

St Patrick's Home and Hospital Limited

Current Status: 23 July 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

An audit was conducted at St Patrick's Home to confirm the new extension meets requirements. The facility had 45 beds which could be used by residents requiring either rest home level care or hospital level care (dual purpose beds), plus an additional seven dedicated rest home beds. This was a total of 52.

The facility had built eight new bedrooms including one unit downstairs. There were now a total of 60 beds with 46 identified as hospital, 14 as rest home with six dual-purpose rooms included. Two of the new bedrooms were potentially identified as large enough for a double rest home room or a single hospital room.

The improvement required at the certification audit around care planning has been addressed.

One requirement identified at the previous audit remains around observations for residents following an un-witnessed fall.

Improvements identified at the audits completed on 23 July 2014 and 19 August 2014 are required to the following: employment of staff for the new area, medication administration system, privacy for residents who share a bedroom (new rooms only) and review of the infection prevention and control programme.

HealthCERT Aged Residential Care Audit Report (version 4.2)

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:	St Patrick's Home and Hospital Limited		
Certificate name:	St Patrick's Home and Hospital Limited		
Designated Auditing Agency:	Health Audit (NZ) Limited		
Types of audit:	Partial Provisional Audit		
Premises audited:	St Patrick's Home and Hospital		
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)		
Dates of audit:	Start date: 23 July 2014	End date: 19 August 2014	
Proposed changes to current services (if any):			
Total beds occupied across all premises included in the audit on the first day of the audit:			46

Audit Team

Lead Auditor	XXXXX	Hours on site	8	Hours off site	5
Other Auditors	XXXXX	Total hours on site	12	Total hours off site	4
Technical Experts		Total hours on site		Total hours off site	
Consumer Auditors		Total hours on site		Total hours off site	
Peer Reviewer	XXXXX			Hours	2.5

Sample Totals

Total audit hours on site	20	Total audit hours off site	11.5	Total audit hours	31.5
Number of residents interviewed	7	Number of staff interviewed	6	Number of managers interviewed	4
Number of residents' records reviewed	7	Number of staff records reviewed	6	Total number of managers (headcount)	4
Number of medication records reviewed	14	Total number of staff (headcount)	32	Number of relatives interviewed	
Number of residents' records reviewed using tracer methodology				Number of GPs interviewed	

Declaration

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

I confirm that:

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

Dated Tuesday, 26 August 2014

Executive Summary of Audit

General Overview

An audit was conducted at Saint Patricks Home to confirm the new extension meets requirements. The facility had 45 beds which could be used by residents requiring either rest home level care or hospital level care (dual purpose beds), plus an additional seven dedicated rest home beds. This was a total of 52. On the first day of the audit (23 July 2014) there were 21 rest home residents and 25 hospital residents.

The facility had built eight new bedrooms including one unit downstairs. There were now a total of 60 beds with 46 identified as hospital, 14 as rest home with six dual-purpose rooms included. On the second day of the audit, there were 21 rest home residents and 22 requiring hospital level care. Two of the new bedrooms were potentially identified as large enough for a double rest home room or a single hospital room.

The following improvement required at the certification audit around care planning has been addressed.

One requirement identified at the previous audit remains around observations for residents following an un-witnessed fall.

Improvements identified at the audits completed on 23 July 2014 and 19 August 2014 are required to the following: employment of staff for the new area, medication administration system, privacy for residents who share a bedroom (new rooms only) and review of the infection prevention and control programme.

Outcome 1.2: Organisational Management

Two directors provide oversight of the service. One takes responsibility for the financial and building component of the service and the other for care and resident requirements. The clinical manager is supported by an assistant manager who performs a management/administration role during a temporary absence. Hazards related to the building site are documented.

