

# Sandra MacLean

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## Current Status: 17 April 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

A partial provisional audit was undertaken on 17 April 2014 to establish the level of preparedness of Lady Elizabeth Home and Hospital to provide a reconfigured health and disability service. A new extension of 15 beds has been added to the service, these are dual purpose beds which can be used for rest home or hospital level of care.

Lady Elizabeth Home and Hospital currently provides rest home and hospital level care for up to 43 residents (34 hospital and nine rest home at the time of audit). There are five designated beds in the existing rest home wing that are rest home only, all other beds in the service are suitable for either rest home or hospital level of care.

The service is required to ensure there is a Certificate of Public Use prior to the occupation of the new rooms. All other standards reviewed for the partial provisional audit are fully attained.

# HealthCERT Aged Residential Care Audit Report (version 4.0)

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## 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

<b>Legal entity name:</b>	Sandra MacLean	
<b>Certificate name:</b>	Sandra MacLean	
<b>Designated Auditing Agency:</b>	The DAA Group Limited	
<b>Types of audit:</b>	Partial Provisional Audit	
<b>Premises audited:</b>	Lady Elizabeth Home and Hospital	
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	<b>Start date:</b> 17 April 2014	<b>End date:</b> 17 April 2014
<b>Proposed changes to current services (if any):</b>		
The service is adding an additional 15 dual purpose beds (either rest home or hospital level of care) in a new extension to the existing facility. This will increase the services capacity to a maximum of 57 residents.		
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	43	

## Audit Team

<b>Lead Auditor</b>	XXXXX	<b>Hours on site</b>	4	<b>Hours off site</b>	4
<b>Other Auditors</b>		<b>Total hours on site</b>		<b>Total hours off site</b>	
<b>Technical Experts</b>		<b>Total hours on site</b>		<b>Total hours off site</b>	
<b>Consumer Auditors</b>		<b>Total hours on site</b>		<b>Total hours off site</b>	
<b>Peer Reviewer</b>	XXXXX			<b>Hours</b>	1

## Sample Totals

Total audit hours on site	4	Total audit hours off site	5	Total audit hours	9
Number of residents interviewed		Number of staff interviewed	6	Number of managers interviewed	1
Number of residents' records reviewed		Number of staff records reviewed	5	Total number of managers (headcount)	
Number of medication records reviewed	8	Total number of staff (headcount)	42	Number of relatives interviewed	
Number of residents' records reviewed using tracer methodology				Number of GPs interviewed	

## Declaration

I, XXXXX, Managing Director of Wellington hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of The DAA Group Limited, an auditing agency designated under section 32 of the Act.

I confirm that:

a)	I am a delegated authority of The DAA Group Limited	Yes
b)	The DAA Group Limited has in place effective arrangements to avoid or manage any conflicts of interest that may arise	Yes
c)	The DAA Group 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)	The DAA Group Limited has provided all the information that is relevant to the audit	Yes
h)	The DAA Group Limited has finished editing the document.	Yes

Dated Tuesday, 6 May 2014

# Executive Summary of Audit

## General Overview

A partial provisional audit was undertaken on 17 April 2014 to establish the level of preparedness of Lady Elizabeth Home and Hospital to provide a reconfigured health and disability service. A new extension of 15 beds has been added to the service, these are dual purposed beds (rest home or hospital level of care), which can be used for rest home or hospital level of care. Lady Elizabeth Home and Hospital currently provides rest home and hospital level care for up to 43 residents (34 hospital and nine rest home at the time of audit). There are five designated beds in the existing rest home wing that are rest home only, all other beds in the service are suitable for either rest home or hospital level of care.

The service is required to ensure there is a Certificate of Public Use prior to the occupation of the new rooms. All other standards reviewed for the partial provisional audit are fully attained.

## Outcome 1.1: Consumer Rights

Not applicable to this audit.

## Outcome 1.2: Organisational Management

The service is managed to meet the needs of residents requiring rest home and hospital level of care. The service is suitably managed by the nurse manager who is a registered nurse. The nurse manager is supported by a clinical management team. The staffing for the proposed hospital level of care beds is based on contractual guidelines and the needs of the residents. The recruitment for the increased resident numbers has already been conducted and the service has sufficient staff to meet the increased needs and number of residents within the new extension. The service has a robust education programme to ensure the needs of the residents are met.

