

Summerset Care Limited - Summerset by the Ranges

Current Status: 21 March 2014

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

General overview

Summerset by the Ranges is part of the Summerset group of facilities. The service currently provides rest home care for up to 30 residents. On the day of audit the service was fully occupied.

A partial provisional audit was completed to review the services readiness to provide hospital level care in the care centre and to provide rest home care in serviced apartments. This included reviewing 28 rest home beds as being appropriate to provide hospital and/or rest home level of care and reviewing 10 serviced apartments in a separate building as being suitable to provide rest home level care.

This audit identified that the care centre is suitable for rest home or hospital level care with all of the new rooms, lounges and dining areas able to accommodate hospital level equipment. There are policies and processes appropriate for providing hospital level care. There are improvements required around staffing and equipment.

This audit also identified that the 10 serviced apartments are appropriate for providing rest home level care. There are improvements required around staffing and medication management.

Five of five shortfalls identified from the previous audit regarding electrical testing, clinical interventions, advance directives, medication documentation, consistency of meetings and documentation of corrective actions have all been addressed.

HealthCERT Aged Residential Care Audit Report (version 4.0)

Introduction

This report records the results of an audit against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) of an aged residential care service provider. The audit has been conducted by an auditing agency designated under the Health and Disability Services (Safety) Act 2001 for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

It is important that auditors restrict their editing to the content controls in the document and do not delete any content controls or any text outside the content controls.

Audit Report

Legal entity name:	Summerset Care Limited
Certificate name:	Summerset Care Limited - Summerset by the Ranges
Designated Auditing Agency:	Health and Disability Auditing New Zealand Limited
Types of audit:	Partial Provisional Audit
Premises audited:	Summerset by the Ranges
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 21 March 2014 End date: 21 March 2014
Proposed changes to current services (if any):	
(i) 28 of the 30 existing rest homes beds to be certified for hospital/rest home level. The two existing rooms reconfigured December 2013 to rest home beds are to remain at rest home level. Ten serviced apartments to be certified to provide rest home level of care.	
Total beds occupied across all premises included in the audit on the first day of the audit:	30

Audit Team

Lead Auditor	XXXXX	Hours on site	4	Hours off site	3
Other Auditors		Total hours on site		Total hours off site	
Technical Experts		Total hours on site		Total hours off site	
Consumer Auditors		Total hours on site		Total hours off site	
Peer Reviewer	XXXXX			Hours	1

Sample Totals

Total audit hours on site	4	Total audit hours off site	4	Total audit hours	8
Number of residents interviewed		Number of staff interviewed	2	Number of managers interviewed	3
Number of residents' records reviewed	5	Number of staff records reviewed	5	Total number of managers (headcount)	1
Number of medication records reviewed	10	Total number of staff (headcount)	30	Number of relatives interviewed	
Number of residents' records reviewed using tracer methodology				Number of GPs interviewed	

Declaration

I, XXXXXX, Director of Christchurch hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Act.

I confirm that:

a)	I am a delegated authority of Health and Disability Auditing New Zealand Limited	Yes
b)	Health and Disability Auditing New Zealand Limited has in place effective arrangements to avoid or manage any conflicts of interest that may arise	Yes
c)	Health and Disability Auditing New Zealand Limited has developed the audit summary in this audit report in consultation with the provider	Yes
d)	this audit report has been approved by the lead auditor named above	Yes
e)	the peer reviewer named above has completed the peer review process in accordance with the DAA Handbook	Yes
f)	if this audit was unannounced, no member of the audit team has disclosed the timing of the audit to the provider	Not Applicable
g)	Health and Disability Auditing New Zealand Limited has provided all the information that is relevant to the audit	Yes
h)	Health and Disability Auditing New Zealand Limited has finished editing the document.	Yes

Dated Thursday, 17 April 2014

Executive Summary of Audit

General Overview

Summerset by the Ranges is part of the Summerset group of facilities. The service currently provides rest home care for up to 30 residents. On the day of audit the service was fully occupied.

A partial provisional audit was completed to review the services readiness to provide hospital level care in the care centre and to provide rest home care in serviced apartments. This included reviewing 28 rest home beds as being appropriate to provide hospital and/or rest home level of care and reviewing 10 serviced apartments in a separate building as being suitable to provide rest home level care.

This audit identified that the care centre is suitable for rest home or hospital level care with all of the new rooms, lounges and dining areas able to accommodate hospital level equipment. There are policies and processes appropriate for providing hospital level care. There are improvements required around staffing and equipment.

