# Millvale House Waikanae Limited

## Current Status: 9 September 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

Millvale Waikanae currently provides dedicated specialist hospital care (psychogeriatric) for up to 28 residents across two units. On the day of audit, there were 15 residents in one of the secure psychogeriatric (PG) units.

This partial provisional audit was completed to review the services readiness and appropriateness to provide hospital and rest home care (dual services) in the other 15-bed unit. The 15-bed unit is currently closed off and being renovated, refurbished in preparation for the change of care level with an increase of two beds overall. The resident rooms and communal areas including bathrooms were assessed as appropriate for providing hospital or rest home level care. It was also identified that the staffing/roster, equipment and organisational policies/procedures and processes are appropriate for also providing hospital and/or rest home level care and in meeting the needs of the residents.

The service is managed by an experienced aged care operations manager. She is supported by a clinical nurse manager, a stable staff and the management team at Dementia Care NZ.

There is an improvement required by the service around completing identified building renovations/refurbishments and medication management.

# 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:** | Millvale House Waikanae Limited |
| **Certificate name:** | Millvale House Waikanae Limited |

|  |  |
| --- | --- |
| **Designated Auditing Agency:** | Health and Disability Auditing New Zealand Limited |

|  |  |
| --- | --- |
| **Types of audit:** | Partial Provisional Audit |
| **Premises audited:** | Millvale House Waikanae |
| **Services audited:** | Hospital services - Psychogeriatric services |
| **Dates of audit:** | **Start date:** | 9 September 2014 | **End date:** | 9 September 2014 |

**Proposed changes to current services (if any):**

This partial provisional audit was completed to review the services readiness and appropriateness to provide hospital and rest home care (dual services) in a 15-bed unit resulting in an increase in capacity of two beds.

|  |  |
| --- | --- |
| **Total beds occupied across all premises included in the audit on the first day of the audit:** | 15 |

## **Audit Team**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Lead Auditor** | XXXXX | **Hours on site** | 4 | **Hours off site** | 2 |
| **Other Auditors** |  | **Total hours on site** |  | **Total hours off site** |  |
| **Technical Experts** |  | **Total hours on site** |  | **Total hours off site** |  |
| **Consumer Auditors** |  | **Total hours on site** |  | **Total hours off site** |  |
| **Peer Reviewer** | XXXXX |  |  | **Hours** | 1 |

## **Sample Totals**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total audit hours on site | 4 | Total audit hours off site | 3 | Total audit hours | 7 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of residents interviewed |  | Number of staff interviewed | 3 | Number of managers interviewed | 3 |
| Number of residents’ records reviewed | 3 | Number of staff records reviewed | 4 | Total number of managers (headcount) | 3 |
| Number of medication records reviewed |  | Total number of staff (headcount) |  | Number of relatives interviewed |  |
| Number of residents’ records reviewed using tracer methodology |  |  |  | Number of GPs interviewed |  |

## **Declaration**

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

I confirm that:

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

Dated Monday, 22 September 2014

## **Executive Summary of Audit**

**General Overview**

Millvale Waikanae currently provides dedicated specialist hospital care (psychogeriatric) for up to 28 residents across two units. On the day of audit, there were 15 residents in one of the secure psychogeriatric (PG) units (total 15 beds).
This partial provisional audit was completed to review the services readiness and appropriateness to provide hospital and rest home care (dual services) in the other 15-bed unit. The 15-bed unit is currently closed off and being renovated and refurbished in preparation for the change of care level. The resident rooms and communal areas including bathrooms were assessed as appropriate for providing hospital or rest home level care. It was also identified that the staffing/roster, equipment and organisational policies/procedures and processes are appropriate for also providing hospital and/or rest home level care and in meeting the needs of the residents.
The service is managed by an experienced aged care operations manager. She is supported by a clinical nurse manager, a stable staff and the management team at Dementia Care NZ.
There is an improvement required by the service around completing identified building renovations/refurbishments and medication management.

**Outcome 1.1: Consumer Rights**

**Outcome 1.2: Organisational Management**

Dementia Care NZ is the parent company for Millvale Waikanae and has a current charter and business plan and a quality and risk organisational plan that aligns with the business plan. The vision and values statement sets out the philosophy of the providers.
The operations manager of Millvale Waikanae reports to the general manager on a range of issues on a monthly basis. The organisation provides training days with the clinical managers and senior management team to ensure at least eight hours annually of professional development activities occurs including those related to managing a hospital. Caregivers are supported to complete ACE.
The organisation provides hospital and/or rest home level care in six of their facilities. There are relevant care and support policies including relevant clinical procedures for the management of hospital and rest home level residents.
The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice including (but not limited to) clinical procedures. Competency packages are in place.
The Staffing Levels policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. The service has developed a draft roster for the introduction of hospital and/or rest home level care. There is a RN rostered across all shifts within the service.

