

Logan Samuel Limited - Anne Maree Gardens

Introduction

This report records the results of a Surveillance Audit; Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of 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).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Logan Samuel Limited
Premises audited:	Anne Maree Gardens
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 29 April 2014 End date: 29 April 2015
Proposed changes to current services (if any):	Addition of hospital - medical services – stage 1 of a new build which incorporates nine hospital beds.
Total beds occupied across all premises included in the audit on the first day of the audit:	36



Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Anne Maree Gardens provides rest home and hospital services for up to 41 residents. On the day of the audit there were 36 residents receiving care. The manager is responsible for managing the service with the assistance of a senior registered nurse. The owner/director, who is a registered nurse, oversees the service.

This surveillance audit was conducted against a sub-set of the Health and Disability Services Standards and also included a partial provisional audit in relation to the addition of nine beds designated for hospital-medical care residents. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, staff, family and a general practitioner. The Manager was interviewed to establish the level of preparedness to provide additional services.

There were no areas requiring improvement in relation to the surveillance audit.

The partial provisional audit identified that improvements are required in two areas relating to the installation of equipment, resources and Certificate for Public Use (CPU). The first stage of the new build was not completed at the time of the audit.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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The service has a policy documented and implemented on open disclosure and communication is evident between the manager, all clinical staff and the general practitioner interviewed.

The complaints process is managed in a manner that complies with Right 10 of the Code. All complaints are managed effectively by the manager. Complaints are used to improve the quality of service delivery. [Click here to enter text](#)

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The organisation`s vision, values and mission are documented in the business plan. There is a documented quality and risk plan. The owner/director is on site several times a week.

The quality programme includes compliments and complaints management and incident reporting.

There is a process for reviewing policies, procedures and processes to facilitate best practice. Policies are current and available to staff. The manager is responsible for the document control processes. There is a risk management plan and risks are being identified, managed and reviewed. Internal audits and surveys are conducted. Where improvements are required this occurs in a planned manner. Essential notifications are occurring in a timely manner. Regular management, staff and residents` meetings occur.

Staff recruitment is managed effectively with annual performance appraisals completed for all staff. An orientation programme is in place for all new employees. Staff have access to relevant ongoing education.

The required staffing numbers and skill mix is implemented to ensure the residents' needs are met. Adequate care staff increases are planned for the first stage of the new build, of the additional nine beds. Registered nurses are available on all shifts and the after-hours system is well organised.

Continuum of service delivery

Includes 13 standards that support an outcome where 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.		Standards applicable to this service fully attained.
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Residents' files reviewed provided evidence that the service has systems to assess, plan and evaluate the care needs of residents. Family are involved in care planning. The residents' needs and goals are identified and reviewed within the appropriate and required timeframes. The service is well co-ordinated to promote team work and continuity of care.

The activities programme is implemented in a planned and organised manner for the residents. The activities support the interests, needs and strengths of each resident. One-on-one activities are provided as necessary. Residents and families interviewed confirmed their satisfaction with the programme.

The service has an effectively managed and safe medicine management system which is developed and implemented in line with legislative requirements and appropriate guidelines. The GP reviews all residents' medication records within the required timeframes and communicates with the registered nurses and the contracted pharmacy effectively. Staff administering medications have completed relevant medication competencies and ongoing education.

The food service is managed by experienced cooks. There is evidence of dietitian review and input into the winter and summer menus. All resident's individual dietary needs are identified, documented and reviewed on a regular basis. Monitoring of residents'

weighs occurs. Compliance with current food safety regulations and guidelines is evident. Staff have received training in food safety. Residents and families interviewed reported satisfaction with the catering service.

Service delivery meets the requirements of the partial provisional audit for the additional nine beds.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure 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.		Some standards applicable to this service partially attained and of low risk.
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Policies and procedures are available to guide staff. Appropriate supplies of personal protective equipment are readily available for staff use.

The building has a current warrant of fitness. Clinical equipment has a current calibration. Electrical safety checks of electrical appliances have been undertaken in the last six months. The security arrangements and practices are appropriate.