There is a documented rationale for determining service provider levels and skill mixes and this has been amended to include the increase in resident numbers/acuity. An improvement is required to the confirmation of the appointment of staff prior to the opening of the new beds

Outcome 1.3: Continuum of Service Delivery

Assessments, care plans and evaluations were completed by suitably qualified person on admission. The previous improvement regarding the currency of care plans had been sufficiently addressed; however there was also an improvement regarding resident observations following a fall and this still requires further improvement.

Visual inspection of the medication management system showed an appropriate and secure medicine dispensing system which will accommodate the additional residents. Staff who were responsible for administering medications had current competencies. Medication charts sampled were generated by the pharmacy, and were clearly identified for individuals, however two improvements were required. There was one medication chart which had not been signed by the resident's doctor and bulk supplies were being used for both rest home and hospital residents.

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
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 additional staff (required to accommodate the increase in capacity) have not been employed. This includes one cleaner, one cook and two care givers.	Provide evidence that additional staff have been employed.	Prior to occupancy
HDS(C)S.2008	Standard 1.3.4: Assessment	Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	PA Moderate			
HDS(C)S.2008	Criterion 1.3.4.2	The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.	PA Moderate	There is no evidence that neurological observations are completed on residents following an un-witnessed fall.	Conduct neurological observations for all residents who have an unwitnessed falls.	30
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 Moderate			

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
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 Moderate	Bulk supplies of medications are being used for rest home residents. II) One resident is being administered medication from a chart which has not been signed by the GP	Discontinue using medication held in bulk supply for rest home residents. II) Ensure all medications charts are signed by the prescribing GP.	30
HDS(C)S.2008	Standard 1.4.4: Personal Space/Bed Areas	Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	PA Low			
HDS(C)S.2008	Criterion 1.4.4.1	Adequate space is provided to allow the consumer and service provider to move safely around their personal space/bed area. Consumers who use mobility aids shall be able to safely maneuvers with the assistance of their aid within their personal space/bed area.	PA Low	Currently the two new bedrooms do not have privacy curtains or screens.	Provide curtains or screens in new bedrooms designated as potentially shared rooms	180
HDS(IPC)S.2008	Standard 3.1: Infection control management	There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be	PA Low			

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
		appropriate to the size and scope of the service.				
HDS(IPC)S.2008	Criterion 3.1.3	The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.	PA Low	The infection prevention and control programme has not been reviewed to include the increase in size and capacity	Review the infection prevention and control programme	Prior to occupancy

Continuous Improvement (CI) Report

Code	Name	Description	Attainment	Finding

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:

The mission, vision and goals of the facility are displayed in the foyer at the main entrance, included in the welcome pack for new admissions, and in the facility web site. The mission, vision and goals are not required to be updated as they fit the purpose of the residents and service including for the new bedrooms added. A business plan is documented.

Two directors provide oversight of the service. Both are on site during the audit. One takes responsibility for the financial and building component of the service and the other for care and resident requirements. One director was an enrolled nurse (does not have a current practicing certificate) and the other has a bachelor in counselling.

The clinical manager is a registered nurse with a current practising certificate in New Zealand. The manager previously worked as a nurse assistant in aged care for seven years and has undertaken post graduate education relevant to resident care and management. The clinical manager joined St Patrick's in 2011 and is currently completing a Masters in Nursing by distance learning.

The District Health Board requirements 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:

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

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): (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

Attainment and Risk: FA

Evidence:

The clinical manager is supported by an assistant manager who performs a management/administration role during a temporary absence. The senior registered nurse provides clinical cover. The assistant manager and senior nurse are clearly able to articulate and fulfil the management role, and are aware of limitations to scope of practice. The additional rooms have not impacted on the clinical and assistant manager roles.

The District Health Board requirements 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.

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: FA

Evidence:

The director and assistant manager are interviewed. All applicants are required to provide evidence of residency, qualifications and experience. Six staff records are sampled. The required practicing certificates, and evidence of previous qualifications are sighted. In addition, the provider maintains a copy of the practicing certificates of all external providers. For example, the two general practitioners (GP's), pharmacist, physiotherapist and dietician.

