

# Oceania Care Company Limited - Atawhai Lifestyle Care & Village

---

Current Status: 23 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

Atawhai Lifestyle Care and Village (Atawhai) is currently providing 80 beds, of which 44 are for hospital level care, 36 are for rest home level care, and 10 beds provide either rest home or hospital level care (dual purpose).

This audit was undertaken to establish the level of preparedness of the provider to provide a further 12 dual purpose bedrooms from rest home level care bedrooms and increase the hospital level care bedrooms by two. The facility is operated by Oceania Care Company Limited.

There is one rea requiring improvement relating to 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

<b>Legal entity name:</b>	Oceania Care Company Limited
<b>Certificate name:</b>	Oceania Care Company Limited - Atawhai Lifestyle Care & Village
<b>Designated Auditing Agency:</b>	Health Audit (NZ) Limited
<b>Types of audit:</b>	Partial Provisional Audit
<b>Premises audited:</b>	Atawhai Lifestyle Care & Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	<b>Start date:</b> 23 September 2014 <b>End date:</b> 24 September 2014
<b>Proposed changes to current services (if any):</b> Increase the number of bedrooms from 80 to 82 by creating two hospital level care bedrooms from an existing ambulance bay and change 12 rest home level care bedrooms to provide either rest home or hospital level care (dual purpose) bedrooms.	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	77

## Audit Team

<b>Lead Auditor</b>	XXXXXX	<b>Hours on site</b>	8	<b>Hours off site</b>	4
<b>Other Auditors</b>	XXXXXX	<b>Total hours on site</b>	8	<b>Total hours off site</b>	4
<b>Technical Experts</b>		<b>Total hours on site</b>		<b>Total hours off site</b>	
<b>Consumer Auditors</b>		<b>Total hours on site</b>		<b>Total hours off site</b>	
<b>Peer Reviewer</b>	XXXXXX			<b>Hours</b>	2

## Sample Totals

Total audit hours on site	16	Total audit hours off site	10	Total audit hours	26
Number of residents interviewed	4	Number of staff interviewed	11	Number of managers interviewed	2
Number of residents' records reviewed		Number of staff records reviewed	10	Total number of managers (headcount)	2
Number of medication records reviewed	30	Total number of staff (headcount)	94	Number of relatives interviewed	3
Number of residents' records reviewed using tracer methodology				Number of GPs interviewed	

## Declaration

I, XXXXXXXX, 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 Thursday, 25 September 2014

## Executive Summary of Audit

### General Overview

Atawhai Lifestyle Care and Village (Atawhai) is currently providing 80 beds, of which 44 are for hospital level care, 36 are for rest home level care, and 10 bed provide either rest home or hospital level care (dual purpose). This audit was undertaken to establish the level of preparedness of the provider to provide a further 12 dual purpose bedrooms from rest home level care bedrooms and increase the hospital level care bedrooms by two. The facility is operated by Oceania Care Company Limited. There is an area requiring improvement relating to medication management.

### Outcome 1.2: Organisational Management

Oceania Care Company Limited is the governing body and is responsible for the service provided at Atawhai. An 'Oceania Business Plan 2014' is reviewed and includes a vision swot analysis, mission statement, values, quality objectives, action plans and objectives. Systems are in place for monitoring the service provided at Atawhai including regular monthly reporting by the business and care manager who was appointed in April 2013 to manage this facility. The business and care manager is non-clinical and is supported by a clinical manager who is responsible for overseeing clinical care provided at Atawhai.

There are policies and procedures on human resources management and the current annual practicing certificates are sighted for personnel who require them to practise. In-service education is provided at least monthly for staff and staff are also supported and encouraged to complete the New Zealand Qualifications Authority Unit Standards via the 'Oceania Certificate in Residential Care'. A review of staff records provides evidence that human resource processes are being followed, orientations are being completed and individual education records are maintained.