There are 38 beds available in the existing building while the new build is occurring. All bedrooms have hand washing facilities and bathrooms and toilets are in close proximity to the bedrooms. Call bells are present in the bedrooms and bathrooms. Personal space is sufficient for residents, including those requiring staff assistance or the use of mobility devices. There are two separate lounges and a dining area. A large deck and garden areas is available for the residents and their families to use.

Cleaning services are provided by employed staff. The laundry service is contracted. Services are monitored through the internal audit programme and residents' satisfaction survey. Residents and family confirmed the facility is kept clean, ventilated and warm.

Emergency policies and procedures provide guidance for staff in management of emergencies. Staff have first aid certificates. There is an approved fire evacuation scheme and no changes are required for the additional beds. Fire evacuation drills are conducted six monthly. Emergency supplies are available on site for use in the event of an emergency or an infection outbreak.

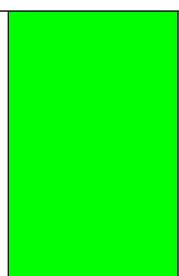
There are two areas requiring improvement identified for the new building related to the installation of equipment, resources, flooring, furniture and Certificate for Public Use (CPU), before occupancy occurs.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The service has a commitment to a 'non-restraint policy and philosophy'. The restraint minimisation and safe practice policy complies with the required Standard. There were no restraints or enablers in use at the time of the audit. Staff interviewed had a good understanding that the use of enablers was a voluntary process along with the approval and informed consent processes. Safety is promoted at all times for residents. Staff have access to education on managing challenging behaviour and safe and effective alternatives to restraint at orientation and at staff meetings.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection prevention and control programme aims to prevent the spread of infection and reduce the risks to residents, staff and visitors. The surveillance programme is appropriate for the size and nature of the services provided. Monthly surveillance data and audits are recorded, collated and reported to management, and quarterly data to the contracted infection control advisory service.

The infection prevention control programme meets the requirements of the partial provisional audit.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	23	0	2	0	0	0
Criteria	0	57	0	2	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy details the residents or family member`s right to make a complaint. The process for reporting, investigating, documenting and following up the complaint is documented and the timeframes aligned with the requirements of the Code. A new complaints form has recently been implemented.</p> <p>There have been no complaints received from the Health and Disability Commissioner (HDC), District Health Board (DHB) or Ministry of Health (MOH) since the last audit. A complaints register is being maintained. A review of one complaint selected at random verified the complaints have been investigated and responded to in a timely manner.</p> <p>All residents and families interviewed confirmed being aware of the complaints process and that they were happy with the services provided.</p> <p>The staff interviewed were able to detail their responsibilities in the event a resident made a complaint.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed. The cultural appropriateness procedure documents that residents and families who do not speak English shall be advised of the availability of an interpreter at the first point of contact with the service.</p>

<p>conducive to effective communication.</p>		<p>The service promotes an environment that optimises communication and staff education related to appropriate communication methods.</p> <p>Family interviewed confirmed they are kept informed of the resident's status, including any events adversely affecting the resident. Evidence of open disclosure is documented in the residents' files reviewed, on the accident/incident form and in the residents' progress notes.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The business plan for 2014-2015 details that Anne Maree Gardens provides a service for those who cannot live independently and who need 24 hour rest home and hospital care.</p> <p>The goals/objectives of the service are documented and include providing information about the service, to improve the quality of life of the residents, to provide and maintain a safe and healthy environment and to provide cost effective services.</p> <p>The values, vision and philosophy is detailed in the resident's admission pack.</p> <p>The facility is one of two facilities owned by the managing directors. Each facility has a manager. The organisation is working to align policies, procedures and systems across the two sites.</p> <p>The managing director advises monitoring of progress to achieve the business plan occurs by reviewing results of the quality and risk programme and through discussion at the management meetings. The minutes sighted verified the business plan is regularly reviewed.</p> <p>Partial provisional: The role and responsibilities for the manager is detailed. The owner/director is a registered nurse who has a current annual practising certificate. The manager has attended eight hours of education related to managing an aged residential care service in the last year, as required. The future developments for the service include stage one of the new build which incorporates nine hospital beds and stage two to be completed October 2015 which will provide in total another forty beds to the facility.</p>
<p>Standard 1.2.2: Service Management</p> <p>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</p>	<p>FA</p>	<p>The manager is responsible for the day to day running of the facility and is supported by a senior registered nurse. The senior registered nurse has been at the facility for approximately five years and is currently studying to become a nurse practitioner. In the absence of the manager the senior registered nurse is able to manage the facility. The owner/director is also available if and when required.</p> <p>Partial provisional: There are no changes required to the day to day running of the facility with the incorporation of the nine additional hospital-medical beds.</p>