**Outcome 1.3: Continuum of Service Delivery**

Three resident files were reviewed as requested by the DHB. The three care plans reviewed identified required support and interventions to guide staff. The medication management system includes, medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accord with the current guidelines. There is a treatment room in the psychogeriatric (PG) unit that will be shared for both untis. Controlled drugs are stored in a locked safe in a locked cupboard in hospital treatment room. A controlled drug register is maintained. The annual in-service training also includes specific training around medication management. There is an improvement required around dating of eye ointments and expired stock medication.
The service has a central kitchen between the two unit dining rooms. The cooks have completed food safety certificates. Food safety is also completed by staff as part of the annual in-service programme. There is a dietitian contracted who reviews and advises on menus 12 monthly and more often if necessary.

**Outcome 1.4: Safe and Appropriate Environment**

The service has in place management of waste and hazardous materials policy and relevant procedures to support the safe disposal of waste and hazardous substances. There is a sluice available and chemicals are stored in locked cupboards. Protective equipment was sited in the sluice and laundry.
The service has an equipment preventative maintenance programme in place to ensure that buildings, plant, and equipment are maintained appropriately. There is a current building warrant of fitness displayed. The planned hospital/rest home unit is in the process of being renovated/refurbished.
The unit has corridors that allow residents to pass each other safely. There is sufficient space to allow the safe use of mobility equipment. Safety rails are appropriately located around the hallways and in the bathrooms. Access to the outside is appropriate for mobility equipment.
Outside area has seating and shade is provided, pathways, seating and grounds are well maintained. There are adeuqate numbers of mobility bathrooms and toilets.
Residents rooms are of sufficient space to allow care to be provided and for the safe use and manoeuvring of mobility aids and staff. There is a combined dining area and lounge area that can accommodate hospital level residents and mobility aids. There are other sitting areas available for residents.
The laundry is located off the hospital unit with dirty/clean entrance/exit and effective separation of dirty laundry.
The service provides staff training to implement its policies and procedures for civil defence, equipment and other emergencies. Fire safety and evacuation training is provided to staff during their orientation phase and at appropriate intervals, there is an approved evacuation scheme. There is no changes required to the current evacuation plan. Civil defence kit and water supply is in place and meets requirements.
Resident rooms, toilets/showers and the lounge/dining areas have call bells.
Security policy is in place and a daily security check is documented. General living areas and resident rooms are appropriately heated and ventilated

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

**Outcome 3: Infection Prevention and Control**

The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the IC team, training and education of staff. Infection control programme includes infection control objectives as part of the quality and risk management plan.

## **Summary of Attainment**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **CI** | **FA** | **PA Negligible** | **PA Low** | **PA Moderate** | **PA High** | **PA Critical** |
| **Standards** | 0 | 14 | 0 | 2 | 0 | 0 | 0 |
| **Criteria** | 0 | 36 | 0 | 2 | 0 | 0 | 0 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **UA Negligible** | **UA Low** | **UA Moderate** | **UA High** | **UA Critical** | **Not Applicable** | **Pending** | **Not Audited** |
| **Standards** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 34 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 63 |

## **Corrective Action Requests (CAR) Report**

| **Code** | **Name** | **Description** | **Attainment** | **Finding** | **Corrective Action** | **Timeframe (Days)** |
| --- | --- | --- | --- | --- | --- | --- |
| HDS(C)S.2008 | Standard 1.3.12: Medicine Management  | Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | PA Low |  |  |  |
| HDS(C)S.2008 | Criterion 1.3.12.1 | A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines. | PA Low | (i)Three eye ointments in use in the PG unit are not dated. (ii) One stock eye ointment in use but not named; (iii) There was two expired stock medications in the cupboard | (i) and (ii) Ensure eye ointments are dated and named when in use; (iii) Ensure impress stock is monitored and expired medication returned to pharmacy | 60 |
| 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 unit is in the process of being refurbished for hospital/rest home residents. | Ensure all renovations and refurbishments are completed | 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:**

Dementia Care NZ Limited (DCNZ) is the parent company for Millvale Waikanae. Millvale Waikanae provides specialist hospital – psychogeriatric care for up to 28 residents across two separate units.