There is a documented rationale for determining staffing levels and skill mix in order to provide safe service delivery that is based on best practice. The minimum number of staff is provided during the night shift and consists of one registered nurse and three health care assistants. The business and care manager, clinical manager and charge nurse are rostered to provide on call after hours. Care staff interviewed report there is adequate staff available and that they are able to get through their work. The business and care manager states health care assistant's hours will be increased by four hours on the afternoon shifts in the wing where the two new bedrooms are. Once the 12 exiting rest home bedrooms become dual purpose and are occupied, staffing will be increased as required according to the dependency of residents admitted.

### Outcome 1.3: Continuum of Service Delivery

The service implements a medicines management system to manage the safe and appropriate prescribing, administration, storage, disposal and medicines reconciliation to comply with legislation, protocols and guidelines. However there was a requirement for improvement relating to review of medicines charts and the use of white-out to alter a date. All staff members who are responsible for medicines administration have annual competencies completed.

The service has two residents who self-administer medicines. The residents who self-administer medicines have assessments completed, are monitored and have secure, locked storage facilities.

The service did not use standing orders within the facility. Visual inspection of the facility confirmed medicines are kept in heat and moisture free, securely locked areas. There were three areas for storage of medicine.

Controlled drugs were kept in a double locked secure safe and the service maintained controlled drug registers to ensure stock control. The entries to the registers were legible, no white-out used, and all entries were signed and dated. Registered nurses completed weekly checks of controlled drugs. The pharmacist completed six-monthly stock take of the controlled drugs.

Food, fluid and nutritional needs of residents were identified through assessment. The kitchen is located next to the large communal rest home and hospital dining room.

Residents with special needs and or on special diets were given food that was specifically prepared for them. Residents have two meal options to choose from at meal times. Food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines.

#### **Outcome 1.4: Safe and Appropriate Environment**

The number of hospital level care bedrooms at Atawhai will increase by two providing 46 bedrooms. Twelve bedrooms currently providing rest home level care will provide either rest home level care or hospital level care (dual purpose bedrooms). This will increase the number of dual purpose bedrooms from 10 to 22. All bedrooms provide single accommodation; rest home rooms have full ensuites and hospital rooms have wash hand basins. There are adequate toilet and shower facilities throughout the facility.

Residents' rooms are large enough to allow for residents and staff to safely move around in them and for the use of equipment. Residents have access to a number of lounge areas and a large dining room. An appropriate call system is available and security systems are in place.

There are policies and procedures for waste management, cleaning, laundry and emergency management and these are known by staff. Staff receive training to ensure safe and appropriate handling of waste and hazardous substances. Visual inspection provides evidence of three sluices in each of the wings. There is safe storage of chemicals and equipment and protective equipment and clothing is provided and is used by staff.

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

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

Policies and procedures for the prevention and control of infection which comply with relevant legislation and current accepted good practice are supplied by the Oceania group and are reviewed as part of the documentation review and the policy is sighted.

## Summary of Attainment

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

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

## Corrective Action Requests (CAR) Report

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	Five of the 30 medicines charts reviewed do not have the three monthly reviews by the general practitioner completed within the required timeframe.	All medicines charts to be reviewed three monthly or more often, depending on the needs of the resident.	30

## 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:**

Oceania Care Company Limited (Oceania) is the governing body and is responsible for the service provided at Atawhai. The Oceania quality and risk management systems are implemented at Atawhai. A 'Quality Improvement Plan 2014' and an 'Oceania Business Plan' 2014 are sighted. The business plan includes scope, direction, goals, vision, values, action plans, mission statement and philosophy. The service philosophy is in an understandable form and is available to residents and their family / representative or other services involved in referring clients to the service.

Systems for monitoring the service provided at Atawhai including regular monthly reporting by the business and care manager (BCM) to Oceania support office via the Oceania intranet are in place. Reporting includes reporting on quality and risk management issues, occupancy, human resource issues, quality improvements, internal audit outcomes, and clinical indicators. Monthly business status reports are provided to the Oceania executive team and link to the organisations business plan.

The business and care manager is an experienced manager who has been in this position since April 2013, and also manages another Oceania facility nearby. The business and care manager states they have attended a facility managers training course provided by Oceania over three days in August 2013. The BCM personal file is held off site. The BCM is supported by a clinical manager (CM) who is an experienced registered nurse and who has been in this position since June 2010. Review of the CMs file evidences on-going education relevant to their position.