## Outcome 1.3: Continuum of Service Delivery

The service did not have any areas of required improvement in the continuum of service delivery that required to be followed up at this audit.

Safe medicine administration and storage of medicines is observed at the time of audit. Staff that perform medicine management are assessed as competent to perform their role.

The kitchen does not need to make any changes to cater for the increased number of residents; there is currently sufficient space, facilities and equipment to cater for the increased resident numbers. The kitchen service can meet the needs of residents with special and modified diets and access specialised feeding equipment to meet the residents' needs.

## Outcome 1.4: Safe and Appropriate Environment

The service is currently in the final stages of completing the decorating of the new 15 bed extension. The new extension provides an additional 15 rooms, which are suited to rest home or hospital level of care.

The inspection for the Certificate for Public Use has been conducted, through the certificate was not yet available at the time of audit. The Certificate of Public Use will be required to be finalised prior to the occupation of the new extension. The evacuation plan remains current and is approved by the fire service.

There are documented processes for the management of waste and hazardous substances in place. Visual inspection evidences compliance with appropriate legislative requirements and protective equipment and clothing is provided and used by service providers. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. There are safe and hygienic storage areas for cleaning/laundry equipment and chemicals.

A visual inspection evidences all buildings, plant and equipment in the new extension complies with legislation. The new extension includes three additional bathrooms that can be easily cleaned to comply with infection control guidelines.

At the time of audit the new extension is in the final stages of fitting out. The rooms and community areas are of a suitable size and layout for the needs of residents, staff, equipment and furnishings for hospital or rest home level of care. Documented systems are in place for essential, emergency and security services, including a comprehensive disaster and emergency management plan. Emergency equipment and supplies are checked regularly. Visual inspection of the refurbishment and extension evidences alternative energy and utility sources are maintained. There is an appropriate call bell system installed and linked to the current call bell system.

#### **Outcome 2: Restraint Minimisation and Safe Practice**

Not applicable to this audit.

#### **Outcome 3: Infection Prevention and Control**

The organisational infection prevention and control policies and procedures, along with the specialist external resources are implemented by the service and reflect accepted good practice and infection prevention and control principles in care delivery. There are adequate resources to allow for a managed environment which minimises the risk of infection to residents, staff and visitors. The programme is relevant to the size and scope of the service and is monitored by the infection control resource nurse.

## Summary of Attainment

	<b>CI</b>	<b>FA</b>	<b>PA Negligible</b>	<b>PA Low</b>	<b>PA Moderate</b>	<b>PA High</b>	<b>PA Critical</b>
<b>Standards</b>	0	14	0	1	0	0	0
<b>Criteria</b>	0	34	0	1	0	0	0

	<b>UA Negligible</b>	<b>UA Low</b>	<b>UA Moderate</b>	<b>UA High</b>	<b>UA Critical</b>	<b>Not Applicable</b>	<b>Pending</b>	<b>Not Audited</b>
<b>Standards</b>	0	0	0	0	0	0	0	35
<b>Criteria</b>	0	0	0	0	0	0	0	66

## Corrective Action Requests (CAR) Report

<b>Code</b>	<b>Name</b>	<b>Description</b>	<b>Attainment</b>	<b>Finding</b>	<b>Corrective Action</b>	<b>Timeframe (Days)</b>
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	The certificate of public use is not available at the time of audit.	Ensure the certificate of public use is obtained prior to use of the new extension.	Prior to occupancy

## Continuous Improvement (CI) Report

<b>Code</b>	<b>Name</b>	<b>Description</b>	<b>Attainment</b>	<b>Finding</b>

# NZS 8134.1:2008: 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 (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:

Lady Elizabeth Home and Hospital currently provides rest home and hospital level care for up to 43 residents. Thirty-three beds are designated as hospital level and 10 beds are designated as rest home level with five beds that can swing to hospital level care if needed. The facility had occupancy of 42 residents during the audit. A new extension of 15 beds has been added to the service, these are dual purpose beds, which can be used for rest home or hospital level of care.

The services are planned and coordinated to meet the needs of the residents requiring rest home and hospital level of care. The mission, vision, values, philosophy and purpose are clearly shown. The business plan, which shows short and medium term strategies, is in place to achieve set goals and mitigate known risk to all areas of service delivery. The nurse manager and staff management team lead the organisational strategic direction to ensure the provision of quality, safe services. The governance is last reviewed in February 2014. The financial review of the business performance is conducted annually.