The purpose of this partial provisional audit was to assess the services preparedness to provide hospital level care in one of the psychogeriatric units. This separate unit includes 15 resident rooms. With the changes to the service, the end result will be an unchanged 15 bed psychogeriatric unit and a newly renovated dual purpose 15 bed rest home/hospital unit.

DCNZ operate a number of aged care facilities throughout NZ providing rest home, hospital, medical, dementia and psychogeriatric level care. There is a corporate structure in place, which includes the two directors, a general manager, a quality systems manager, a human resources strategy and organisation support manager, a vision development coordinator, an education coordinator, a diversional therapist coordinator, a business project manager, and a regional clinical manager North Island and a regional clinical manager South Island supported by a contracted clinical advisor. They are supported by a number of corporate administration staff.

There is business plan in place for all facilities covering the period July 2014 to June 2015. The plan includes the vision and values of the organisation, strategic goals, market analysis and future directions. The vision of DCNZ is “to create a loving warm and homely atmosphere, where each person is supported to experience each moment richly." The values are “we strive to achieve this vision by promoting the uniqueness of each person, the immense value of each person, openness honesty and integrity; in these ways we enrich each person, the community and the world.”

The operations manager and a quality and systems manager for the organisation manage the quality programme. There are documented objectives for the current financial year including (but not limited to): vision and values, quality plan, health and safety, infection control, resident occupancy, benchmarking, medication management, complaints process, human resources, restraint minimisation, continuous quality improvement, communication, education and training for staff including orientation and competencies, food safety, fire and evacuation and code of residents rights.

The operations manager is an experienced manager and has been in the role for the last six years. The clinical manager (has been in the role for the last year) provides clinical oversight. The organisation provides training days with the clinical managers and senior management team to ensure at least eight hours annually of professional development activities occurs including those related to managing a hospital.
The operations manager reports directly to the general manager and the clinical manager reports directly to the regional clinical manager North Island. Manager’s training programme for all DCNZ managers, was completed mid-2014.

##### **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:**

During a temporary absence of the operations manager, the clinical nurse assumes the role. A review of the documentation, policies and procedures and discussion with staff identified that the service operational management strategies, QI programme which includes culturally appropriate care minimises risk of unwanted events and enhance quality.
There are relevant care and support policies including relevant clinical procedures for the management of hospital and rest home level residents. At Millvale Waikanae, there is currently a house GP, physiotherapist (visits two weekly currently) and a dietitian (visits monthly). There is also an organisational diversional therapy coordinator. At an organisational level, a regional clinical manager provides clinical support and leadership. Allied health professionals are accessed on an as required basis.

##### **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:**

Millvale Waikanae currently employs a total of 35 staff. There are comprehensive human resources manual, which includes policies around recruitment, selection, orientation and staff training and development. Staff orientation policy and procedures includes training and support packages for operations manager, registered nurses, caregivers, activities team, cook, and kitchen staff. There are job descriptions available for all positions and staff have employment contracts.
Four staff files were reviewed (two registered nurses, two caregivers). Performance appraisals are up to date.
The recruitment and staff selection process requires that relevant checks be completed to validate the individual’s qualifications, experience and veracity. A copy of practising certificates sighted for all registered nurses, and allied/medical staff.

Orientation programme and packages for all roles. The orientation programme is relevant to hospital/rest home level of care as well as specialist dementia care. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice.
Competency packages for registered nurses include - 'best friends' approach to care, restraint minimisation and safe practice, first aid, delirium, syringe driver, medication, neurological conditions and leadership. These are up to date.
Caregivers competency package - 'best friends' approach to care, restraint minimisation and safe practice, first aid, taking vital signs, safe medication administration, ACE programme and leadership. All staff also complete safe food handling, chemical safety, safe manual handling (hoist use), bi-cultural awareness and infection control.

An education coordinator is employed to oversee the organisation's education programme for all homes and is available to facilitate sessions. The organisation education coordinator develops the annual education plan in conjunction with the operations manager. There are essential/compulsory attendance sessions. Other topics are added to the plan as required following feedback from audits, complaints, incidents/accidents, infection, health and safety issues and quality improvement initiatives. The education coordinator manages a spreadsheet of all staff and records all completed orientations, competencies and education attended.

Currently 13 of 19 caregivers have an aged care education (ACE) qualification. The organisation supports new graduates with competency packages. All registered nurses (RN)s have commenced their professional development recognition programme (PDRP) and annual RN training is facilitated. Three sessions based around 'leadership tools' have been held with RNs.