Atawhai is currently certified to provide rest home level care and hospital level care and has contracts with the district health board (DHB) to provide 'Aged Related Residential Care', 'Residential Intermediate Care Service', 'Long Term Support Chronic Health Conditions – Residential Care' and Respite and Day Care Services'. During this audit there are 44 residents assessed as requiring hospital level care, and 31 residents assessed as requiring rest home level care, plus two residents requiring intermediate level care.

The District Health Board contract 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:**

There are appropriate systems in place to ensure the day-to-day operations of the service continue should the business and care manager (BCM) be absent. The clinical manager relieves the BCM if they are absent. The senior change nurse deputises for the clinical manager when the clinical manager is absent.

Additional support and assistance is provided by other personnel from Oceania support office as required. Services provided meet the specific needs of the resident group within the facility. Job descriptions and interviews of the BCM and CM confirm their responsibility and authority for their roles.

The District Health Board contract 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 clinical manager is responsible for the in-service education programme at Atawhai. The CM advises an annual education plan is developed that is based on the Oceania education plan and that in-service education sessions are provided at least once a month. Staff are also supported and encouraged to complete the New Zealand Qualifications Authority Unit Standards via the Oceania Certificate in Residential Care programme. Review of the 2014 training programme and staff files, and interview of the CM and care staff confirms this.

Staff are required to attend the compulsory Oceania education sessions each year to progress through the Oceania career pathway programme. In-service education plans, staff competency registers and staff education records are maintained and are reviewed for 2014. Staff files and education file reviewed shows all care staff have attended compulsory training sessions and attendance records are sighted for all sessions.

The skills and knowledge required for each position within the service is documented in job descriptions which outline accountability, responsibilities and authority and are reviewed on staff files (10 of 10) along with employment agreements, criminal vetting, completed orientations and competency assessments. Individual records of education are maintained for each staff member.

There are policies and procedures on human resources management and the validation of current annual practising certificates for registered nurses, enrolled nurses, dietitian, pharmacists, podiatrist, physiotherapist and general practitioners (GPs) is occurring. An appraisal schedule is in place and current staff appraisals sighted on staff files reviewed. Care staff at interview confirm this.

The clinical manager (CM) is interviewed and describes the orientation programme provided at Atawhai. To improve the experience for new HCA employed, an 'Atawhai Orientation Team' has been put on place. The team consists of nine senior healthcare assistants (HCAs) and is coordinated by the CN. The senior HCAs are responsible for the orientation of new HCAs including mentoring using the 'buddy' system. Meetings are held on a as need basis to discuss the progress of new HCAs, minutes of meetings are reviewed and confirms this.

Three of three RNs and three of three health care assistants interviewed confirm they have completed an orientation, including competency assessments (as appropriate). Care staff also confirm their attendance at on-going in-service education.

The District Health Board contract 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:** FA

**Evidence:**

There is a documented rationale (Interim Staffing Policy) for determining staffing levels and skill mixes in order to provide safe service delivery that is based on best practice. The minimum number of staff is provided during the night shift and consists of one registered nurse (RN) and three health care assistants (HCAs). The BCM and CM are interviewed and state the HCA hours will be increased by four hours on afternoon shifts in the Berry wing when the two new bedrooms are occupied and staffing will be increased depending on the level of dependence of residents admitted to the dual purpose bedrooms.

The BCM works Monday to Friday and splits their time between Atawhai and another Oceania facility nearby. The CM works full time and is responsible for the clinical service and the education programme. The CM is supported by 11 Registered nurses (RN), 4 enrolled nurses (EN) and 50 health care assistants (HCA).

Care staff interviewed report there is adequate staff available and that they are able to get through the work allocated to them. Four residents and three family members interviewed report there is enough staff on duty to provide them or their relative with adequate care. Visual observations during this audit confirms adequate staff cover is provided.

The District Health Board contract requirements are met.