The nurse manager/owner is a registered nurse (RN) with a current practising certificate (sighted). The nurse manager has the overall authority, accountability, and responsibility for the provision of services.

The relevant Aged Related Residential Care (ARRC) requirements for rest home and hospital level of care are met.

#### 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:

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

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

### **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

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
Lady Elizabeth Home and Hospital currently provides rest home and hospital level care for up to 43 residents (34 hospital and 9 rest home at the time of audit). There are five designated beds in the existing rest home wing that are rest home only, all other beds in the service are suitable for either rest home or hospital level of care. A new extension of 15 beds has been added to the service, these are dual purpose beds, which can be used for rest home or hospital level of care.
The facility is owned and managed by a registered nurse who is supported by a team of trained caregivers and registered nurses. In the nurse manager's absence, the senior staff perform the manager's role. The nurse manager reports staff are able to manage in their absence without difficulty given the long lengths of service of many staff.

Relevant ARRC requirements for rest home and hospital level of care are met.

**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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> (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

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<p>Professional qualifications are validated, including evidence of registration and scope of practice for service providers. Annual practising certificates are sighted for all staff that require them. At the previous certification audit an identified area for improvement was to ensure there is evidence of registration for the podiatrist who is providing podiatry services to the residents. This is now addressed and an area of improvement implemented since the last audit.</p> <p>The previous audit identified that there is a lack of documented evidence to reflect education and training regarding restraint minimisation and safe practice, including managing challenging behaviours. The nurse manager reports she did provide this training in 2012 and 2013, though this was not documented. The training records and attendance sheets sighted evidenced ongoing education on restraint minimisation in July 2013 and the management of challenging behaviours in February 2014. This is now addressed and an area of improvement implemented since the last audit.</p> <p>The five staff files reviewed (three RNs and two caregivers) evidence appropriate recurrent and on-going performance reviews to ensure staff safety training meets the needs of the residents. The five of five staff files reviewed evidence an orientation to the essential components of the service, which is also confirmed at interview with nurse manager, two senior RNs and the kitchen manager. The induction process for the care staff includes orientation to the essential components of the service and the essential components for each role (eg, RN, caregiver, laundry).</p> <p>The education calendar and individual staff member's education records include the required education and training for the care staff. The manager has developed an ongoing education programme for the newly employed graduate nurses to ensure they have the required skills and competency for service provision to meet the needs of residents at rest home or hospital level of care. The nurse manager reports that palliative care is one of the speciality areas of education. The education topics include manual handling, restraint minimisation, challenging behaviours, wound care, first aid and CPR, care planning and assessment skills, communication, falls management, specific medical conditions and caregiver and RN study days. The service also provides the Aged Care Education (ACE) programme for the caregivers, who do not have the national qualification. The nurse manager and two senior RNs interviewed report that the education programme is provided to ensure staff are suitably experienced</p>

and qualified to meet the needs of residents at rest home and hospital level of care.

The relevant ARRC requirements are met.

**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.

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

**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.

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

**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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> (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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> (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

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
The facility's staffing policy identifies that staffing levels will provide quality and safe care to meet the needs of the residents. Staffing levels will be in accordance with the Aged Residential Care Contract with the Ministry of Health to ensure safe staffing is maintained. Safe staffing levels are reviewed at least monthly (or when there are residents with increased needs, (eg, palliative care)) to ensure the level and standard of care required for each resident is able to be achieved.

There is at least one registered nurse onsite 24 hours a day, seven days a week. The nurse manager (RN) is onsite weekdays and is on call for all support needs 24 hours a day, seven days a week.

Rosters are available for sighting. The nurse manager has already recruited the staff required to provide rest home or hospital level of care to the new 15 bed extension. The roster sighted has the following staff: the current minimum staffing level (for 42 residents and the proposed increase to 57 residents) is two RNs and 12 caregivers (or mix of caregivers and enrolled nurses) for morning shift; two RNs and 5.5 caregivers for afternoon shift and one RN and three caregivers for the night shift.

The nurse manager and two senior RNs report that the staffing level will be adjusted according to the dependency of the residents. When residents are unwell and have increased needs the manager increases staff to ensure the needs of the residents are met.