This audit also identified that the 10 serviced apartments are appropriate for providing rest home level care. There are improvements required staffing, and medication management.

Five of five shortfalls identified from the previous audit regarding electrical testing, clinical interventions, advance directives, medication documentation, consistency of meetings and documentation of corrective actions have all been addressed

Outcome 1.1: Consumer Rights

The previous finding around advance directives has been addressed.

Outcome 1.2: Organisational Management

The Summerset Group Limited Board of Directors has overall financial and governance responsibility and there is a company strategic business plan in place. Summerset by the ranges has a site-specific business and quality risk management plan and goals for 2014. The village manager has been in the role ten months and has many years' experience in the public services and human resource management. She is supported by an on-site clinical nurse leader. They have attended at least eight hours of professional development relevant to their management roles.

There is a 2014 business plan/quality plan that incorporates the requirements identified around staffing, equipment and other resources in regards to the changes in service levels. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. There are relevant organisational and clinical policies that reflect current best practice. There is a comprehensive education programme. All newly appointed staff will undergo a full orientation, skills competency assessments, medication competency, first aid and will attend on-going education as scheduled.

The previous finding regarding consistency of meetings and documentation of audit corrective actions has been addressed.

Outcome 1.3: Continuum of Service Delivery

There have been improvements since the previous audit around wound management, neurological observations, and weight loss management.

There is a robust medication management system that includes medication policy and procedures that follows recognised standards and guidelines for safe medicine management. The previous finding around medication documentation has been addressed. There is an improvement required around ensuring a medication management system is set up in the apartment building.

The service has a main kitchen, which is located off the rest home dining room. The dining room is spacious enough to accommodate the residents and mobility aids. Resident likes and dislikes are known with alternative choices offered, there is dietitian review of the menu. Meals are to be transported across to the apartments in hot boxes.

Outcome 1.4: Safe and Appropriate Environment

The service has in place policies and procedures in place for the management of waste and hazardous. Protective equipment is available; chemicals are stored safely throughout the rest home facility. There is a current building warrant of fitness displayed in the rest home facility and the apartment building. There are no changes required to the fire evacuation schemes for either building. Environmental equipment checks and hot water temperature monitoring is completed. All bedrooms are spacious and allow for the safe delivery of care with transferring equipment. Residents are able to move around their rooms safely with the use of mobility aids. There are emergency management policies and procedures in place and adequate civil defence supplies.

The previous shortfall around electrical testing of equipment has been addressed.

There are improvements required around the provision of equipment and safe wheelchair access to the outdoors for the introduction of hospital level care. In their apartments, there are improvements required around laundry and cleaning storage area.

Outcome 2: Restraint Minimisation and Safe Practice

Outcome 3: Infection Prevention and Control

The infection control manual outlines a comprehensive range of policies, standards and guidelines and procedures includes (but not limited to); hand hygiene, standard precautions, surveillance, outbreak management, training and education of staff. The infection control programme in place is appropriate for the size of the service. There is an infection control co-ordinator with defined responsibilities for the management of infection control throughout the facility.

Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
Standards	0	13	0	5	0	0	0
Criteria	0	32	0	7	0	0	0

	UA Negligible	UA Low	UA Moderate	UA High	UA Critical	Not Applicable	Pending	Not Audited
Standards	0	0	0	0	0	0	0	32
Criteria	0	0	0	0	0	0	0	62

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.2.7: Human Resource Management	Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	PA Low			
HDS(C)S.2008	Criterion 1.2.7.4	New service providers receive an orientation/induction programme that covers the essential components of the service provided.	PA Low	New staff are in the process of being employed and are yet to be orientated	Ensure new staff are orientated	Prior to occupancy
HDS(C)S.2008	Standard 1.2.8: Service Provider Availability	Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	PA Low			
HDS(C)S.2008	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.	PA Low	The service has commenced advertising for a nurse manager and six RN's to meet the RN hours and management requirements for hospital level. ii) The service has	a)Ensure there is 24 hour RN cover and a nurse manager in place; ii) Ensure there is 24 hour caregiver cover in the care apartment building prior to approval for rest home level of care.	Prior to occupancy