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

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

**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 1.3.12: 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 service implements a medicines management system to manage the safe and appropriate prescribing, administration, storage, disposal and medicines reconciliation to comply with legislation, protocols and guidelines, however there is a requirement for improvement relating to medicines charts not all having been reviewed in a timely manner and one medicines chart shows evidence of white-out having been used to alter a date. In order to mitigate risk, the organisation contacted the general practitioner during the days of audit who then completed the outstanding reviews. All staff members who are responsible for medicines administration had annual competencies completed, verified.

The service has two residents who self-administer medicines. The residents who self-administer medicines have assessments completed and are monitored for administration processes. They also have secure, locked facilities to ensure their medicines are safe. The service uses the robotic system for medicines administration.

The service does not use standing orders within the facility. Visual inspection of the facility confirms medicines are kept in heat and moisture free, securely locked areas. There are three areas for storage of medicines, two in the hospital and one in the rest home.

Controlled drugs are kept in a double locked secure safe and the service maintained controlled drug registers to ensure stock control. The entries to the registers are legible, no white-out used, and all entries are signed and dated. Registered nurses complete weekly checks of controlled drugs. The pharmacist completes six-monthly stock takes of the controlled drugs, last completed on 1 April 2014. Medicines management in-service training occurred in September 2014.

The District Health Board contract requirements are not fully 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 Low

**Evidence:**

Thirty medicines charts are reviewed. Entries are signed and dated by the general practitioner, allergies and sensitivities are recorded, photo identification of residents are present on the medicines chart, discontinued medicines are and signed and the medicines charts show evidence of having been reviewed within the last three months.

**Finding:**

Five of the 30 medicines charts reviewed do not have the three monthly reviews by the general practitioner completed within the required timeframe.

**Corrective Action:**

All medicines charts to be reviewed three monthly or more often, depending on the needs of the resident.

**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.)*

**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:**

Food, fluid and nutritional needs of residents are being provided in line with recognised nutritional guidelines. The RNs are completing the dietary assessment for residents on admission and the kitchen / laundry manager or chef receive the dietary assessment with identified special needs of residents identified, verified. The service has a process for management of residents who present with excessive weight loss. Residents with sudden weight loss are referred to the dietitian for assessment.

All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines, verified during the on-site audit. Additional snacks are available for residents when the kitchen is closed. Residents' nutritional needs and interventions are identified and documented on the care plan. Residents and family members interviewed are satisfied with the food service provided, report their individual preferences are well catered and adequate food and fluids are provided.

The kitchen / laundry manager holds a qualification in food service management and a current food safety certificate. Food temperatures are monitored daily, verified. Fridge and freezer temperature monitoring is completed three times per day, sighted. A kitchen cleaning schedule is sighted. An emergency menu plan is in place as well as emergency food stock, verified. The chef coordinates the kitchen and staff working in the kitchen.

The District Health Board contract 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><b>Attainment and Risk:</b> FA</p> <p><b>Evidence:</b></p> <p><b>Finding:</b></p> <p><b>Corrective Action:</b></p> <p><b>Timeframe (days):</b> <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><b>Attainment and Risk:</b> FA</p> <p><b>Evidence:</b></p> <p><b>Finding:</b></p> <p><b>Corrective Action:</b></p> <p><b>Timeframe (days):</b> <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 in place. Policies and procedures specify labelling requirements including the requirement for labels to be clear, accessible to read and are free from damage. Material safety data sheets are available and are sighted in the three sluice rooms. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances and education was last provided in February 2014. This finding is confirmed during interviews of domestic and care staff and review of staff education records.

Monthly visits are made by the chemical supplier representative who reviews the cleaning and laundry processes in place at Atawhai.

The BCM advises colour coded laundry bags are used by staff to use to transport waste and hazardous substances to the sluice rooms. Observation and interview of care staff confirms this. A visual inspection provides evidence that protective clothing and equipment that is appropriate to the risks associated with the waste or hazardous substance being handled are provided and is being used by staff. For example, face shields, gloves, aprons, footwear and masks are observed in the sluice room, soiled laundry storage area and in the cleaners' room.