The skills and knowledge required for each position within the service is documented in job descriptions which outline accountability, responsibilities and authority. Job descriptions are included in each employee file.

All new staff receive an orientation to the facility and to their respective job. Both knowledge and competence is reviewed and signed off by the senior nurse or the clinical manager. Records sampled provide evidence that new staff have completed an orientation that is relevant to their job. The assistant manager reports that all new staff are assigned a 'buddy' on the first day of employment and records of buddy training are maintained and were sighted.

There is a planned programme of on-going education. Interviews with the assistant and clinical manager indicates that the training programme is appropriate to their needs. The annual training programme well exceeds eight hours annually and senior staff have specific topics relevant to their needs. The registered nurses attend external training including sessions provided by the District Health Board and have training relevant to registered nurse requirements. Staff training records are sampled and confirm attendance at all mandatory training.

Competency records are maintained for each staff member including annual medication competencies for registered nurses.

Two registered nurse files evidence current medication competency reviews. Annual performance appraisals are conducted with every staff member; records indicate that these are current.

The District Health Board 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.

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 1.2.7.3 (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): *(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.

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 1.2.7.5 (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:

There is a documented rationale for determining service provider levels and skill mixes and this has been amended to include the increase in resident numbers/acuity.

The assistant manager completes the rosters and can describe the rationale for staffing and the reasons why staffing may change. The facility is provided from a two level building with the dependent hospital residents are accommodated on the main floor and the more independent rest home residents accommodated on the lower level in a wing of units and a three-bedded annex. A registered nurse and a minimum of two care givers are always on duty. Review of rosters indicates that staffing exceeds this minimum in the mornings and evening and that the rationale is consistently implemented. Bureau staff are not used.

It is reported that the number of employees will be increased once the additional beds are occupied. Evidence of the increase will need to be provided prior to occupancy.

The documentation around staffing indicates that if the new eight beds has rest home only residents, then caregivers will be increased by 12 hours a day, kitchen/cleaner by 16 hours per week and an extra eight hours registered nurse per week. If they are filled with hospital residents, there will be 16 hours of caregiving extra a day, kitchen/cleaner by 16 hours per week and an extra 16 hours registered nurse per week.

The improvement required (identified on the 23 July 2014) remains around appointment of staff as numbers of resident increases.

The District Health Board requirements are partially 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.

Attainment and Risk: PA Low

Evidence:

There is currently one cleaner who covers the entire facility with an additional cleaner already appointed. There is also one cook. It is reported and documented in the staffing policy that an additional cook and cleaner will be employed in order to accommodate the additional residents and rooms. The assistant manager also reports that a proposal for additional laundry staff (there is currently one designated laundry person) has been forwarded to the directors and this is now documented. It is also reported that two extra care givers will be employed – now documented in the staffing policy. This will increase the number of carers on the morning shift to eight and six in the evenings. This is appropriate given the lay out of the facility, which includes two floors and a four-bedroom cottage which is not connected to the building.

Finding:

The additional staff (required to accommodate the increase in capacity) have not been employed. This includes one cleaner, one cook and two care givers.

Corrective Action:

Provide evidence that additional staff have been employed.

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 1.3.3: Service Provision Requirements (HDS(C)S.2008:1.3.3)

Consumers receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcome/goals.

ARC D3.1c; D9.1; D9.2; D16.3a; D16.3e; D16.3l; D16.5b; D16.5ci; D16.5c.ii; D16.5e ARHSS D3.1c; D9.1; D9.2; D16.3a; D16.3d; D16.5b; D16.5d; D16.5e; D16.5i

Attainment and Risk: FA

Evidence:

The previous improvement regarding care plans has been sufficiently addressed. Seven care plans are sampled (five hospital and two rest home) are reviewed. Care plans have been developed by the registered nurse and reflect the current condition of the resident. Assessments and care plans have been developed and reviewed within the required timeframes. Registered nurses interviewed report that care plans are accessible to all staff (observed) and a handover between each shift ensures continuity. Care staff complete records daily in progress notes held in individual files.