There is an in-service calendar currently being implemented for 2014. The annual training programme well exceeds eight hours annually.

##### **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:** FA

**Evidence:**

The Staffing Levels policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. Rosters are currently in place and show staff coverage across the dementia units and the hospital unit. There is an RN on 24/7 in the hospital unit.
The service has developed a draft roster for the introduction of hospital/rest home care in the 15 bed unit. Currently the service has five registered nurses that work at Millvale Waikanae. The manager advised that further caregivers are to be employed and they are currently advertising for them. Advised that 60% of the caregivers at Millvale are registered nurses from other countries.
There is a clinical manager five days a week. This includes two days when she works as an RN on the floor.
Hospital/rest home unit (15 residents).
AM shift:
Clinical Manager 0900 – 1700 (3 days a week), 064 -1515 (2 days a week).
RN 06.45 – 1515
caregiver 0700 - 1500
caregiver 0700 - 1230
caregiver 0800 - 1230
DT 10.30-12 noon

PM shift:
RN 1500 – 2315 (shared with the PG unit)
caregiver 1500 - 2400
caregiver 1500 - 2100
caregiver 1700 - 2100
DT 1300 - 1700

Nocte:
RN 2300 – 0700 (shared with the PG unit)
caregiver 2400 -0800

DT 5.5. Hours across seven days a week

##### **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:** 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.)*

## **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:**

Three resident files were reviewed as requested by the DHB. The sample included (i) a resident with repeat falls, (ii) resident with behaviours that challenge; (iii) resident with high medical needs.

The three care plans reviewed identified; required assistance for toileting and continence management under the resident hygiene needs section. There is also an incontinence assessment and management plan completed monthly. Interviews with two caregivers in the PG unit could describe the toileting routines of residents within the unit. The unit is small, staff turnover is low and caregivers could describe how much support residents required including assistance with buttons. Resident hygiene needs section of the care plans provided adequate guidance and support required for caregivers to provide care and support.

Entries by the registered nurses in the three files had been signed including designation. There is also a signature register available.

Short term care plans reviewed in the three files included; management of an occipital wound, recurrent falls, pressure area of sacrum, acute pain management, chest infection, rashes? Allergy, skin tears and agitation. There was no residents with a current urinary tract infection (UTI), however the short term care plan (STCP) completed for a resident with a chest infection was identified.

Resident’s admission assessment clearly gathers information on resident’s preferences and daily routine such as showering. There is also a 24 hour MD care plan that includes morning, afternoon and nocte habits. These were transferred into the long term care plan (LTCP). Caregivers interviewed could describe how they manage residents that refuse to shower and how they come back later to see if it suits them then.

Mobility needs including walk schedules were in place for one resident that is a high falls risk and T belt restraint is only used as a last resort.

There was no documented evidence of anything being removed such as a walking stick or glasses for resident safety. The three files included management of behaviours that challenge including (but not limited to) change of usual wellness, and de-escalation techniques.

Activities care plans are in place for each resident. A review of the July recreation plan identified a variety of activities including activities Saturday and Sunday. With the introduction of a separate hospital/rest home unit another Diversional Therapist (DT) will be in place

##### **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 1.3.12: Medicine Management  **(**HDS(C)S.2008:1.3.12)

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

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

**Attainment and Risk:** PA Low

**Evidence:**

The medication management system includes medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice including, but not limited to: a) medication management, b) medication charting c) standing orders, d) medication storage, e) blister pack management, f) medication administration, g) specific medication devices (such as spacers, oxygen, IV therapy, sub-cut fluid administration, novo-pen, etc.) h) medication errors, i) emergency medications, j) staff training, k) storage and administration of controlled drugs, l) alternative medication and m) medication audit. The service uses robotic system for regular medication and medico blister packs for PRN medications. The RN checks these on arrival from the supplying pharmacy.
Medication reconciliation is implemented via the 'medication management on admission and transfer policy’. RN's administer medications. Orientation to medications includes a self-learning package and supervised medication rounds. Annual competency and medication education has been completed. Mary Potter hospice is accessed for advice, resources and syringe drivers as required.
The medication folder contains specimen signature list, current standing orders, medication information on common medications, chest pain protocol and transfer instructions. There is a locked medication trolley that includes the storage of medication from both units and a medication treatment room in the psychogeriatric unit. This treatment room is used for both units and this will continue with one unit becoming hospital/rest home. Controlled drugs (CD) are stored in a locked safe in a locked cupboard. A CD register is maintained and checked weekly. There is a pharmacy audit completed six monthly. The medication fridge is monitored daily. The medication charts are computer generated by the pharmacy monthly. There is impress stock in the cupboards.