services to consumers.		
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Policies and procedures are available to guide staff practice. The policies and procedures have been developed and reviewed in 2014 and 2015. Policies and procedures are accessible to staff. Any new policies are signed off when approved by the owner/director. Document control is well managed and archived files sighted are stored appropriately.</p> <p>There is a documented quality and risk plan which was sighted. The owner/director owns two aged care facilities Anne Maree Gardens and Anne Maree Court. A review of the quality and risk programme is undertaken with the two facility managers and the owner/director at management meetings. Topics are discussed as set out in the agenda, inclusive of hazard and risks, the results of audits, infection control data, use of restraints/enablers and incidents/accidents. The programme is reviewed annually. The report is detailed. The two facilities are able to benchmark against each other as applicable. Any corrective actions required are addressed and signed off by the manager.</p> <p>Residents' meetings are held regularly and this is an open forum for the residents to discuss any issues. Staff meetings are held monthly. The meetings are informative and staff are updated on audit results, incidents/accidents, hazards, infections, facility routines, policy/processes, staff training/education and other issues relevant to the service. Staff interviewed confirmed they are kept informed of quality and risk issues in a timely manner. Staff have been well informed of the building project taking place and safety has been promoted by management at all times.</p> <p>Staff are required to report any hazards. Where hazards/maintenance concerns have been identified these have been eliminated or minimised. The risk and hazard plans are updated on a regular basis.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>The manager and owner/director explained the incident accident reporting process. Both have a good understanding of the statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority to contact if and when required. The owner/director and the manager advised there had been one sudden death reported to the Coroner's office but this has now been effectively closed out.</p> <p>Forms, policy and procedures are up-to-date and cover the required aspects of adverse event reporting.</p> <p>One form is used to report incidents/accidents. Applicable events are reported by staff in a timely manner and are disclosed to the resident and/or designated next of kin. This is verified by resident and family members interviewed who confirmed they are always kept informed. Staff interviewed have a good understanding of their responsibilities when an incident occurs and know to report the event to the registered nurse on duty.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>The human resources documents and policies sighted meet contractual requirements. The staff recruitment policy aligns with current accepted practices. This includes staff completing an application form, police vetting, interviews being conducted and reference checks obtained. Staff have a signed employment agreement and confidentiality/privacy agreement on file. Performance appraisals are conducted at least annually and these were sighted in relevant staff files. Job descriptions are available for all staff.</p> <p>Records evidencing completion of the orientation programme were present in staff files reviewed. A 'buddy system' is in place for new staff. The Anne Maree Garden's orientation checklist is evident in all staff files. All staff receive a comprehensive handbook which covers all aspects of service delivery.</p> <p>There is a system in place for verifying the professional qualifications of the registered nurses. The manager is responsible for checking the professional qualifications annually. The contracted GP interviewed has a current annual practising certificate (APC) which has been validated, with the scopes of practice checked and recorded. Other allied health professionals associated to the service, for example, the podiatrist, physiotherapist and dietitian, are included and APCs are validated.</p> <p>Individual records of education are maintained for each staff member and copies of certificates are present in the files reviewed. In-service education and attendance records were sighted showing staff had access to regular ongoing education relevant to their roles and the service provided. There was good attendance from staff at the in-service education sessions.</p> <p>The registered nurses and care staff responsible for medication management complete the medication competencies. Records sighted evidence these have been completed.</p> <p>Partial Provisional: The staff coverage for the additional nine beds will include an extra caregiver on each shift. The senior registered nurse will move into the clinical manager role and another registered nurse will be appointed to the senior registered nurse position. This registered nurse has received additional training for this role.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service</p>	<p>FA</p>	<p>Policy details the process to determine service provider levels and skill mix to ensure safe service delivery.</p> <p>The current roster was reviewed and demonstrated that factors are taken into consideration to include the acuity and assessed needs of the residents. The agreement requirements and the ability to provide residents with appropriate cultural values and beliefs were observed.</p> <p>The rosters sighted evidence adequate coverage for the rest home each shift, seven days a week.</p>