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
				not yet employed caregivers to provide 24-hour cover for the care apartments.		
HDS(C)S.2008	Standard 1.3.12: Medicine Management	Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Low			
HDS(C)S.2008	Criterion 1.3.12.1	A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.	PA Low	There is no medication storage area in the serviced apartment block. Advised that the medication trolley will be stored in the hospital/rest home medication room and taken across. It is unclear how this will work. Advised that medications requiring refrigeration will be stored in a sealed container in the kitchenette fridge. This is not secure.	Ensure the management of medication in the apartments include a safe storage area.	Prior to occupancy
HDS(C)S.2008	Criterion 1.3.12.3	Service providers responsible for medicine management are competent to perform the function for each stage they manage.	PA Low	New staff currently being employed for the apartment block have not yet completed competencies.	Ensure caregivers appointed for the care apartments have completed medication competencies.	Prior to occupancy
HDS(C)S.2008	Standard 1.4.2: Facility Specifications	Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	PA Low			
HDS(C)S.2008	Criterion 1.4.2.1	All buildings, plant, and equipment comply with legislation.	PA Low	Equipment for hospital level residents is not yet in place.	Ensure equipment is in place.	Prior to occupancy
HDS(C)S.2008	Criterion 1.4.2.6	Consumers are provided with	PA Low	There are two doors to	Ensure there is safe	Prior to

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
		safe and accessible external areas that meet their needs.		the outdoor decks that require ramp access for wheelchairs.	wheelchair access to the outdoor areas.	occupancy
HDS(C)S.2008	Standard 1.4.7: Essential, Emergency, And Security Systems	Consumers receive an appropriate and timely response during emergency and security situations.	PA Low			
HDS(C)S.2008	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.	PA Low	The serviced apartments are separate to the care centre. It is not evident that a first aider is employed in the serviced apartments across 24/7.	Ensure there is a first aider on duty 24/7 in the serviced apartments.	Prior to occupancy

Continuous Improvement (CI) Report

Code	Name	Description	Attainment	Finding

NZS 8134.1:2008: Health and Disability Services (Core) Standards

Outcome 1.1: Consumer Rights

Consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs.

Standard 1.1.10: Informed Consent (HDS(C)S.2008:1.1.10)

Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.

ARC D3.1d; D11.3; D12.2; D13.1 ARHSS D3.1d; D11.3; D12.2; D13.1

Attainment and Risk: FA
Evidence: Four of five resident files sampled had advance directives appropriately signed by the resident. One resident file included a medically indicated not for resuscitation form signed by the GP following discussion with the family as evidenced on the form. The shortfall from the previous audit has been addressed.

Criterion 1.1.10.7 (HDS(C)S.2008:1.1.10.7)

Advance directives that are made available to service providers are acted on where valid.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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 (HDS(C)S.2008:1.2.1)

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

Attainment and Risk: FA

Evidence:

Summersets overall vision is "older New Zealanders should have access to a quality lifestyle in a safe, secure and enjoyable environment at an affordable cost." The Summerset Group Limited Board of Directors have overall financial and governance responsibility and there is a company strategic business plan in place. Summerset by the Ranges has a site-specific business and quality risk management plan and goals for 2014. Strategic business planning sessions are held in consultation with the village manager, clinical nurse leader, property manager and operations manager. The reconfiguration of rest home beds to hospital level beds and the required equipment is included in the current business plan. The plan is separated into sections and focus areas, including a) financial goals, b) property, c) clinical quality, d) health and safety, e) infection control, f) human resources, g) sales and marketing, and h) risk. The Summerset by the Ranges business plan 2013 evaluation is sighted. The service currently provides rest home care for up to 30 residents. On the day of audit, the service was fully occupied.

A partial provisional audit was completed to review the services readiness to provide hospital level care in the care centre and to provide rest home care in serviced apartments. This included reviewing 28 rest home beds as being appropriate to provide hospital and/or rest home level of care and reviewing 10 serviced apartments in a separate building as being suitable to provide rest home level care.

This audit identified that the care centre is suitable for rest home or hospital level care with all of the new rooms, lounges and dining areas able to accommodate hospital level equipment. There are policies and processes appropriate for providing hospital level care.

This audit also identified that the 10 serviced apartments are appropriate for providing rest home level care. This is a separate stand-alone building.

The village manager (interviewed) has been in the current role at Summerset for ten months. The village manager has work experience in public services, social work, social development, civil defence, and human resources within a district health board. She holds a public services degree and human resource post graduate degree. The village manager (non-clinical) has responsibility for non-clinical services and is the privacy officer. The village manager has attended at least eight hours of professional development relevant to the role. She is supported by a full time registered nurse (RN)/clinical nurse leader who has been in the role since 2009 and was employed as an RN prior to the appointment. The clinical nurse leader is currently on leave. An experienced RN is providing RN cover. An enrolled nurse is employed.