There is an improvement required around stock medication and date of eye ointments.

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

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

**Attainment and Risk:** PA Low

**Evidence:**

There is a locked medication trolley that includes the storage of medication from both units and a medication treatment room in the psychogeriatric unit. This treatment room is used for both units and this will continue with one unit becoming hospital/rest home. Controlled drugs are stored in a locked safe in a locked cupboard. A CD register is maintained and checked weekly. There is a pharmacy audit completed six monthly. The medication fridge is monitored daily. The medication charts are computer generated by the pharmacy monthly. There is impress stock in the cupboards.

**Finding:**

(i)Three eye ointments in use in the PG unit are not dated. (ii) One stock eye ointment in use but not named; (iii) There was two expired stock medications in the cupboard

**Corrective Action:**

(i) and (ii) Ensure eye ointments are dated and named when in use; (iii) Ensure impress stock is monitored and expired medication returned to pharmacy

**Timeframe (days):** 60 *(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.)*

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

**Timeframe (days):**  *(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:**

There is a kitchen service manual located in the kitchen which covers all aspects of food preparation, kitchen management, food safety, kitchen cleaning, and kitchen procedures. The kitchen is located between the dining rooms of the two “homes” with the meals being served through a servery that opens out into each dining room. The kitchen doors into the dining areas are locked when not in attendance. The main entrance to the kitchen (off the main corridor) is in the renovated hospital. There is two cooks and two tea aides.

All staff have attended food handling and food safety, chemical safety and have a current first aid certificate. There is a four weekly menu in place that has been reviewed by the company dietitian. All cooking and baking is done on site. There is regular communication with the RN regarding resident dietary needs. The dietitian visits monthly. The cook receives a nutritional assessment for each new resident and is notified of any changes, special diets or weight loss. Mouli and normal diets are provided.

Resident likes and dislikes are provided to the kitchen and alternative foods are offered. Lip plates and special utensils are available as required to promote independence with meals. There is daily monitoring of hot food temperatures, chiller, fridge and freezer temperatures. Perishable foods in the chiller and fridge are dated. The dry good store have all goods sealed, labelled and off the floor. Goods are rotated with each delivery of food items. The cook is observed wearing appropriate personal protective clothing.

The dining area of the hospital/rest home has enough space to allow for mobility and immobile residents.

##### **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.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

**Timeframe (days):**  *(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:**

The service has in place management of waste and hazardous materials policy and relevant procedures to support the safe disposal of waste and hazardous substances. These include, but are not limited to: a) sharps procedure and b) cleaning/chemicals procedures and c) exposure to blood or other body fluid contamination policy. Chemicals are labelled correctly and stored safely throughout the facility. Gloves, aprons and face shields are available for staff in the sluice room, cleaners and laundry room. Staff have attended chemical safety training. The chemical supplier provides safety data sheets and conduct quality control checks on the effectiveness of chemicals. Waste management contractors deliver and collect the skips bins. Recycling of plastics occur. Approved containers are used for the safe disposal of sharps.

##### **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:** PA Low

**Evidence:**

Millvale Waikanae has a current building warrant of fitness that expires 12 June 2015. The refurbishments do not require code of compliance. The entrance to the building has been adjusted to enter to the hospital/rest home unit. There is a secure door from the hospital/rest home unit into the PG unit. The facility is divided into two “homes”, one of the psychogeriatric units is currently being refurbished to provide dual purpose care for rest home and hospital residents. There are external grounds/gardens and paths available for the hospital/rest home residents. The unit is spacious and wide corridors allow for the use of mobility equipment. Handrails are in place within the communal areas.
A maintenance person works five hours a week and on call as required. Maintenance requests are logged into a maintenance book. The operations manager co-ordinates contactors for larger repairs and maintenance. Electrical equipment is tested and tagged every two years. Clinical equipment is checked for function and calibrated annually. There is an internal and external maintenance schedule. The maintenance person completes weekly hot water temperatures in resident areas rotating the areas weekly. Temperatures are maintained at 40-45 degrees Celsius.

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

All buildings, plant, and equipment comply with legislation.

