

Pohlen Hospital Trust Board

Introduction

This report records the results of a 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:	Pohlen Hospital Trust Board
Premises audited:	Pohlen Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 11 May 2016 End date: 11 May 2016
Proposed changes to current services (if any):	Six additional bedrooms with ensuites have been added to the hospital. New call bells have been installed throughout the hospital.
Total beds occupied across all premises included in the audit on the first day of the audit:	22

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.

General overview of the audit

Pohlen Hospital Trust Board has built an additional wing comprising six client bedrooms with ensuites, a lounge, a 'room for solitude' and staff and storage areas. The new wing is attached to the existing inpatient ward and is scheduled to be formally opened and blessed on 13 May 2016. Pohlen Hospital will now be able to provide care for up to 33 clients including maternity, surgical, medical, rest home and hospital level of care. The new bedrooms have been designed to provide an enhanced environment for the care of clients receiving palliative care services, although will be also used to care for other clients as well. The facility is operated by a charitable trust. There are 22 clients receiving care at the time of audit.

This partial provisional audit was conducted against a subset of the Health and Disability Services Standards. The audit process included the review of policies and procedures, review of staff files, observations, and interviews with staff (including a general practitioner) and management.

At the last audit there were two areas identified as requiring improvement. These have both been addressed. There are no areas identified as requiring improvement at this audit.

There is a coordinated quality and risk programme that is appropriate for all the services provided. Staffing numbers will be adjusted over time as client occupancy increases. The new wing is fit for purpose and appropriately furnished and equipped. A Certificate for Public Use has been issued by the local district council.

Consumer rights

Not applicable to this audit.

Organisational management

Pohlen Hospital Trust Board has a documented business and strategic plan which has been developed by the Board of Trustees. The 2016 to 2019 strategic plan is currently in draft. The mission, philosophy, scope and goals/objectives of the hospital are documented and monitored. The business and strategic plan includes the development of the additional client bedrooms, clinical excellence and the aim to meet the needs of the local community. The general manager and the clinical quality manager are both experienced registered nurses. They maintain current annual practising certificates and participate in relevant ongoing education.

The quality and risk programme includes complaints and compliments, incident and accident reporting, surveillance for clients with infections, audits, satisfaction surveys/client feedback, policy/procedure review and risk and hazard identification and management. The results of quality and risk activities are discussed with staff regularly at monthly staff meetings, or sooner during shift handover where applicable. Current information and meeting minutes are also displayed for staff on the staff noticeboard. Corrective action plans are developed where required, implemented and monitored for effectiveness. No changes are required to the quality and risk programme as the result of the increase in bed numbers or services provided.

Human resources activities are managed. Staff files reviewed contained the results of police checks, employment contracts, confidentiality agreements and job descriptions. Additional staff will not be immediately required but will be recruited over time as occupancy increases. Staff performance appraisals are undertaken annually. Staff and contractors providing services have annual practising certificates where this is required.

An orientation programme is provided for new staff and records are retained. Staff have participated in regular relevant on-going education and this includes the provision of end of life care. At least one registered nurse is on duty at all times. The cook and other kitchen staff have completed food safety training. The area identified as requiring improvement at the last audit now meets the standards.

Continuum of service delivery

Services are planned and coordinated with input from the local general practitioners and/or nurse practitioner. Other health professionals including physiotherapists, a dietitian, podiatrists, an occupational therapist, and pharmacists are available if clinically indicated/appropriate. The GP's provide a 24 hour on call service at Pohlen Hospital and the GP during interview confirms this will continue for all clients including those in the new wing. Handovers currently occur between shifts and the existing process will be expanded. Appropriate equipment, furnishings and clinical consumables are available for patients in the new wing.

Staff will use the existing nursing station and medicine storage room. Arrangements are in place for the provision of all required medicines. The existing staff medicine competency process includes the use of 'Niki T' syringe pumps.

Processes are in place to identify and communicate client food preferences and /or allergies. No changes in this process is required.

Safe and appropriate environment

Policies and procedures are available to guide staff in the safe disposal of waste and hazardous substances. Appropriate supplies of personal protective equipment are readily available for staff use.

The building has a current building warrant of fitness. A Certificate for Public Use has been issued by the Matamata-Piako District Council for the new wing. Appropriate clinical equipment has been purchased for the new client area. Clinical equipment has evidence of current performance monitoring/calibration. Electrical safety checks of electrical appliances are current. The temperature of hot water in patient care areas is monitored including in the new client care areas and is now within the required temperature range. The medical gas manifold has been recently reviewed and serviced by an appropriate contractor. The two shortfalls from the last audit have been addressed.

Appropriate security processes are in place and includes monitoring by an external contractor.

With the six new client bedrooms, there are now seventeen single occupancy bedrooms, six share twin bedrooms, and one room (the observation area) contains four beds. Each bedroom has access to an ensuite, with some shared between two rooms. The six new bedrooms each have a full ensuite and are fit for purpose. Call bells are present in the bedrooms and bathrooms. The call bells have been upgraded and replaced throughout the hospital and alert to strategically located call panels and also illuminate outside the applicable room. Ceiling hoist tracks are present in the new bedrooms. The new wing contains a lounge/kitchenette and a 'room of solitude'. There is good indoor/outdoor flow with the new bedrooms having an external door to the grounds. Heat pumps have been installed in each new bedroom. Smoking is allowed only in a designated outside area.