Summerset village managers and nurse managers attend annual organisational forums and regional forums over two days. The clinical nurse leader attends clinical education, forums/provider meetings at the local DHB. There is an operations manager who is available to support the facility and staff. Policies and procedures are developed at an organisational level with input from staff and external specialist expertise where required.

D17.3di (rest home) The clinical leader has attended at least eight hours of professional development relevant to the role (link 1.2.8.1).

D17.4b (hospital) A nurse manager will be appointed and orientated to the role by the company educator.

Criterion 1.2.1.1 (HDS(C)S.2008:1.2.1.1)

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

Attainment and Risk: FA

Evidence:

Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.2.1.3 (HDS(C)S.2008:1.2.1.3)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.2.2: Service Management (HDS(C)S.2008:1.2.2)

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

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

Attainment and Risk: FA
Evidence: During the temporary absence of the village manger, Summerset by the Ranges is managed by the clinical nurse leader with support from the operations manager. The clinical nurse leader is covered by a casual RN who has work experience in aged care and has been with Summerset by the Ranges for five years.

Criterion 1.2.2.1 (HDS(C)S.2008:1.2.2.1)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.2.3: Quality And Risk Management Systems (HDS(C)S.2008:1.2.3)

The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.

ARC A4.1; D1.1; D1.2; D5.4; D10.1; D17.7a; D17.7b; D17.7e; D19.1b; D19.2; D19.3a.i-v; D19.4; D19.5 ARHSS A4.1; D1.1; D1.2; D5.4; D10.1; D16.6; D17.10a; D17.10b; D17.10e; D19.1b; D19.2; D19.3a-iv; D19.4; D19.5

Attainment and Risk: FA
Evidence: Quality improvement and staff meeting minutes for 2013 sighted have been held as per the meeting schedule. Meeting minutes document the person responsible for corrective actions and the date of completion. The previous finding has been addressed.

Criterion 1.2.3.5 (HDS(C)S.2008:1.2.3.5)

Key components of service delivery shall be explicitly linked to the quality management system.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.7: Human Resource Management (HDS(C)S.2008:1.2.7)

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

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

Attainment and Risk: PA Low

Evidence:

The recruitment and staff selection process requires that relevant checks, including police checks are completed to validate the individual's application, qualifications and experience. A copy of registered nurse (two) and one enrolled nurse practising certificates are kept on file. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development.

Five staff files were reviewed (clinical nurse leader, enrolled nurse, two caregivers and one diversional therapist). The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There is a three-month orientation evaluation and review meeting to assess individual progress. Files evidence completed orientations and checklist. There is an annual performance schedule in place and all appraisals are current. Staff personnel files are kept on line.

The village manager attends at least one meeting per year and attended the village manager conference in February 2014. The RN/clinical nurse leader attends RN meetings at another Somerset facility within the region and attended an external session on end of life symposium in June 2013.

An agreement is made with all new employees to commence Career Force training. The company education manager and diversional therapist team leader are company assessors. All caregivers at Somerset by the ranges have achieved level two of Careerforce national certificate in the support of the older person.

Discussion with the clinical education manager confirm there is a comprehensive in-service training programme in place that is generated by the company however the programme can be amended to meet the facility requirements. The programme covers relevant aspects of care and support and aligns with the internal audit programme. Individual training records are maintained. The service is in the process of employing new staff including registered nurses to cover 24/7 and further caregivers. Advised that orientation days will be held with new staff as a group.

The annual training programme exceeds eight hours annually. The registered nurses attend external training including seminars and sessions provided by Somerset and the local DHB. Education provided in 2013 includes: code of rights, Manual handling, medication, nutrition and hydration, continence, pain and symptom management, restraint minimisation, challenging behaviour, privacy and dignity, infection control and wound management. All staff are trained in first aid (link 1.4.7.4). Training occurs at least monthly and records include date, session topic, and names of attendees.

The RNs and enrolled nurse attend study days that include wound management, incontinence management, medications, InterRAI care plans and professional boundaries. RN's (once appointed) will attend syringe driver training.

17.7d: There are implemented competencies for registered nurses related to specialised procedure or treatment including (but not limited to); Medication, and insulin administration.

Criterion 1.2.7.2 (HDS(C)S.2008:1.2.7.2)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.2.7.3 (HDS(C)S.2008:1.2.7.3)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.2.7.4 (HDS(C)S.2008:1.2.7.4)

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

Attainment and Risk: PA Low
Evidence: The service is in the process of employing new staff including registered nurses to cover 24/7 and further caregivers. Advised that orientation days will be held with new staff as a group.