The District Health Board requirements are met.

Criterion 1.3.3.1 (HDS(C)S.2008:1.3.3.1)

Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is undertaken by suitably qualified and/or experienced service providers who are competent to perform the function.

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 1.3.3.3 (HDS(C)S.2008:1.3.3.3)

Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.

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 1.3.3.4 (HDS(C)S.2008:1.3.3.4)

The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.

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 1.3.4: Assessment (HDS(C)S.2008:1.3.4)

Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.

ARC D16.2; E4.2 ARHSS D16.2; D16.3d; D16.5g.ii

Attainment and Risk: PA Moderate

Evidence:

All residents have a nursing assessment and these are sighted in files sampled. Nursing assessments are current; however the previous improvement regarding neurological assessments following unwitnessed falls has not been sufficiently addressed.

An improvement continues to be provided to documentation of neurological observations are completed on residents following an un-witnessed fall.

The District Health Board requirements are partially met.

Criterion 1.3.4.2 (HDS(C)S.2008:1.3.4.2)

The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.

Attainment and Risk: PA Moderate

Evidence:

Seven resident files sampled (five hospital and two rest home). Assessments and individualised care plans are completed on admission. Evaluations have been completed within the past 12 months. Quality staff interview confirms organisation policy directs clinical staff to complete evaluations six monthly.

Records show that four out of four incidents have no evidence of neuro observations being completed following unwitnessed falls. Three unwitnessed falls relate to one resident over a six week period.

This is a previous corrective action, and still requires improvement.

Finding:

There is no evidence that neurological observations are completed on residents following an un-witnessed fall.

Corrective Action:

Conduct neurological observations for all residents who have an unwitnessed falls.

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

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 Moderate

Evidence:

The current robotics system meets the needs of the facility and no changes will be needed with an increase in resident numbers, however two improvements to the medication management system are required. One medication chart sampled has not been signed by the general practitioner and bulk supplies are being used for both rest home and hospital residents.

There are documented policies for procedures for medicine management which meet legislation and guidelines. Staff are assessed as competent and competency is observed. Standing orders are current and have been reviewed by the general practitioner.

A visual inspection shows that medications are stored securely. The medications trolley is stored in a locked treatment room. The organisation uses the robotics system. The controlled drug cabinet is locked within this secure area. The controlled drug register is maintained, with evidence of weekly checks and six monthly pharmacy checks.

There is evidence on individual medication charts that three monthly GP reviews are maintained. Discontinued medications signed and dated by the GP. There are currently no residents who self-medicate.

Improvements are required to the medication administration system including use of bulk supplies and prescribing.

The District Health Board requirements are partially met.

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 Moderate

Evidence:

14 medication charts are sampled. This includes ten hospital residents and four rest home residents. One medication chart is not signed by the General Practitioner (GP). Staff administer medications following a pharmacy generated medication chart and allergies are identified on individual charts, however one medication chart sampled has not been signed by the GP. Staff are currently administering from this chart.

Bulk supplies of medications which includes a variety of antibiotics are held on sight for hospital residents, however these are also being used for rest home residents and an improvement is required.

Finding:

I) Bulk supplies of medications are being used for rest home residents. II) One resident is being administered medication from a chart which has not been signed by the GP

Corrective Action:

I) Discontinue using medication held in bulk supply for rest home residents. II) Ensure all medications charts are signed by the prescribing GP.

Timeframe (days): 30 (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: 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 1.3.12.5 (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): (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

Attainment and Risk: FA

Evidence:

Food services are sufficient to meet an increase in resident numbers. The policies and procedures for food services are appropriate to the service setting. There is a summer and winter menu on a four week cycle, which has been reviewed by a dietician and a current certificate, is sighted. The dietician is also available on an 'as needed basis' to review special diets as requested by nursing staff. Evidence of dietician input is verified by clinical documentation on individual diet sheets.