There are sufficient kitchen, cleaning, laundry and activities staff to meet the current and anticipated needs for the service with the increase in bed numbers. The nurse manager has already completed the recruitment of the additional staff to ensure the service can provide the appropriate staffing levels for the increase in resident numbers.

The relevant ARRC requirements are met.

#### **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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> (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 1.3.12: 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:** FA

#### **Evidence:**

Medicines for residents are received from the pharmacy in the Medico pack delivery system. A safe system for medicine management is observed on the day of audit. Medicines are stored in a locked medicine trolley in the treatment room. There is a medicine fridge in the treatment room (temperatures monitored weekly).

Controlled drugs are securely stored, with one of the RNs having the key. The controlled drug register records a weekly count and six monthly reconciliation count. The controlled drugs register records that the drugs are checked out by two staff at each administration.

The eight of eight medicine charts reviewed are reviewed by the GP at least three monthly, with this review recorded on the medicine chart. All 14 medicine signing sheets are completed on the administration of medicines. The medicine charts sighted have prescriptions that contain the drug name, date, dose, time and route, that are individually signed by the GP. There is a specimen signature register maintained for all staff who administer medicines. All the medicine files reviewed have a photo of the resident to assist with the identification of the resident. Allergies are identified by a sticker alert system on the medication chart.

There are no residents who self-administer their medicines at the time of audit. There are policies and procedures to ensure a resident is assessed as competent to self-administer their medicines.

All staff who administer medicines have a current medication competency.

### **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:** 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 1.3.12.3 (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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> (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.

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

**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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>

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

### **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

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
Interview with the kitchen manager confirms that the kitchen has adequate facilities and resources to cater for the additional 15 residents. The ordering and procurement of food will increase with the increase of residents.
The service has a four week menu, with seasonal variations. The menu is reviewed by a dietitian in May 2013. The menu is reviewed using the NZ dietetics tool for the older person living in long term facilities.
A nutritional profile is completed for each resident by the RN upon entry to the service and this information is shared with the kitchen staff to ensure all needs, wants, dislikes and special diets are catered for. The nutritional profile is updated as required, with serving staff given a daily sheet which has the menu and each resident's choices. The cook receives copies of the resident's weekly weighs and any concerns and required interventions or unintentional weight loss or weight gain is discussed with the cook.
Informal interview with two residents report that the 'food today is excellent, as always'.
All aspects of food procurement, production, preparation, storage, delivery and disposal comply with current legislation and guidelines. The service has a food safety plan based on the critical control points. Fridge and freezer recordings are undertaken daily and meet requirements. The food monitoring data is analysed by management at least monthly, or more frequently if there is a concern. The kitchen staff have undertaken food safety management education appropriate to service delivery.
The relevant ARRC requirements are met.

#### **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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>

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

**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.

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

**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.

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

## **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:**

Hazardous substances are disposed of in an environmentally safe way in accordance with the safety data sheet instructions. Procedures, which are cross referenced to infection control, identify that all incidents are reported, recorded, investigated and reviewed. There is a documented procedure in place as part of the emergency plan that identifies the response to significant waste or hazardous substances. Service providers involved in the management of hazardous substances receive appropriate education to handle substances safely. Appropriate personal protective equipment (PPE) is sighted. Staff are observed using PPE appropriately at the time of audit.

ARRC requirements are met.

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

**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.

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

**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

<b>Attainment and Risk:</b> PA Low
<b>Evidence:</b>
The inspection of the Certificate of Public Use was conducted 16 April 2014, though the service has yet to receive the certificate.
The facility and all equipment are well maintained and a schedule of preventative maintenance, electrical safety checks and/or calibration is maintained. The electrical safety checks undertaken in May 2013 include medical equipment.
The new extension has an appropriate environment for rest home or hospital level of care. The physical environment promotes safe mobility and resident independence by ensuring furnishings are in good condition and that clear walkways are maintained.
The relevant ARRC requirements are met.

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

All buildings, plant, and equipment comply with legislation.

<b>Attainment and Risk:</b> PA Low
<b>Evidence:</b>
Certificate of public use has not yet arrived at the service. The inspection for the certificate was conducted 16 April 2014, though the service has yet to receive the

certificate.

**Finding:**

The certificate of public use is not available at the time of audit.