Finding: New staff are in the process of being employed and are yet to be orientated
Corrective Action: Ensure new staff are orientated
Timeframe (days): Prior to occupancy (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.7.5 (HDS(C)S.2008:1.2.7.5)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.8: Service Provider Availability (HDS(C)S.2008:1.2.8)

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

Attainment and Risk: PA Low
Evidence: The proposed roster for the reconfiguration of 28 rest home beds to 28 hospital/rest home beds will be; three caregivers on the full shift and two caregivers working a short shift on morning and afternoon duty. There will be two caregivers on the night shift. There will be 24/7 (RN) registered nurse cover. A full time nurse manager will be appointed. Staffing levels for the reconfigured service will be based on acuity as per the company policy. Housekeeping hours will be increased by one and half hours a day to include laundry duties. Activity hours will be increased to provide a seven-day week programme. The service is in the process of advertising for a nurse manager and six RN's. The 10 serviced apartments (separate building) to provide rest home level. One caregiver to be employed on each shift stationed in the apartment building. The nurse manager or RN will conduct a daily round of the residents. The hospital RN will be available for telephone advice, however if a clinical assessment is required the on call RN will attend.

Criterion 1.2.8.1 (HDS(C)S.2008:1.2.8.1)

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

Attainment and Risk: PA Low
Evidence: The service staffing levels for the reconfigured service will be based on acuity as per the company policy. The care apartments are to be staff by a caregiver on each shift with RN oversight from the care centre.
Finding: The service has commenced advertising for a nurse manager and six RN's to meet the RN hours and management requirements for hospital level. ii) The service has not yet employed caregivers to provide 24-hour cover for the care apartments.
Corrective Action: a)Ensure there is 24 hour RN cover and a nurse manager in place; ii) Ensure there is 24 hour caregiver cover in the care apartment building prior to approval for rest home level of care.
Timeframe (days): Prior to occupancy (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

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 1.3.6: Service Delivery/Interventions (HDS(C)S.2008:1.3.6)

Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.

ARC D16.1a; D16.1b.i; D16.5a; D18.3; D18.4; E4.4 ARHSS D16.1a; D16.1b.i; D16.5a; D16.5c; D16.5f; D16.5g.i; D16.6; D18.3; D18.4

Attainment and Risk: FA
Evidence: A review of five resident files identified that the previous shortfall around interventions has been addressed. There is current only one wound being managed in the facility. The wound management plan and reviews of the chronic leg ulcer are in place. Evaluations are reviewed at the required timeframes. Staff attended wound management training August 2013. The file reviewed of a resident whom had a fall with head injury had neurological observations completed. The file of one resident reviewed is currently being monitored for unintentional weight loss and has an updated dietary requirements list. The cook (interviewed) confirmed she has received information on the residents increased dietary needs and described dietary interventions in place.

Criterion 1.3.6.1 (HDS(C)S.2008:1.3.6.1)

The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.3.12: Medicine Management (HDS(C)S.2008:1.3.12)

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

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

Attainment and Risk: PA Low
Evidence:
<p>There is one main medication room. Regular medications are delivered in blister packs. Returns are kept in a locked room until collected. There is a current standing order list. All standing order medications are dated. All eye drops in use are dated. There is a physical stocktake of controlled drugs weekly. The medication fridge temperature is checked weekly. There is a separate specimen fridge. The RNs, enrolled nurse and senior caregivers have completed medication competencies annually. Medication education was provided January 2014. Oxygen and suction is available and checked December 2013. Ten of ten medication charts sampled all had photo identification and allergies noted. All administration-signing sheets are completed correctly with no gaps. The shortfall from the previous audit has been addressed.</p> <p>There are no physical changes to be made to the medication room as a result of the reconfiguration of beds from rest home to hospital/rest home.</p> <p>There is no medication storage area in the serviced apartment block. Advised that the medication trolley will be stored in the hospital/rest home medication room and taken across. It is unclear how this will work. Controlled drugs will be stored in the hospital/rest home controlled drug safe and checked out by the RN's on duty. Advised that medications requiring refrigeration will be stored in a sealed container in the kitchenette fridge. This is not secure. Newly appointed staff will be required to be medication competent.</p>

Criterion 1.3.12.1 (HDS(C)S.2008:1.3.12.1)

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

Attainment and Risk: PA Low

Evidence:

There is no medication storage area in the serviced apartment block. Advised that the medication trolley will be stored in the hospital/rest home medication room and taken across. Controlled drugs will be stored in the hospital/rest home controlled drug safe and checked out by the RN's on duty. Advised that medications requiring refrigeration will be stored in a sealed container in the kitchenette fridge.