<p>providers.</p>		<p>Registered nurses are on duty at all times due to the nature of the service. The after-hours is shared between the manager and the senior registered nurse. Casual staff is available.</p> <p>Partial Provisional: The rosters will include another caregiver on each shift. There will be no additional changes to the number of registered nurses with the additional nine beds. The staffing will increase significantly for the second stage and the manager will commence advertising for this in September. The current receptionist will move into the facility administrator position and a new receptionist will be employed.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication records reviewed provided evidence that signing sheets are dated, signed off and signatures can be verified with the specimen signature list. Photo-identification is observed on each record sighted. Allergies and sensitivities are recorded appropriately and alert stickers are available. Signature specimen lists are in the front of each medication folder for the medical and nursing staff for verification if required.</p> <p>There are no residents self-medicating. There are no standard orders. The staff responsible for medication management have all completed medication competencies and on-going education relating to medication management as verified on the education record spreadsheet reviewed.</p> <p>Medication files reviewed identify that there is a list of specimen signatures on each signing sheet. All staff who administer medicines hold a documented annual competency.</p> <p>The service implements reconciliation processes which include the checking of all blister packs for accuracy by the RNs when delivered to the facility and all medication charts are faxed to the pharmacy and checked against the medical review updates every three months. There are processes in place to rotate the stored medicines to ensure they do not expire.</p> <p>The GP conducts medicine reconciliation when residents are admitted to the service and at least three monthly thereafter. Medicine file reviews show that each medication is individually signed.</p> <p>The service has just implemented a computerised medication delivery system which is being introduced to all staff. The medicine management system is suitable for the changes from the partial provisional audit.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a</p>	<p>FA</p>	<p>Food monitoring of all the fridges and freezers occurs on a daily basis and the records reviewed show that temperatures are within the required range. All equipment and resources are readily available, inclusive of personal protective items, such as gloves, hats and aprons. The kitchen is large and areas are designated for food preparation, plating/tray system serving areas, clean and dirty areas as required. The kitchen was very clean. Daily cleaning schedules are met by the staff in all areas of the food service, as</p>

<p>component of service delivery.</p>		<p>was observed. Rubbish was stored appropriately and disposal processes are in place. Waste management protocol is followed.</p> <p>On admission a nutritional assessment is performed by the RN and a copy is provided and retained by the kitchen manager. Any special dietary requirements or special diets are recorded and acknowledged by the kitchen staff when preparing the individual meals. Birthday cakes are made when clients' celebrate this occasion</p> <p>Evidence of menu reviews being undertaken by a registered dietary service contracted to provide advice and support is completed. Changes suggested by the dietician are implemented as part of the quality programme.</p> <p>A new kitchen will be opened in four – six weeks following the audit and there will be a transition time for the changeover. The present kitchen and safe food systems meet the requirements of the partial provisional audit.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>The residents' files reviewed provided evidence of interventions that were consistent with the resident's individual needs. The residents interviewed reported they are involved in their own care and feel they are treated as an individual. The family interviewed expressed their satisfaction the service is meeting the needs of the residents.</p> <p>The service has adequate dressing and continence supplies to meet the needs of the residents. Appropriate reassessments are performed and these are sighted in the residents' records reviewed.</p> <p>The general practitioner interviewed discussed care and management of the residents and the effective communication of the RN.</p> <p>The health care assistant (HCA) interviewed reported that the care and support plans are accurate, up-to-date and identify and reflect the individual resident's needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and</p>	<p>FA</p>	<p>Information on each resident's activity needs and choices is gathered at the initial assessment and regularly reviewed thereafter. Relevant information is shared with the members of the multidisciplinary team.</p> <p>Residents' file showed that activity assessments are undertaken as part of the admission process and updated six monthly, or more often, to reflect residents' changing needs. The activities coordinator reported that activities are developed to maintain residents' skills and strengths, such as gardening or knitting. If a resident does not wish to attend any of the daily activities the activities coordinator spends</p>