The kitchen functions by utilizing commercial kitchen appliances and a cool storage area for all food supplies and no additional equipment is required to meet the needs of additional residents. Food supplies in the kitchen meet food safety standards, and food is stored appropriately. Food supplies in the kitchen are stored and dated in a cool area, and perishable food is covered and dated according to food safety standards. Food and refrigerator temperatures in the kitchen are monitored daily by the cook, and recorded. There is a residents' refrigerator in the dining area which contains food and the food is now covered and dated. This was a required improvement identified around food services during the 23 July 2014 audit. Temperature recording for the resident's refrigerator is sighted.

Resident's individual dietary needs are identified through completing a nutritional profile on admission. The kitchen is informed of new residents and their individual needs. This is confirmed with kitchen staff and diet sheets are sighted in the kitchen. These include likes, dislikes, and special dietary requirements. Residents are weighed regularly and this is evident in files sampled.

Residents report satisfaction with the meals. A current resident satisfaction survey sighted, returned a 100% satisfaction with the menu. Residents are observed being supported with lunch during the audit.

The District Health Board 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.

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

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

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

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.

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

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:

There are documented processes for the management of waste and hazardous substances. A tour of the facility confirms that processes for the collection, storage and disposal of biomedical waste, household rubbish and recyclables is in accord with infection control principles and comply with local body requirements. Cleaning and laundry staff have received training in the handling of chemicals and hazardous waste. Location of cleaning chemicals and other hazardous substances is registered in a hazardous substance list. Material safety data sheets are available in the laundry and cleaner's room. Personal protective equipment is provided and observed to be used by staff. Minutes of monthly health and safety meetings confirm that any issues related to chemicals or waste are reviewed and promptly resolved.

The District Health Board requirement is 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.

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 1.4.2: 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: FA**Evidence:**

Equipment and medical devices are maintained and suitable for the care and support of elderly, dependent residents. There is a current building warrant of fitness for the existing building (expires 28 September 2014). There is a certificate for public use that is current until the 1 April 2016. There is a certificate of compliance with inspection, maintenance and reporting procedures for the lift dated 19 August 2014. The last check occurred on 30 June 2014 in line with policy.

The residents are currently accommodated on two levels, an upper ground floor level for the hospital and more dependent rest home residents, and a suite of five units and a four bedded attached cottage for the more independent residents. There is an elevator between the levels with a current inspection certificate.

A maintenance person is employed (and interviewed) and there is an on-going programme of maintenance and improvements that is overseen by one of the directors. Bedrooms are redecorated as they become vacant.

The new extension includes seven new bedrooms (upstairs), one downstairs, and extending the upstairs lounge (that has incorporated the library, stairwell and one bedroom). A new sluice room has been added to the new wing and this is currently in use while the old sluice room is being rebuilt. At the end of the corridor with the new bedrooms, there is a new smaller lounge that has a walkway attached to the deck area. The improvement required on 23 July 2014 around completion of the extension has been met.

All bedrooms are completed as is the one bedroom unit. Work is being completed on the day of the audit on the lounge and one sluice room (gib to be put up, plastering, painting and installation of the chattels to be completed)The call bells in the existing lounge area will cover the lounge extension (3.6 metre extension of the lounge).

New beds and furnishings are in place in all bedrooms with the call bells connected. The new sluice room has all equipment in place and is operational.

The building contractor's site safety plan, nor the provider's hazard register have considered the potential harm to residents during the construction period. Hazards sighted on the day of the first audit included: furniture stacked up in areas which are accessible to residents, electrical cord running across a doorway, dust and dirt throughout the facility, hazard fencing not secure and building off cuts etc within resident areas. On the day of the second audit, there are no hazards in the new seven new bedrooms (upstairs) or in the bedroom downstairs as construction is complete and while the lounge/sluice continues to be a construction site, there is a temporary wall that has been built to separate off the building site from the existing lounge/dining area. There is also a 'danger' ribbon separating the stacked furniture in one corner of the existing lounge from the residents.