Finding:

There is no medication storage area in the serviced apartment block. Advised that the medication trolley will be stored in the hospital/rest home medication room and taken across. It is unclear how this will work. Advised that medications requiring refrigeration will be stored in a sealed container in the kitchenette fridge. This is not secure.

Corrective Action:

Ensure the management of medication in the apartments include a safe storage area.

Timeframe (days): Prior to occupancy (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.3.12.3 (HDS(C)S.2008:1.3.12.3)

Service providers responsible for medicine management are competent to perform the function for each stage they manage.

Attainment and Risk: PA Low

Evidence:

The RNs, enrolled nurse and senior caregivers have completed medication competencies annually and attended medication education annually. Caregivers will be on duty 24/7 in the care apartments.

Finding:

New staff currently being employed for the apartment block have not yet completed competencies.

Corrective Action:

Ensure caregivers appointed for the care apartments have completed medication competencies.

Timeframe (days): Prior to occupancy (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.3.12.5 (HDS(C)S.2008:1.3.12.5)

The facilitation of safe self-administration of medicines by consumers where appropriate.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.3.12.6 (HDS(C)S.2008:1.3.12.6)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.3.13: Nutrition, Safe Food, And Fluid Management (HDS(C)S.2008:1.3.13)

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

Attainment and Risk: FA
Evidence: The food service is contracted out to medirect. All food and baking is done on site. There is a qualified cook on duty each day supported by a kitchen hand in the morning and afternoon. There is an eight-week rolling menu developed by the company dietitian. The kitchen is well equipped to cater for all meal types and diets. Currently there are normal and mince/moist menus in place. All menu cards have an allergen declaration. The cook receives resident dietary requirement forms and is

notified of any changes and residents with weight loss. The cook is able to describe dietary requirements for resident with weight loss including complan, smoothies, jellies, ice-cream, cream and extra hydration with "popsicle" rounds. The cook is aware of a resident currently being monitored for weight loss. This is an improvement from the previous audit (link 1.3.6.1).

End cooking temperatures are monitored on all foods. Fridge and freezer temperatures are recorded. Food is cooked and served from bain maries. Meals to the apartments are currently transported plated in a hotbox securely fastened to the back of a golf cart. The same transport method will apply to rest home residents in the care apartment building. There is a kitchenette in the apartment dining area with tea making facilities, fridge and microwave. Each apartment has a kitchenette.

Criterion 1.3.13.1 (HDS(C)S.2008:1.3.13.1)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.3.13.2 (HDS(C)S.2008:1.3.13.2)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.3.13.5 (HDS(C)S.2008:1.3.13.5)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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.

Standard 1.4.1: Management Of Waste And Hazardous Substances (HDS(C)S.2008:1.4.1)

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

Attainment and Risk: FA
Evidence: Chemicals are stored safely throughout the facility. Chemicals are labelled correctly. Safety data sheets are readily accessible. Waste is disposed of appropriately. There are approved containers for the safe disposal of sharps. There are sufficient supplies of personal protective equipment. There is a sluice room with a sanitiser in the care centre closely located to resident areas. The sluice in the care centre will be utilised by the apartments if needed.

Criterion 1.4.1.1 (HDS(C)S.2008:1.4.1.1)

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.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.4.1.6 (HDS(C)S.2008:1.4.1.6)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.4.2: Facility Specifications (HDS(C)S.2008:1.4.2)

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

Attainment and Risk: PA Low

Evidence:

There is a building warrant of fitness for the facility and serviced apartments that expires on 8 July 2014. There is a reactive and planned maintenance plan in place. The property manager oversees maintenance across the facility, apartments and village. Hot water temperatures are monitored monthly and the plumbers check the boilers three monthly. All electrical equipment is tested. This is an improvement from the previous audit. Hoists currently in use have had a functional check September 2013. For the care centre, there is a company capex plan for the purchase of hospital level equipment required that includes specialised recliner chairs, tilting shower, electric beds, hoists. The bedrooms, ensuites, shower rooms, hallways and communal areas are spacious and allow for the manoeuvre of hospital level equipment. There is an improvement required around safe outdoor access and purchase of equipment.

The 10 bedroomed apartment building provides appropriate internal facilities with a communal dining and lounge area. Each resident room has an ensuite. There is safe access to an outdoor area with seating and shade.

The two rest home rooms configured in 2013 were also reviewed at this audit (as per letter from HealthCERT 20 December 2013). These two rooms are suitable to provide rest home level care.