Visual inspection of the facility provides evidence that hazardous substances are correctly labelled and the container is appropriate for the contents including container type, strength and type of lid/opening.

The District Health Board contract 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:**

The service has a building warrant of fitness (BWF) expiring on 1 August 2015, which includes the automatic sprinkler system, emergency warning system for fire and smoke detection, automatic smoke and fire doors, emergency lighting and large water supply.

The service has mechanical ventilation and air conditioning, emergency power signs and systems, fire escapes, exits, signs for communicating information relating to building evacuations and a powerful generator which had the ability to provide emergency power for up to two weeks.

The two new rooms as well as the twelve dual purpose rooms are spacious, with ample natural light and large enough access for staff members to use hoists and mobility devices.

The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of rest home and hospital level of care. The residents are provided with safe and accessible internal gardens (three in the rest home and three in the hospital) and three external areas with appropriate seating and shade.

The service implements a proactive maintenance programme.

The District Health Board contract requirements are met.

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

All buildings, plant, and equipment comply with legislation.

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

**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.

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

**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.

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

**Finding:**

**Corrective Action:**

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

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

Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.

ARC E3.3d ARHSS D15.3c

**Attainment and Risk:** FA

**Evidence:**

There are 30 bedrooms with full en-suites, this include toilet, shower and hand basin, verified. Then there are 46 hospital bedrooms (including the two new rooms) where residents share the bathroom and toilet facilities. The service has six assisted living suites with their own bathroom including a shower, toilet and basin.

In the hospital, where there are no en-suites, there are eight individual toilets with five shower and toilet combinations, one toilet bathroom combination and there is also one single standing room in the hospital. All the hospital rooms have their own basins. The service also has several toilets allocated to visitors and staff.

Hot water temperatures are checked and recorded monthly.

The District Health Board contract 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:** FA

**Evidence:**

The service provides adequate space to allow residents and staff to move safely around their personal space and bed. Rooms are large enough for staff to comfortably use hoists and allow for personal mobility aids, additional chairs and furniture in the residents' rooms. Doors to the room are wide enough for mobility aids and hoists to enter the rooms. Corridors are wide and residents using mobility aids, visitors and staff easily move passed one another in the corridors.

The service has two different configurations of rooms for residents, allowing a variety of choices in terms of layout and presentation of rooms, verified during the walk through the service, sighted the floor plans and confirmed during the business and care manager interview. The two new bedrooms are large, have easy access and are spacious enough to allow staff members to use hoists and other equipment around the bed.

The District Health Board contract requirements are 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 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 service provides adequate and appropriate access to lounge, activities and dining facilities, verified during the walk through the facility. In the hospital there is one main lounge and a quiet room that can be used for families and residents. In the rest home there is a large lounge and quiet room. The service has a very large open plan dining room next to the kitchen situated between the hospital and the rest home serving both the hospital and the rest home residents.

Each assisted living suite has an additional lounge area for residents to meet with their visitors and family in private, verified.

The District Health Board contract requirements are met.

### 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 policy and procedures and laundry policy and procedures are available as well as policies and procedures for the safe storage and use of chemicals / poisons.

All laundry is washed on site, plus laundry from two other local Oceania facilities. There is good dirty / clean flow and laundry personnel interviewed describe the management of laundry including transportation, sorting, storage, laundering, and return to residents. Clean linen is stored in the linen rooms and is stocked from the laundry.

Visual Inspection provides evidence that cleaning and laundry processes are implemented. The effectiveness of the cleaning and laundry services is audited via the internal audit programme. The last cleaning audit was completed on the 30 April 2014 with 100% compliance. The last laundry audit was completed 28 March 2013 with 100% compliance. Monthly visits from the chemical company representative and reports from the chemical company representative and completed audits for the laundry and cleaning are sent to the BCM. Cleaning staff are interviewed and they describe the management of the cleaning processes including the use of personal protective equipment. Cleaning staff are observed to be using protective clothing while cleaning. The facility is observed to be cleaned to a high standard.