<p>the setting of the service.</p>		<p>one on one time with the resident.</p> <p>Activities include church sessions, outings and 'happy hour'. Residents' meetings are held two monthly and chaired by the activities coordinator. Meeting minutes sighted identify residents' input to the activities planning process. The monthly activity planner is displayed on the notice board in the lounges. The residents and relatives interviewed reported satisfaction with the activities programme and stated they attend many of the activities offered.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Reviews and ongoing assessments of residents were clearly documented in the residents' files reviewed. The medical consultations were clearly documented on the medical clinical records sighted. Documentation demonstrates that the care and support plans are evaluated at least six monthly or more often if required. If a resident is not responding appropriately to the interventions being delivered, or their health status changes, then this is discussed with the GP.</p> <p>Residents' changing needs are clearly described in the care and support plans reviewed. Short term care and support plans are available and were sighted for wound care management, skin tears, pain management, changes in mobility, changes in food and fluid intake requirements, weight loss and skin cares.</p> <p>The multidisciplinary (MDT) reviews are organised by the RN and families are invited to attend or contribute to the review process. Family and residents confirmed their input into the MDT meeting. Family members reported that they can consult with the staff at any time if they have concerns or if there is a change in the resident's condition. The GP, nursing staff, activities coordinator contribute to the reviews.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>Partial Provisional Audit: There are documented processes for the management of waste and hazardous substances including biological hazards. The policy content aligns with current accepted practice.</p> <p>Chemicals sighted were stored in designated and secure areas. The cleaner's room is located in the existing building and has key pad access. Material safety data sheets detailing actions to take in the event of exposure were sighted for chemicals in use.</p> <p>Appropriate personal protective equipment (PPE) was available on site including disposable gloves, hair covers, aprons, masks, and face protection. An emergency kit for use in an outbreak or other significant event is available. Staff interviewed on this topic detailed that PPE was required to be worn by staff in order to minimise risk of exposure to blood and other body fluids and contaminated items/equipment. Staff advised they would report in any exposures to hazardous substances and blood and body fluids via</p>

		the incident reporting system.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>The current Building Warrant of Fitness was sighted and expires on 2 June 2015. An external company undertakes performance monitoring and electrical safety checking of clinical equipment. Electrical equipment has evidence of current electrical testing and tag checks. Maintenance requests are documented and a maintenance person is responsible for ensuring all equipment is in working order. Requested tasks have been signed off as completed. The hot water temperature in the existing facility is monitored monthly.</p> <p>Grab rails were present in the residents' corridors, residents' toilets and bathrooms. The bathroom has non-slip linoleum floor covering. Residents are able to move freely around their rooms and the facility with walking aids. The bathrooms can accommodate wheelchairs and/or shower chairs and hoists if required.</p> <p>The residents and family members interviewed confirmed the facility is appropriately furnished to create a home like environment. Furniture and fixtures were appropriate to the service setting. There is a glassed in large deck, which is a building alteration since the last audit, which provides extended living space to the facility. A shade area is available for the summer or as required. Appropriate seating is available.</p> <p>There are external exits at the rear of the building that have ramps. Residents have personalised their rooms.</p> <p>Partial provisional audit: At the time of audit, the building project is not yet completed. The grab rails have not been installed in the new wing bathrooms and toilets as yet. Not all essential equipment is available for this first stage extension. The kitchen has not been completed. No fixtures or fittings are in place on the day of the audit. The CPU is not able to be sighted.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>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.</p>	PA Low	<p>Partial Provisional Audit: The building design and layout of the residents' toilet/shower facilities was discussed with the owner/director and the building manager at the site visit. The bathrooms are located in close proximity to the shared residents' rooms. Shared bathrooms between each resident room will be utilised. There will be one single resident's bedroom only. A separate disability bathroom will be available.</p> <p>All residents' rooms have provision for a hand-basin and will have resources required for hand hygiene. Privacy locks will be available. Non-slip vinyl is being installed throughout the wing at the time of the audit. Bathroom facilities for staff are accessible in the existing building.</p>