Criterion 1.4.2.1 (HDS(C)S.2008:1.4.2.1)

All buildings, plant, and equipment comply with legislation.

Attainment and Risk: PA Low

Evidence:

There is a company capex plan for the purchase of hospital level equipment required that includes specialised recliner chairs, tilting shower, electric beds, hoists

Finding:

Equipment for hospital level residents is not yet in place.

Corrective Action:

Ensure equipment is in place.

Timeframe (days): Prior to occupancy (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.2.4 (HDS(C)S.2008:1.4.2.4)

The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.2.6 (HDS(C)S.2008:1.4.2.6)

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

Attainment and Risk: PA Low
Evidence: There are outdoor decks areas off the dining room and lounges readily accessible for rest home residents. There are shaded seating areas.
Finding: There are two doors to the outdoor decks that require ramp access for wheelchairs.
Corrective Action: Ensure there is safe wheelchair access to the outdoor areas.
Timeframe (days): Prior to occupancy (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.3: Toilet, Shower, And Bathing Facilities (HDS(C)S.2008:1.4.3)

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

Attainment and Risk: FA
Evidence: Care centre: Of the 28 rooms assessed, 12e of the bedrooms have their own en-suites. Sixteen have a shared en-suite. There are two single rest home rooms without en-suites that are closely located to a communal toilet and shower room.

All en-suite and shower room walls, flooring and fixtures are of made of easy clean surfaces. The flooring is non-slip. Handrails are appropriately placed. Call bells are within reach. There is sufficient space in the en-suites to safely manoeuvre transferring equipment.

The 10 apartments are self-contained with en-suites. All en-suite walls, flooring and fixtures are of made of easy clean surfaces. The flooring is non-slip. Handrails are appropriately placed. Call bells are within reach. There is adequate space to manoeuvre shower chairs if required.

Criterion 1.4.3.1 (HDS(C)S.2008:1.4.3.1)

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.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.4: Personal Space/Bed Areas (HDS(C)S.2008:1.4.4)

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

Attainment and Risk: FA

Evidence:

The 28 resident rooms being certified to provide hospital or rest home level of care are all single. They are spacious with adequate room to safely manoeuvre a hoist and other transferring equipment. The doors are wide and when opened allow for bed or ambulance trolley access.

The self-contained apartments have a separate bedroom, which is spacious enough for the residents to mobilise around with the use of mobility aids.

Criterion 1.4.4.1 (HDS(C)S.2008:1.4.4.1)

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.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining (HDS(C)S.2008:1.4.5)

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

Attainment and Risk: FA
Evidence: <p>There is an existing communal dining area that has been extended to include a conservatory and additional dining space. Meals are serviced directly from the kitchen servery. The dining room has been extended with a conservatory area for additional seating. There is a smaller lounge area off the dining room where residents can be fed and their dignity maintained. There are large communal lounges and smaller sunny seating alcoves where residents can spend one on one time with the activities person. Activities can take place in several areas of the home. Chairs currently in the lounge areas are able to be moved to allow for the larger hospital recliners.</p> <p>The 10 apartments have a kitchenette and open plan dining, lounge area. There is an open plan dining and lounge area. Residents may choose communal dining or to have meals in their room. Rest home residents in the apartments will have the choice to attend village or rest home activities.</p>

Criterion 1.4.5.1 (HDS(C)S.2008:1.4.5.1)

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

Attainment and Risk: FA
Evidence:

Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.4.6: Cleaning And Laundry Services (HDS(C)S.2008:1.4.6)

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

Attainment and Risk: FA
Evidence: <p>All laundry and personal items are done on site. The laundry is spacious and well equipped to accommodate laundry and linen requirements for an additional 10 residents. There is a defined clean and dirty area. There is a dedicated cleaner whose hours on the proposed hospital roster is extended to cover laundry duties that are currently carried out by care staff.</p> <p>No changes are required to the laundry service to accommodate laundry requirements for rest home residents in apartments. The laundry is closely located to the separate apartment building for the transportation of dirty and clean linen. There is no dedicated dirty laundry or cleaning equipment storage space within the apartment building. However, laundry will be transported in trollies to the facility laundry.</p>

Criterion 1.4.6.2 (HDS(C)S.2008:1.4.6.2)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.4.6.3 (HDS(C)S.2008:1.4.6.3)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.4.7: Essential, Emergency, And Security Systems (HDS(C)S.2008:1.4.7)

