparedness of Ranfurly Village Hospital Limited to provide rest home, medical and hospital level services for up to 63 swing beds in the new care facility. The day of opening is expected to be 5 November 2013. |

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| **Type of Audit** | Verification audit and (*if applicable*) |
| **Date(s) of Audit** | **Start Date:** 11-Oct-13 **End Date:** 11-Oct-13 |
| **Designated Auditing Agency** | Health and Disability Auditing New Zealand Limited |

# Audit Team

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Audit Team** | **Name** | **Qualification** | **Auditor Hours on site** | **Auditor Hours off site** | **Auditor Dates on site** |
| Lead Auditor | XXXXXXX | RN, RM, ADN, BNurs, MBS, Lead Health Auditor Cert. | 4.00 | 2.00 | 11-Oct-13 |
| Auditor 1 |  |  |  |  |  |
| Auditor 2 |  |  |  |  |  |
| Auditor 3 |  |  |  |  |  |
| Auditor 4 |  |  |  |  |  |
| Auditor 5 |  |  |  |  |  |
| Auditor 6 |  |  |  |  |  |
| Clinical Expert |  |  |  |  |  |
| Technical Expert |  |  |  |  |  |
| Consumer Auditor |  |  |  |  |  |
| Peer Review Auditor | XXXXXXX |  |  | 1.00 |  |

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| --- | --- | --- | --- | --- | --- |
| **Total Audit Hours on site** | 4.00 | **Total Audit Hours off site** *(system generated)* | 3.00 | **Total Audit Hours** | 7.00 |
| **Staff Records Reviewed** | 1 of 1 | **Client Records Reviewed** *(numeric)* | 0 of 0 | **Number of Client Records Reviewed using Tracer Methodology** | 0of 0 |
| **Staff Interviewed** | 2 of 2 | **Management Interviewed** *(numeric)* | 2 of 2 | **Relatives Interviewed** *(numeric)* | 0 |
| **Consumers Interviewed** | 0 of 0 | **Number of Medication Records Reviewed** | 0 of 0 | **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) Christchurch hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf ofHealth 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 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** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ranfurly Hospital and Veterans Home | 63 | 0 | 63 | 🞏 | 🗷 | 🞏 | 🞏 | 🗷 | 🞏 | 🞏 | 🗷 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
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Executive Summary of Audit

General Overview

This verification audit was to establish the level of preparedness of Ranfurly Village Hospital Limited to provide rest home, medical and hospital level services for up to 63 residents from its new care facility Ranfurly Hospital and Veterans Home. The day of opening is expected to be 5 November 2013.

Services are currently provided on site and the plan is to move existing rest home and hospital level residents into the new facility and thereafter to demolish their old accommodation. All existing staff caring for these residents will transfer at the same time. The existing management and support staff arrangements will continue and Medirest will continue to provide catering services.

The audit identified that the governance, staffing, policies and procedures are appropriate for providing rest home and hospital/medical level care and in meeting the needs of the residents. Improvements are required around conducting a trial evacuation and to formalise the evacuation planning process.

1.1 Consumer Rights

Not applicable

1.2 Organisational Management

The service is currently managed by a general manager who is supported by a care manager (both of whom are registered nurses with practising certificates) and an executive team. Care staff include registered nurses and health care assistants plus support staff. The general manager has considerable experience in managing large aged care facilities in New Zealand and Australia. The care manager has worked at Ranfurly for many years. The service has policies, procedures, and quality systems in place to support the provision of clinical care, which will be used within the new facility. There are comprehensive human resources policies in operation. Staffing arrangements have been formalised in a charter to ensure residents needs continue to be met by adequate staffing. The charter includes standards of care and minimum staffing levels. It specifies hours per resident per day numbers for registered nurses and health care assistants. These staffing levels adhere to best practice guidelines and are compliant with the age-related residential care agreement. The service provides continual onsite registered nurse coverage.

1.3 Continuum of Service Delivery

Food services will continue to be provided under contract with Medirest who will prepare meals in accordance with their rotating four weekly seasonal menu that has been developed and approved by a dietitian. The commercially fitted out kitchen is located on level one. It includes food storage facilities. Bain maries will be used to keep prepared food hot and to transport the food from the Level One to the second and third floor using a dedicated service lift for the bain maries. The kitchen is well designed and kitchen staff are currently orientating and testing the new equipment

1.4 Safe and Appropriate Environment

The building is a three storey facility that has been purpose built. A certificate of public use has been issued by the Auckland Council dated 4 October 2013, which expires 26 January 2014. Level one is a dedicated service area. It contains the kitchen, laundry, staff room, and storage area (eg, for emergency water, mobility scooters). Levels two and three are both residential. Level three is a mirror image of level two except level two includes the reception area and manager's office and level three includes a bathroom, complete with hydraulic bath and dedicated hoist.