The infection control checks are monitoring cleaning and any potential construction issues/risks. These are reviewed monthly with hazard sheets able to be completed if there are any new hazards identified.

All external areas (which are accessible and used by residents) are safe and free of hazards. This includes the access way from the downstairs rooms to the internal lift, access to the external cottage and access to the units which includes the new bedroom built on at the end of the walkway.

The improvements required on 23 July 2014 around documentation of hazards and safe external areas have been met.

The District Health Board requirements are met.

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

All buildings, plant, and equipment comply with legislation.

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 1.4.2.4 (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:

Toilet, shower and bathing facilities are sufficient and appropriately equipped and furnished, for the current number and dependence of the residents. Sixteen bedrooms have either individual or shared ensuite bathrooms.

There are seven communal bathrooms shared between the remaining 33 rooms. All are equipped with walk-in showers, hand rails, privacy curtains, air conditioning vents, call bells, non-slip flooring. There is also a resident toilet off the lounge/dining room and separate facilities for staff and visitors.

All surfaces are in acceptable condition. Records sampled confirm that hot water is provided at a consistent and safe temperature.

Bathrooms in the new extension are finished and furnished with call bells installed. Furnishings are appropriate to the residents who will potentially use the rooms with rails in place.

The improvement required on 23 July 2014 around completion of the bathrooms has been met.

The District Health Board requirements are met.

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: PA Low

Evidence:

There are currently 46 bedrooms of sufficient size to accommodate residents requiring hospital level care, allowing for mobility aids, equipment and staff caring for the resident including seven new rooms assuming that there is only one resident in the room. Electric beds are provided for hospital residents and all new bedrooms have an electric bed.

There are 14 bedrooms are of sufficient size for residents requiring rest home level care with six of these identified as dual purpose rooms. There is adequate room in all bedrooms for personal possessions. Each bed space is provided with a wall light, a nurse call bell and opaque privacy curtains if the room is shared.

The improvement required on 23 July 2014 around completion of the bedrooms has been met.

There are two new bedrooms that the director identifies as potentially having two residents in them. The director states that these will only be used for married couples. Currently the two new bedrooms do not have privacy curtains or screens.

A new improvement is required to privacy for residents in new bedrooms when there are two residents.

The District Health Board requirements are partially met.

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

Attainment and Risk: PA Low

Evidence:

There are two new bedrooms that the director identifies as potentially having two residents in them. The director states that these will only be used for married couples. They are suitable to accommodate two residents requiring rest home level care or one resident requiring hospital level care.

Finding:

Currently the two new bedrooms do not have privacy curtains or screens.

Corrective Action:

Provide curtains or screens in new bedrooms designated as potentially shared rooms

Timeframe (days): 180 (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:

The main lounge, dining and activities area is accessible to all residents and there are three additional small sitting areas available.

There is a variety of seating to suit all needs as assessed by the physiotherapist. The communal areas are large enough to accommodate wheelchairs and walkers.

It is noted that the lounge is also undergoing an extension and only requires gip to be completed, plastering and painting with chattels including floor surfaces to be put in. There continues to be sufficient space in the existing lounge and dining area for all current residents.

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): (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

Attainment and Risk: FA

Evidence:

Cleaning and laundry services meet infection control requirements and are of an acceptable standard. The laundry has good separation of clean and dirty areas and the laundry equipment is well maintained and sufficient to cope with current volumes. A well-equipped cleaning trolley and a cleaning room is provided. Cleaning and laundry staff are trained by Ecolab in the use of equipment and chemicals.

Documented guidelines are available in the respective work areas. The registered nurse/ manager and assistant manager monitor cleanliness and laundry standards daily. Three monthly detailed cleaning audits are included in the internal audit schedule. Records reviewed for the last six months indicate any deficits are remedied promptly. Results of resident surveys indicate general satisfaction with cleanliness of the facility and with the care of residents' clothing.