**Attainment and Risk:** PA Low

**Evidence:**

Millvale Waikanae has a current building warrant of fitness that expires 12 June 2015. The entrance to the building has been adjusted to enter to the hospital/rest home unit. There is a secure door from the hospital/rest home unit into the PG unit. The facility is divided into two “homes”, one of the psychogeriatric units is currently being refurbished to provide dual purpose care for rest home and hospital residents. There is adequate equipment for the introduction of hospital and rest home residents.

**Finding:**

The unit is in the process of being refurbished for hospital/rest home residents.

**Corrective Action:**

Ensure all renovations and refurbishments are completed

**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:**

All bedrooms are single and have hand basins. There are adequate numbers of mobility showers and toilets in the hospital/rest home unit. Fixtures, fittings and floor and wall surfaces are made of accepted materials for meeting hygiene and infection control practices and resident safety. Communal toilets and showers ensure privacy. There are appropriately placed handrails in the bathrooms and toilets. There is a visitor’s toilet being installed.

##### **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 bedrooms are single and have hand basins. There are adequate numbers of mobility showers and toilets in the hospital/rest home unit. Fixtures, fittings and floor and wall surfaces are made of accepted materials for meeting hygiene and infection control practices and resident safety. Communal toilets and showers ensure privacy. There are appropriately placed handrails in the bathrooms and toilets.

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

Adequate space is provided to allow the consumer and service provider to move safely around their personal space/bed area. Consumers who use mobility aids shall be able to safely maneuvers with the assistance of their aid within their personal space/bed area.

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.

ARC E3.4b ARHSS D15.3d

**Attainment and Risk:** FA

**Evidence:**

The unit has a spacious dining and lounge area with access to the outdoor areas. There is another smaller lounge area. Activities take place in the dining room or lounge area but other areas are able to be accessed for privacy if needed.

##### **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:**

The service has in place policies and procedures for effective management of cleaning and linen practices. There is a laundry/cleaner five hours a day across seven days. The laundry is situated in the refurbished hospital/rest home.
Colour coded linen bags and laundry is sorted into these. Soiled laundry is sorted into different coloured bags or buckets to identify type of treatment required. There is adequate washing and drying equipment to cope with the volume of laundry and personal clothing. The cleaner’s equipment chemical oasis system is kept within a locked area. Protective equipment is available in the laundry and sluice room. Feedback on the service is received through internal audits, meetings and surveys. The chemical supplier completes regular audits on the laundry and cleaning practices, efficiency of equipment and effectiveness of chemical use.

##### **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 D15.3i; D19.6

**Attainment and Risk:** FA

**Evidence:**

##### The service provides staff training to implement its policies and procedures for civil defence, equipment and other emergencies. Fire safety and evacuation training is provided to staff during their orientation phase and at appropriate intervals. Last fire drill occurred 18/8/14. There is an approved evacuation scheme (4 March 2004), no amendments are required to the evacuation scheme. There is someone on duty 24/7 with a current first aid certificate.There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence kit and water supply is in place and meets requirements.Resident rooms, toilets/showers and the lounge/dining areas have call bells. These also show up in other areas of the facility on panels. Emergency bells are heard throughout.The service policies and procedures require that contractors are appropriately identified and a Contactor’s folder is well established. Security policy is in place and a daily security check is documented.

##### **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.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

**Timeframe (days):**  *(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.

**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 1.4.8: 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:**

General living areas and resident rooms are appropriately heated with under floor heating. There is bathroom heating. Bedroom windows open safely. Residents have access to natural light in their rooms and there is adequate external light in communal areas.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

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

ARC D5.4e ARHSS D5.4e

**Attainment and Risk:** FA

**Evidence:**

The Infection Control (IC) programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The infection programme is reviewed annually (November 2013), this was completed with ICNs across the organisation.
There is an IC programme plan. There is a job description for the IC nurse and clearly defined guidelines and responsibilities for the infection control committee at service and organisational level.
There is an established and implemented infection control programme that is linked into the objectives of the quality and risk management plan for 2013-2014. The IC programme includes six objectives that include performance indicators and evaluation. The IC meeting at Millvale Waikanae meets monthly and at an organisational level six monthly. The facility has access to professional advice within the organisation, from GP's and from an IC consultant at the DHB.
The facility has adequate signage at the entrance asking visitors not to enter if they have contracted or been in contact with infectious diseases. Hand hygiene notices are in use around the facility. There is a staff health policy and staff infection and work restriction guidelines.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** Not Audited

**Evidence:**

**Finding:**

**Corrective Action:**

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