The residential floors include a nursing station that overlooks the dining room and lounge, a medicine management room, a sluice room, storage areas, and bedrooms. There are two wings of bedrooms on each level with the communal areas being located centrally. The bedrooms are spacious and are fitted out with flat screen wall mounted TVs, low-low hydraulic beds with tempur mattresses, hand basins, built in bedroom furniture which includes a lockable drawer and wardrobe, plus a recliner wing chair. The majority of bedrooms (i.e., 60 of 63 rooms) have their own ensuites with hand basin, toilet, built-in furniture, grab rails and disability shower. The other three bedrooms do not have ensuites and the plan is that these bedrooms will be converted into small lounges as soon as resident occupancy reduces to 60 residents. In the interim these three residents will use the communal toilets and showers/bathrooms. The majority of the flooring in the bedrooms and communal areas is carpeted. There are some bedrooms that have been fitted out with vinyl flooring.

The facility is being fitted out with all new equipment, which is all on site and in the process of being installed and tested. Staff have been trained on how to operate the new equipment and are being orientated to the new layout and systems. Group activities programmes will be run in the lounge/dining areas. The physical environment has been designed to minimise harm to residents and the colour scheme and decorations are age appropriate and tasteful. There is adequate personal space for residents. There is an external area, which has outdoor tables and chairs and umbrellas. There is a designated smoking area for residents who smoke. The site is smoke free for staff and the intention is that the whole site will be smoke free in future. Landscaping and paving of the external environment directly around the care facility is completed.

The rest of the site is under development with plans to preserve the historic homestead, build serviced apartments on the site, and to remove the existing buildings once residents have been transferred into the new facility. Residents will be encouraged to personalise their rooms and bedroom areas with possessions and familiar belongings. 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 or in locked areas on the cleaning trollies when unattended by staff working in the residential areas.

Improvements required include the need to complete a trial evacuation and to obtain an approved evacuation plan.

2 Restraint Minimisation and Safe Practice

Not applicable

3. Infection Prevention and Control

There are existing infection prevention and control policies and procedures and surveillance forms in use, which will continue to be used when the new facility is occupied. The care manager oversees infection prevention and control and has been an integral part of the design team for the new building. There are adequate hand washing and drying facilities throughout the facility and hand sanitiser dispensers.

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 |

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| 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. Organisational Management

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **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 |

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| 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: 0  Criteria (of 34): CI:0 FA:3 PA:0 UA:0 NA: 0 |

* 1. Continuum of Service Delivery

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **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 |

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| 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: 0  Criteria (of 51): CI:0 FA:3 PA:0 UA:0 NA: 0 |

* 1. Safe and Appropriate Environment

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **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 | FA | 0 | 3 | 0 | 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 Low | 0 | 3 | 2 | 0 | 0 | 7 |
| Standard 1.4.8 | Natural light, ventilation, and heating | FA | 0 | 2 | 0 | 0 | 0 | 3 |

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| Safe and Appropriate Environment Standards (of 8): N/A:0 CI:0 FA: 7 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 36): CI:0 FA:15 PA:2 UA:0 NA: 0 |

1. Restraint Minimisation and Safe Practice

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **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 |

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| 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 |

1. Infection Prevention and Control

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **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 |

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| 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:1 PA:0 UA:0 NA: 0 |

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| **Total Standards (of 50) N/A:** 38 **CI:** 0 **FA:** 11 **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  **Total Criteria (of 219) CI:** 0 **FA:** 22 **PA:** 2 **UA:** 0 **N/A:** 0 |