Visual inspection of the facility provides evidence that safe and secure storage areas are available and staff have appropriate and adequate access to these areas as required; chemicals are labelled and stored safely within these areas; chemical safety data sheets or equivalent are available; appropriate facilities exist for the disposal of soiled water/waste; convenient hand washing facilities are available; and hygiene standards are maintained in storage areas.

Residents and a family members interviewed state they are satisfied with the cleaning and laundry service. This finding is confirmed during review of completed family / resident satisfaction surveys completed in July 2014.

The District Health Board contract 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 D15.3i; D19.6

**Attainment and Risk:** FA

**Evidence:**

Documented systems are in place for essential, emergency and security services. Policy and procedures documenting service provider/contractor identification requirements appropriate to the resident group and setting along with policy/procedures for visitor identification are sighted. There are also policy/procedures for the safe and appropriate management of unwanted and/or restricted visitors.

The BCM advises a security firm is contracted to provide a minimum of three non-scheduled visits to the facility during the night, seven days a week.

The BCM advises during interview that the fire evacuation scheme remains unchanged. The BCM advises building consent was not required as only internal walls were installed.

A New Zealand Fire Service (NZFS) letter dated 27 July 2005 is sighted advising the fire evacuation scheme is approved. The last trial evacuation was held on 16 September 2014.

All registered nurses, most health care assistants and personnel who drive the van with residents in it have current first aid training. There are at least two designated staff members on each shift with appropriate first aid training and review of a roster confirms this. A competency spreadsheet is reviewed and registered nurses, activities coordinator, health care assistants and the maintenance person have current first aid certificates.

Staff interviews and review of files provides evidence of current training in relevant areas. Staff confirm recent education on fire, emergency and security situations. Emergency and security situation education is provided to staff during their orientation phase and at appropriate intervals. Staff records sampled provides evidence of current training regarding fire, emergency and security education.

Processes are in place to meet the requirements for the 'Major Incident and Health Emergency Plan' in the Service Agreement.

A visual inspection of the facility provides evidence that: information in relation to emergency and security situations is readily available/displayed for service providers and residents; emergency equipment is accessible, stored correctly, not expired, and stocked to a level appropriate to the service setting; and oxygen is maintained in a state of readiness for use in emergency situations.

A visual inspection of the facility provides evidence that emergency lighting, torches, gas and BBQ for cooking, emergency food supplies, emergency water supply (potable/drinkable supply and non-potable/non-drinkable supply), blankets, and cell phones are available.

A call bell system is in place including the two new bedrooms and is used to summon assistance if required. Call bells are accessible / within reach, and are available in all resident areas.

The District Health Board contract 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.

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

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

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

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

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

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

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

**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:**

All areas are ventilated and heated through the use of a hot water heating system, heat pumps and a central air conditioning system, verified and confirmed at the business and care manager interview.

All rooms have large external windows and can be opened to allow natural air flow and circulation. Showers have vents and extraction fans. All bedrooms, communal areas and corridors have large external windows allowing natural light into the building, verified during the visual inspection of the facility.

The District Health board contract requirements are met.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

---

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

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

ARC D5.4e ARHSS D5.4e

**Attainment and Risk:** FA

**Evidence:**

The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters in the facility. The clinical manager is the infection control co-ordinator.

The facility has a clearly defined infection control program 2014 – 2016, last reviewed in February 2014, verified. Infection control is part of the quality meeting every month. The use of antibiotics is monitored in the infection register which includes the date the infection is identified, type of the infection, signs and symptoms of the infections, treatment and the date resolved, verified. The registered nurses commence a short term care plans and which are signed off when the infection is resolved, confirmed during the clinical manager interview and verified.

The clinical manager collates infection control data, identifies trends and participates in internal and external benchmarking, verified. Infectious diseases prevention policy is in place to prevent visitors suffering from, or exposed to and susceptible to, from exposing others while still infectious. Hand sanitizers are in the main reception area as well as in each corridor.

The service had an Influenza A and Noro Virus outbreak in September 2014. Documentation and records show that it was appropriately and effectively managed and contained. The public health services and the District Health Board were informed.

The District Health Board contract requirement is 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:** 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.)