<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Partial Provisional Audit: The design plans reviewed and visual inspection evidences large individual resident`s rooms. The wing has adequate space to enable residents to move freely within their own rooms, the dining room and the corridors if they wish. The new wing is purpose built and shows adequate space for transfers (including equipment and wheelchairs) if and when required.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>Partial Provisional Audit: There is a large kitchen which will be closely linked to the dining and lounge area. A large pantry and functional kitchen area was sighted. The residents and their families can use the dining room and lounge areas anytime. Floor coverings are being installed at the time of the audit.</p> <p>Management and staff interviewed confirmed that there will be sufficient space available for residents and support persons to meet the residents` relaxation, activity and dining needs.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Partial Provisional Audit: The owner/director interviewed described the processes that are to be implemented for monitoring cleaning and laundry processes, including extending the internal audits to cover the new build. The laundry service is currently contracted to a service provider off site and this will continue to be monitored.</p> <p>Laundry and cleaning processes are documented in readiness for the service when operating.</p> <p>The cleaning cupboard is located in the existing facility and safety is paramount. Equipment and resources are stored appropriately for the cleaning service and the storage area is locked at all times.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Partial Provisional Audit: The fire evacuation plan has been approved by the New Zealand Fire Service (NZFS) Auckland City Central District 7 June 2003. A letter reviewed 29 April 2015 is available that states a fire evacuation occurred on the 10 March 2015 and a full report was provided. The owner/director stated that fire evacuation scheme will only change when the second stage of the thirty one rooms is undertaken. This was confirmed in writing from the (NZFS).</p> <p>Processes are in place to meet the requirements for a major incident and health emergency plan. Training records provide evidence that training is provided to all staff at orientation and is ongoing.</p> <p>A visual inspection of the facility provided evidence that information in relation to emergency and security situations is available. There was evidence that emergency lighting, torches, gas and a barbecue for</p>

		<p>cooking, emergency food supplies, emergency water, blankets, and cell phones are available and will be adequate for the additional nine beds.</p> <p>A call bell system is in place and is be used for resident`s and staff to summon assistance as required. The call bells sighted in the new wing will be accessible and within reach and will be in each resident`s room and all service areas. Staff interviewed will ensure the new wing will be checked regularly in the evenings and nightshifts as per the security policy.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>Partial Provisional Audit: There are windows present in each of the residents` bedrooms. Doors and windows were sighted open due to work in progress during the audit. Heating is provided with underfloor heating being the main source of heating.</p> <p>The residents, family and staff members interviewed confirmed the facility is normally warm and well ventilated.</p>
<p>Standard 3.1: Infection control management</p> <p>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.</p>	FA	<p>The service has a documented infection control programme which is reviewed as part of the annual quality review programme. The infection control programme minimises the risk of infections to residents, staff and anyone else visiting the facility.</p> <p>The infection control coordinator is the RN. The infection control coordinator monitors for infections, uses standardised definitions to identify infections, surveillance, changes in behaviours, monitoring of organisms related to antibiotic use and the monthly surveillance record. Infection control is a standing agenda item in the staff meetings. If there is an infectious outbreak this is reported immediately to staff, management, and where required, to the DHB and public health department.</p> <p>The infection control coordinator interviewed reported that the staff have good assessment skills in the early identification of suspected infections. Residents with infections are reported to staff at handover, have short term care plans and documentation in the progress notes.</p> <p>A process is identified in policy for the prevention of exposing providers, residents and visitors from infections. Staff and visitors suffering from infectious diseases are advised not to enter the facility by notices at entrances. When outbreaks are identified in the community, notices are placed at the entrance not to visit the service if the visitor has come in contact with people or services that have outbreaks identified. Sanitising hand gel is available throughout the facility and there are adequate hand washing facilities for staff, visitors and residents. Residents suffering from infections are encouraged to stay in their rooms if required, though the infection control coordinator reports that this can be difficult at times with residents with cognitive impairment.</p>