# Corrective Action Requests (CAR) Report

Provider Name: Ranfurly Village Hospital Limited

Type of Audit: Verification audit

Date(s) of Audit Report: Start Date:11-Oct-13 End Date: 11-Oct-13

DAA: Health and Disability Auditing New Zealand Limited

Lead Auditor: XXXXXXX

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| --- | --- | --- | --- | --- |
| **Std** | **Criteria** | **Rating** | **Evidence** | **Timeframe** |
| 1.4.7 | 1.4.7.1 | PA  Low | **Finding:**  Staff have yet to complete a trial evacuation procedure, which is booked to occur on 19 November 2013 at 11 am.  **Action:**  Ensure staff have completed a trial evacuation procedure. | 3 months |
| 1.4.7 | 1.4.7.3 | PA  Low | **Finding:**  The evacuation plan has yet to be approved. (The evacuation scheme was submitted for approval to the NZ Fire Service on 4 October 2013)  **Action:**  Ensure the facility has an approved fire evacuation scheme in place and that the DHB and HealthCert are notified when the plan is approved. | 3 months |

# Continuous Improvement (CI) Report

Provider Name: Ranfurly Village Hospital Limited

Type of Audit: Verification audit

Date(s) of Audit Report: Start Date:11-Oct-13 End Date: 11-Oct-13

DAA: Health and Disability Auditing New Zealand 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

Ranfurly Village Hospital Limited has a business arrangement in place with Ranfurly Care Limited who have developed the facility. Ranfurly Care Limited have a business arrangement with the Ranfurly Trust Board who are the owners of the land. The board of Ranfurly Village Hospital Limited follow a strategic plan which includes purpose, values, scope, direction and goals of the organisation. Performance is aligned and monitored against the plan. Ranfurly Village Hospital Limited employs a general manager who is registered nurse with considerable experience in senior management and leadership of large scale aged care facilities in New Zealand and Australia. She has clear authority and responsibility for service delivery. She is supported by an executive team which includes a care coordinator, who is a registered nurse with 25 years’ experience working in the aged care sector, the last 18 of these at Ranfurly.

**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

There is a charter in place between The Ranfurly Trust (business partner ) and Ranfurly Village Hospital Ltd (facility operator) which includes standards of care and minimum staffing levels. The charter specifically outlines hours per resident per day numbers for registered nurses and health care assistants. These staffing levels adhere to best practice guidelines and are compliant with the age-related residential care agreement. The service provides continual onsite registered nurse coverage. Nursing/care hours per resident day are documented. Care is overseen by the care manager who is employed full-time Monday-Friday 40 hours per week. The existing staffing will remain in place when staff and residents move out of the existing buildings to the new facility. The current roster will be applied but may change between the two levels to ensure the resident/occupancy ratio is matched to acuity. The on-call cover is a currently shared between the care manager, the general manager and the registered nursing team. The numbers of staff will be based on the charter and dependent on the 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.**

**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 kitchen is located in the service level of the building (i.e., level one). The commercial design includes a gas hob, electric oven plus refrigeration. The shelving is easy clean. There is parking for trucks directly outside the kitchen area. The food service is contracted out to Medirest who operate the current kitchen facilities and they will move their existing operation across to the new facility. Medirest are contractually responsible for all aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal. They are in the process of orientating their staff to the new kitchen and testing the new equipment. Medirest staff are trained in safe food handling. They operate a seasonal menu, which is reviewed annually by a Medirest dietitian. Meals will be prepared, cooked and served on site. Food will be delivered from the kitchen using bain maries, which will be transported between floors in a specially designed service lift separate from the main lift. The main meal will continue to be served in the evening with a lighter meal served at lunchtime. Any residents who have additional or special dietary needs will continue to be catered for as occurs currently. Food preferences of residents are known to kitchen staff and this information will accompany the residents when they transfer across to the new facility. Specialist feeding and drinking equipment is available.

**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

The service has a waste and hazardous goods policy and an emergency management plan for waste, which incorporates the new facility. Chemicals are supplied by Ecolab and all chemicals will be dispensed using the Ecolab system (which has been installed in the service level) and will be stored in locked cupboards. Ecolab chemical containers and data safety information sheets will be used as occurs currently. The cleaning trollies have been upgraded to include a lockable container for the storage of in-use chemicals. Personal protective equipment is available for staff to use and will be used in the new facility. An external contractor disposes of all hazardous waste currently and this arrangement will continue. The existing incident and accident system will be used in the new facility.