**Corrective Action:**

Ensure the certificate of public use is obtained prior to use of the new extension.

**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:** 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 1.4.3: 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:**

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 residents. There are three new bathrooms in the new extension, with each of these bathrooms having a disability access shower, toilet and hand basin. Each of the new rooms has a commode and hand washing facilities.

### **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:**

All the bedrooms in the extension provide adequate space for residents at either rest home or hospital level of care. All bedroom areas are large and allow for adequate personal space for residents with mobility aids. The layout and proposed staffing for residents assessed at hospital or rest home level of care meets the needs of the residents.

**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 manoeuvre with the assistance of their aid within their personal space/bed area.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> (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

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
There is a large communal lounge area in the new extension. There are also separate dining areas located in the existing hospital and rest home facility. All areas are spacious with natural light and easy flow of access. All residents will have access to the existing recreational, entertainment and dining facilities.

**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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>

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

## **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

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
The laundry and cleaning areas remain in the existing sections of the service. The nurse manager reports that there is adequate equipment to provide laundry and cleaning services to the 15 bed extension and that cleaning and laundry staffing has already increased in preparation for the increase in resident numbers. The facility has one laundry. Clean and dirty areas are clearly defined. The laundry uses a closed circuit chemical dispensing system. Cleaning and laundry chemicals are safely stored and labelled. Material data sheets are sighted. The nurse manager reports the methods, frequency and materials are monitored for effectiveness. Satisfaction with cleaning and laundry services is monitored through the annual satisfaction survey and informal feedback from residents and family/whanau.

The ARRC requirements are met.

### **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.

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

**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.

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

**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

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
The new extension has fire smoke detectors, alarms, sprinkler system and smoke and fire doors installed. The fire equipment is tested as required to meet building warrant of fitness requirements and annual testing of equipment occurred in July 2013. The service conducts six monthly trial evacuation drills.
The facility's emergency evacuation plan sighted was approved by the New Zealand Fire Service on 17 April 2014.
The service has a generator to provide electricity in the event of a mains failure. There are procedures in place in case of a gas, electric, or both, failures. There is at least three days food stored and the service has a water tank to provide sufficient water in an emergency. Security procedures are clearly set out in policy.
The call bell system in the new extension is linked to the current call bell system. This includes an audible call bell alarm and a visual display of the room number is shown in panels in each of the corridors. The organisation identifies and implements appropriate security arrangements relevant to rest home and hospital level of care. The staff conduct evening and night time security checks of the windows and doors.
ARRC requirements are met.

**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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> (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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> (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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>

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

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

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

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

**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.

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

## **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 areas used by residents and staff are ventilated and heated appropriately in the new extension. There are electric heaters in the corridors, communal areas and each of the new bedrooms. The bedrooms have at least one external window of normal proportions for natural light and ventilation. There are external windows and ranch sliding doors off the lounge area that provide access to the courtyard and provide natural light and ventilation.

The ARRC requirements are met.

### **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 nurse manager (infection control resource nurse) has a clear understanding of their role and responsibility in relation to infection prevention and control. The care staff at the facility have direct involvement with the identification and reporting of suspected infections to the infection control coordinator or team leader. All initial residents' infections are recorded in the resident's medication file using the infection reporting form. A monthly resident infection summary is collated by the infection control resource nurse and the data entered in the monthly surveillance data. There is an infection control committee that meets monthly. Infection control is an integral part of the service quality assurance planning.

The infection control programme is reviewed monthly as part of the infection control committee. There is a six monthly evaluation. The review, last conducted February 2014, includes revision of the documentation, surveillance outcomes, staff training and the infection control audit programme.

Staff and visitors suffering from infectious diseases are advised not to enter the facility by notices at entrances. Sanitising hand gel is available throughout the facility and there are adequate hand washing facilities for staff, visitors and residents (including the new extension). Residents suffering from infections are isolated if required. Staff policy and notices in the staff room state not to come to work when suffering from infectious diseases. If there is an outbreak staff implement actions as per outbreak planning processes in order to reduce the risk of transmission of infectious diseases, this includes limiting visitors. Staff observed at the time of audit demonstrate good infection prevention and control techniques and awareness of standard precautions such as hand washing.

The ARRC requirements are met.

**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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> (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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> (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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>

<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> (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.

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