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

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

Attainment and Risk: PA Low
Evidence:
<p>In the care centre, the existing call bell system is in place in all bedrooms, communal areas and all toilet shower areas. Calls show up on the main panel in the nurse's station and through the pager system. The emergency call is three bells. There is a first aider on duty at all times in the care centre. There are no changes required to the approved evacuation scheme dated 11 February 2008. All fire equipment (including emergency lighting) is tested monthly. Civil defence equipment is readily available and checked monthly. There are alternative cooking sources and sufficient supply of tank water. The sprinkler system has been checked March 2014. There have been six monthly fire drills and the staff have attended fire training, civil defence and security training.</p> <p>The call system in the apartments is linked to the main call bell panel in the care centre facility nurse's station and the staff pagers. Advised the caregiver in the serviced apartment will have a pager. The facility manager is currently having discussions with the call system provider regarding an upgrade and backup system. There will be staff assistance readily available from the rest home facility in the event of an emergency and an on call registered nurse. There is an approved evacuation scheme. The fire alarm system is linked to the fire panel in the rest home facility. Civil defence equipment will be readily available across both buildings. There is an improvement to ensure there is a first aider across 24/7 in the serviced apartment.</p> <p>Advised that the hospital RN will be available for telephone advice if there an emergency in the serviced apartment building after hours. However, if a clinical assessment is required after hours the on call RN is to be notified to attend. The RN on duty is responsible for knowing the whereabouts of all staff at all times. Mobile phones and security lighting ensure the safety of staff after hours.</p>

Criterion 1.4.7.1 (HDS(C)S.2008:1.4.7.1)

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

Attainment and Risk: PA Low
Evidence: There will be staff assistance readily available from the care facility in the event of an emergency and an on call registered nurse.
Finding: The serviced apartments are separate to the care centre. It is not evident that a first aider is employed in the serviced apartments across 24/7.
Corrective Action: Ensure there is a first aider on duty 24/7 in the serviced apartments.
Timeframe (days): Prior to occupancy (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.7.3 (HDS(C)S.2008:1.4.7.3)

Where required by legislation there is an approved evacuation plan.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.7.4 (HDS(C)S.2008:1.4.7.4)

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

Attainment and Risk: FA
Evidence:

Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.4.7.5 (HDS(C)S.2008:1.4.7.5)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.4.7.6 (HDS(C)S.2008:1.4.7.6)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.4.8: Natural Light, Ventilation, And Heating (HDS(C)S.2008:1.4.8)

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

Attainment and Risk: FA

Evidence:

The bedrooms in the care centre have at least one window allowing adequate natural light into the room. The dining room has been extended with a conservator to allow more natural light. Doors open out onto a deck. Bedroom windows open out to allow for adequate ventilation. There is appropriate heating throughout the facility. The apartments have at least one window in the bedroom and in the open plan dining/lounge area allowing natural light into the room. There is appropriate heating throughout the apartments and the communal area of the building. There is adequate ventilation with opening windows. Doors open out onto outdoor areas from the communal dining/lounge room.

Criterion 1.4.8.1 (HDS(C)S.2008:1.4.8.1)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.8.2 (HDS(C)S.2008:1.4.8.2)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

NZS 8134.3:2008: Health and Disability Services (Infection Prevention and Control) Standards

Standard 3.1: Infection control management (HDS(IPC)S.2008:3.1)

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

ARC D5.4e ARHSS D5.4e

Attainment and Risk: FA

Evidence:

The infection control company manual outlines a comprehensive range of policies, standards and guidelines and procedures includes (but not limited to); hand hygiene, standard precautions, surveillance, outbreak management, training and education of staff. The infection control coordinator (registered nurse) is responsible for coordinating and providing education and training for staff. The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. The 2013 infection control quality plan has been reviewed. A 2014 infection control programme is in place, which links to the quality risk plan. The infection control co-ordinator provides monthly infection control stats, trends and analysis of infections and use of antibiotics to the quality improvement meetings. The service engages in benchmarking with other Summerset facilities.

There are outbreak management policies and procedures. The service went into "lockdown" in February 2014 with confirmed norovirus. Documentation sighted evidenced the provider complied with outbreak management policies and appropriate authorities were notified.

Criterion 3.1.1 (HDS(IPC)S.2008:3.1.1)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 3.1.3 (HDS(IPC)S.2008:3.1.3)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 3.1.9 (HDS(IPC)S.2008:3.1.9)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 3.5.7 (HDS(IPC)S.2008:3.5.7)

Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.

Attainment and Risk: Not Audited
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>