**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:** FA

The facility has been purpose built. A certificate of public use has been issued by the Auckland Council dated 4 October 2013, which expires 26 January 2014. The facility has three levels with the first level designed as a service level. Entry into the service level is restricted to staff only (who will use swipe keys). The other two levels contain the residential care facilities. All three levels have lift access. There is a dedicated kitchen lift for the transportation of the food between floors. There are three separate concrete stairwells for fire exits. The building is built on a sloping site. There is access to level one from a tar sealed road and access to level two off a continuation of the tar sealed driveway. There are two ways to enter the site from adjourning roads and there is off-site parking. The service level includes the kitchen, laundry, staff room, basement storage (eg, water tanks (potable and non-potable), and parking for mobile scooters). The second level includes the reception area, manager's office, nursing station, medicine management room, main lounge and dining room plus servery area, sluice room, storage areas, bedrooms. There are two wings of bedrooms with the communal areas being located centrally. The third level is a mirror image of level two minus the reception area and the manager' office. There is a dedicated bathroom on level three. The bedrooms are spacious and are fitted out with flat screen wall mounted TVs, low-low hydraulic beds with tempur mattresses, hand basins, built in furniture, which includes a lockable drawer and wardrobe, plus an upholstered recliner wing chair. The majority of bedrooms (i.e., 60 of 63 rooms) have their own ensuites with hand basin, toilet, built in furniture, grab rails and disability shower. The other three bedrooms do not have ensuites and the plan is that these bedrooms will be converted into small lounges as soon as resident occupancy reduces to 60 residents. These three residents will use the communal toilets and showers/bathrooms. The majority of the flooring in the bedrooms and communal areas is carpeted. There are some bedrooms that have been fitted out with vinyl flooring. The facility is being fitted out with all new equipment, which is all on site and in the process of being installed and tested. Staff have been trained on how to operate the new equipment. The laundry staff have been trained on operating the new machines and the flow of the laundry. The Medirest kitchen staff have been trained to use the kitchen equipment and orientated to the flow of the kitchen. Care staff have been trained on the use of the new hoists and the new hydraulic bath. Amenities are in place (eg, furniture and fittings). There has been an open day held for staff, residents and families to orientate themselves to the new facility. Care staff are being orientated to the new layout and systems. Group activities programmes will be run in the lounge/dining areas. The physical environment has been designed to minimise harm to residents. There is adequate personal space for residents and bedroom areas are spacious. There is an external area which has outdoor tables and chairs and umbrellas. There is a designated smoking area for the three residents who smoke. The site is smoke free for staff and the intention is that the whole site will be smoke free in future. Landscaping of the external environment directly around the facility is completed. The rest of the site is under development with plans to preserve the historic homestead, to build serviced apartments on the site and to remove the existing buildings once the residents have been transferred to the new facility. Residents will be encouraged to personalise their rooms and bed areas with possessions and familiar belongings. There are policies in place to ensure residents are transported safely if necessary.

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

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

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**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

The majority of bedrooms (i.e. 60 of 63) include a spacious ensuite with disability grab rails, hand basin, storage, toilet and disability shower.

Level three has a dedicated bathroom with hydraulic bath that includes a hydro massage. The bathroom can be accessed by residents who live on level two if they prefer to use the bathroom. The bath has an inbuilt disinfecting system for use between residents and the same system will be used to disinfect the special hoist that has been purchased for use with the bath. There is large lift to ensure easy access between each floor. There are two disability sized communal toilets on level two and level three, which are located close to the lounge and dining room. These have signage. These toilets will be able to be used by visitors if necessary. There is a separate staff toilet and shower on level one, which is incorporated as part of the staff room. Tempering values have been installed on taps used by residents to ensure hot water temperatures can be maintained at a safe temperature. Hot water temperatures will continue to be monitored by maintenance staff. Fixtures and fittings will minimise the risk of infection in that they are easy clean and built of durable materials.

**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

In the initial period only 60 of the 63 residents will have their own ensuite toilet and shower area and the remaining three residents will use communal facilities until occupancy reduces to 60 residents. Three areas will initially be used as single bedrooms and later converted back to small lounges and storage areas. The intention is that in the long term each resident will have their own bedroom and ensuite. All bedrooms can easily accommodate hoists and lifting equipment and mobility aids. If a resident has mobility scooters these will be parked and powered on level one. The doorways, thoroughfares, main lift, and turning areas can readily accommodate residents who may need to be transported or transferred between rooms or areas in their beds. The main lift design incorporates a dual exit (i.e., it is a 'drive through' system) and is of sufficient size to accommodate a bed/stretcher.