		<p>The RN and HCAs interviewed demonstrated good infection prevention and control techniques and awareness of standard precautions, such as hand washing.</p> <p>The infection control management meets the requirements of the partial provisional audit.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and the methodology that is specified in the infection control programme. The surveillance programme reviewed is appropriate for the size and nature of the services provided.</p> <p>The infection control coordinator (ICC) is a RN with experience and knowledge in infection prevention and control. The ICC/RN explained the surveillance system, the role of ICC, responsibilities and the reporting systems in place. Information gained is reported as part of the quality management system requirements and quality improvement objectives on a monthly basis. The ICC and the GP interviewed are aware of any reporting obligations and who to contact.</p> <p>Relevant types of infections, such as urinary tract infections, lower respiratory infections, influenza, chest, skin and wound infections, oral infections, shingles and other infections are part of the surveillance programme. Surveillance forms have been developed and implemented for this purpose. Infection reports are completed and reviewed individually by the ICC. Any immediate trends, advice or information fact sheets are provided back to the service concerned. Additional advice and support on infection control matters can be sought from the microbiologist at WDHB a private Infection Control Nurse Consultant.</p> <p>HCAs reported that they are kept well informed and understood their responsibilities for reporting any signs and symptoms of a resident having an infection to the RN.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service has a commitment to a `non-restraint policy and philosophy`. The restraint minimisation and safe practice policy complies with the standard. There is no restraint or enablers in use at the time of the audit. An enabler/restraint register is available and maintained.</p> <p>Staff interviewed had a good understanding that the use of enablers was a voluntary process along with approval and informed consent processes.</p> <p>Staff have access to education on safe and effective alternatives to restraint at orientation. Managing challenging behaviour is included in the ongoing education programme.</p>

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>Equipment and resources are on order or are being stored for the new wing. On visual inspection the building contractor is in the process of preparing the floors and walls in each area of the new addition to the service. The external areas are appropriate for the residents and will be accessible. The warrant of fitness is not able to be confirmed to cover the new build.</p>	<p>There is no evidence of the equipment and resources being installed or available.</p> <p>There are no hand-basins, flowing soap or hand towel dispensers installed presently.</p> <p>Grab rails are installed in the corridors but have not been installed in the bathrooms and toilets as yet.</p> <p>The code of compliance will need to be evidenced for stage one.</p>	<p>Evidence is required that all essential equipment and resources are readily available prior to occupancy.</p> <p>The hand-basins and all resources are to be installed as required.</p> <p>Handrails are to be installed in the resident's designated bathrooms and</p>

				<p>toilets.</p> <p>A CPU is required prior to occupancy.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.3.1</p> <p>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.</p>	<p>PA Low</p>	<p>There are four shared bedrooms and one single bedroom. There is a bathroom between each double bedroom to meet the needs of the residents. The one single bedroom has a disability bathroom in close proximity.</p>	<p>Whilst there will be adequate toilets/showers conveniently located between the shared bedrooms and one in close proximity for the single bedroom to meet the needs of the residents, at the time of audit these have not been installed with all equipment and resources.</p>	<p>Ensure the bathrooms are completed with all wall and floor coverings and showers/handrails, hand basins and toilets installed.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.