It is noted that a proposal for additional laundry and cleaning resources is currently with the directors. Currently there is a full time cleaner seven days a week and an additional cleaner has been appointed for three hours for five days a week to cope with cleaning while there are builders on site. This position will continue to provide support for a compliment of potentially 60 residents.

Currently there are two laundry staff for eight hours a day, seven days a week. The intention is to appoint another laundry assistant for five hours a day once residents come into the new bedrooms.

The District Health Board 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.

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 1.4.6.3 (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): (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 D15.3j; D19.6

Attainment and Risk: FA

Evidence:

Appropriate processes are in place to maintain the safety and security of residents over the 24 hours and during an emergency. The Fire Service has approved the current evacuation plan and records of biannual fire safety inspections were sighted. An approval from the fire service which includes the new extension is sighted (dated June 2014) and staff have received evacuation training which includes the new fire cell (records sighted).

All staff have current first aid and CPR skills and receive training in handling medical and civil emergencies. All current bed spaces, bathroom and toilets have a nurse call bell and these were seen to be within easy reach of the resident, and call bells are located (and tested) in the new extension. The existing lounge and dining area already has call bells that are located in reach of residents and staff and this will cover the new extension of the lounge area. The new bedroom downstairs also has a call bell put in and this is already attached to the pager and panel board upstairs.

A suitable security policy and lock down process is in place. This includes a CTV camera in the office.

A 10 seater van is provided to take residents on outings. There is a fold down step for ease of access and all seats have seat belts. The van has current a warrant of fitness and the three designated drivers have current clean driving licenses. First aid and spill kits are sighted and a mobile phone is taken when out. Interview with the activities coordinator and the assistant manager indicate that there are safe processes in place for selection of suitable residents for outings and for providing adequate escorts.

There are adequate supplies of emergency equipment. This includes oxygen, first aid kits (three), civil defence kits and back up supplies. There is a rain water tank that provides emergency water enough for residents for three days to the maximum of 60 residents.

The improvement required on 23 July 2014 around installation of call bells has been met.

The District Health Board 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.

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 1.4.7.3 (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.

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

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

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

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

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.

<p>Attainment and Risk: FA</p> <p>Evidence:</p> <p>Finding:</p>
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Corrective Action:

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

Standard 1.4.8: 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:

All rooms have at least one good sized window and there is natural light for all residents downstairs.

Upstairs there is plenty of natural ventilation and any dust and dirt from the building work still being completed in the lounge extension is being contained with a wall separating the construction site from the existing lounge/dining area. Builders were observed vacuuming up dust frequently during the audit.

The improvements required on 23 July 2014 around cleaning of dust and access too natural light has been met.

The District Health Board 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: PA Low

Evidence:

The facility has a documented infection control programme that is relevant to the size and scope of the service with policies reviewed in April 2014. The infection control (IC) policy provides information and resources to inform the service providers on infection prevention and control. The delegation of infection control matters throughout the organization is clearly documented along with the infection control co-ordinator job description (job description sighted).

There is documented evidence the directors and staff receive monthly reports on infection related issues by regular reporting systems, sighted staff meeting minutes.

The provider reports they have had no outbreaks since the last audit. All staff and residents are provided with a flu infection and there are sufficient resources on site to manage an outbreak.

The infection control prevention and control during construction, renovation and maintenance is in place and there are monthly infection prevention and control construction risk assessments completed.

The infection prevention and control programme has not been reviewed to include the increase in size and capacity.

The District Health Board requirements are partially 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.

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: PA Low

Evidence:

The infection prevention and control programme is documented with policies reviewed in April 2014.

Finding:

The infection prevention and control programme has not been reviewed to include the increase in size and capacity

Corrective Action:

Review the infection prevention and control programme

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