**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 facility has a communal lounge and communal dining room on each level. The lounge on level two can be separated from the dining room by a concertina door, which slides back in to the wall. The dining rooms and lounges are open plan. Residents will be able to move freely around the space. Group activities will be provided in the lounge areas.

**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

All laundry including personal laundry will be done on level 1. Cleaning equipment will be stored on level 1 when not in use. Residents have no access to level 1 and the main lift is configured so that residents on each floor cannot get down to level one without using a staff swipe card. The cleaning and laundry service will be provided by existing staff. There is a household services manual to guide practice. Both cleaning and laundry is a seven day a week service. Regular cleaning audits will continue. Residents' satisfaction will continue to be monitored regarding their laundry as part of the annual resident satisfaction survey. The laundry has a separate dirty entrance and clean exit, with clear separation. There is a sink, stainless steel bench, hand basin and paper towels for staff use. There are two commercial washing machines and driers and there the ability to pre-soak clothing if necessary. Dirty laundry will be delivered from levels two and three by dirty laundry trollies prior to processing by laundry staff. Clean laundry (i.e., sheets towels etc.) will be delivered by cart to each floor at predetermined times and bulk linen will be refreshed throughout the day. Chemicals will be stored and dispensed from level one. Cleaning products and equipment will be stored on level one when not in use. Ecolab will continue to monitor the effectiveness of the laundry process and the internal auditing programme will continue.

**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

A trial evacuation has yet to be completed and is booked to occur on 19 November 2013 at 11 am. The facility is in the process of gaining an approved evacuation plan. Both areas require corrective actions.

The building is fitted with a sprinkler system and electronic smoke alarms plus it has multiple egress routes. An external consultant has been employed who has developed an evacuation plan, which has been lodged with the Fire Information Unit, NZ Fire Service (email dated 4 October 2013 sighted confirming receipt of application). Fire exit signage is in place. There is an appropriate electronic call bell system installed throughout the whole facility. Care staff will wear personal pagers, which will advise them who is calling for assistance. In addition the smoke and fire alarm system will automatically message alerts to staff through these pagers in the event they are not sitting directly by the fire boards, which are located in each of the nursing stations. There is an emergency management plan in place for civil defence emergencies, which will continue to be used in the new facility. The facility has inbuilt storage for emergency potable and non-potable water in the event the site is cut off from town water supply. Alternative sources of energy (i.e., gas and electric power) are available. The kitchen has a gas hob and electric ovens and the facility has portable gas BBQs. On site security is provided by an external agency and this arrangement will continue. External doors will be able to be secured from external entry overnight. Staff are currently trained in first aid and there is a registered nurse on site at all times who can provide support to residents of higher acuity if needed.

**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

A trial evacuation is booked for 19 November 2013 at 11am. Fire procedures have been discussed with staff and are provided as part of their orientation to the new facility

**Finding Statement**

Staff have yet to complete a trial evacuation procedure, which is booked to occur on 19 November 2013 at 11 am.

**Corrective Action Required:**

Ensure staff have completed a trial evacuation procedure.

**Timeframe:**

3 months

**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

An evacuation plan has been lodged with the Fire Information Unit, NZ Fire Service (email dated 4 October 2013 sighted confirming receipt of application). The evacuation plan is awaiting approval.

**Finding Statement**

The evacuation plan has yet to be approved. (The evacuation scheme was submitted for approval to the NZ Fire Service on 4 October 2013)

**Corrective Action Required:**

Ensure the facility has an approved fire evacuation scheme in place and that the DHB and HealthCert are notified when the plan is 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

Each bedroom and communal area has access to natural lighting through external aluminium windows, which open and are secured through the use of window stays. The building has a built in airflow system to promote ventilation. Heating is maintained through heat pumps and under floor heating. The heat pumps will assist in cooling the premises.

**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 infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities and oversight by the infection prevention and control team, as well as training and education of staff. There is an infection prevention and control programme in place, standards for infection prevention and control, infection prevention and control preparation, responsibilities and job descriptions, waste disposal, and notification of diseases policy. Infection prevention and control policies and procedures exist for the kitchen, laundry and housekeeping. External expertise can be accessed as required to assist in the development of policies and procedures (eg, through the DHB). Policy development involves the infection prevention and control coordinator (who is the care manager), the infection prevention and control committee, the general manager and external input if necessary. The care manager has been actively involved in the development and layout of the new facility, which contains a range of fittings and fixtures designed to promote good infection prevention and control practice.

**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:**