Cleaning is now provided by employed staff. Client's personal clothing is laundered by staff. Hospital linen is processed by an external contractor.

Emergency policies and procedures provide guidance for staff in the management of emergencies. A new fire evacuation plan has been developed. All staff have been provided with training on the new fire evacuation/emergency procedures. There is always at least one registered nurse on duty with a current first aid certificate. There is sufficient utilities available for the additional clients and facility in the event of emergency. This includes a water tank, solar power and a generator.

Restraint minimisation and safe practice

Not applicable to this audit.

Infection prevention and control

The clinical quality manager is currently responsible for facilitating the Pohlen Hospital infection prevention and control programme. The programme is relevant to the services planned and provided and is being implemented.

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	18	0	0	0	0	0
Criteria	0	47	0	0	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 1.2.1: 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>Pohlen Hospital Trust Board has a documented vision 'Pohlen: where community and health come together'. The mission statement and values are reviewed regularly. A strategic planning day was held on the 4 April 2016 and a draft business and strategic plan has been subsequently developed by the general manager for the 2016 - 2019 period. This document will be reviewed by the Board of Trustees at the next meeting. The business and strategic plan includes opportunities for service development, the new inpatient beds and business growth. A focus on meeting the needs of Maori clients is included. There has been no changes to the Board of Trustees (BOT) since the February 2016 audit.</p> <p>The general manager (GM) and the Board of Trustees monitors the progress in achieving these objectives/goals via the quality and risk programme, review of client and family satisfaction and formal review of progress in meeting objectives which occurs during the monthly Board meetings.</p> <p>The day to day operations and ensuring the wellbeing of clients is the responsibility of the general manager who has been in the role for approximately two and a half years. The GM is an experienced registered nurse with a current annual practising certificate (APC). The GM has recently resigned from this position. The GM advises recruitment has not yet commenced for a replacement. The GM stated he has</p>

		<p>given a commitment to the BOT that he will remain in the GM role at Pohlen Hospital until a new GM has been recruited and orientated.</p> <p>The GM has relevant past experience in senior management roles in a variety of health services. He has a post graduate diploma in health management. The GM is assisted by the clinical quality manager (refer 1.2.2). The GM has participated in more than eight hours of education relevant to managing an aged care service as required to meet the provider's contract with Waikato District Health Board as sighted during the certification audit in February 2016.</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 services to consumers.</p>	FA	<p>In the general manager's absence the clinical quality co-ordinator (CQC) is responsible for service delivery (with the support of the Board of Trustees as and if required). The clinical quality manager is an experienced registered nurse who maintains a current annual practising certificate (APC). The clinical quality manager has been working at Pohlen Hospital for over seven years with more than two years as the clinical quality manager. The CQC can detail the changes in responsibilities in the general manager's absence.</p>
<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>There is a documented quality and risk plan and this is appropriate for facility and the services provided.</p> <p>Policies and procedures are available to guide staff practice. The policies are reviewed and updated by the general manager and clinical quality coordinator on at least a two yearly basis. A schedule is maintained detailing what policies are to be reviewed and when. Changes in policy are discussed at staff meetings and during in-service education as verified by staff and managers interviewed and referenced in meeting minutes. Document control processes are implemented and out of date policies are archived by an administrator. Clinical policies and procedures already available includes the provision of end of life cares. No additional policies have been identified as being required to be developed related to planned services that will be provided in the new wing.</p> <p>A review of the quality and risk activities is undertaken at the quality forum, the health and safety committee, and the infection prevention and control committee. Results of relevant quality and risk activities are discussed at staff meetings and displayed for staff on the staff noticeboard. The minutes of all meetings held since the Certification audit in February 2016 were reviewed. The minutes included</p>

		<p>discussions on hazards, complaints and compliments, changes to policies/procedures/practices, the results of audits, security, education/training, the use of restraint and enablers, infection data and the number and type of reported incidents, and the new wing and the planned services.</p> <p>Internal audits have been undertaken and are conducted using template forms. A schedule details what audits are to be undertaken and when. The type of audits undertaken are relevant to the services provided including end of life care. The results of five recent audits were reviewed. Overall there was good compliance by staff with the Pohlen Hospital policies and procedures. Where improvements were required these improvements have been documented, implemented and monitored for effectiveness.</p> <p>A client satisfaction survey is conducted. This is a continuous process for all clients in the maternity service, and occurs at scheduled intervals for the other categories of patients. The most recent satisfaction surveys were provided to clients in January 2016. There was a low response rate to the January survey. Family, visitors and clients also have the opportunity to complete feedback forms. These forms are readily available throughout the facility and do not have to be requested from staff. The feedback from clients as sighted continues to be very positive about staff and the services provided.</p> <p>Residents meetings occur. The most recent meeting was held in January 2016 prior to the last certification audit. A meeting is scheduled to occur later in May 2016.</p> <p>Staff are required to report any hazards. Where hazards/maintenance concerns have been identified these have been eliminated or minimised. A hazard register was available that detailed a range of hazards related to the facility/environment as well as resident care. The hazard register is current and reflective of hazards in the new wing.</p> <p>Organisation risk is monitored by the GM and the BOT. Risks related to the building of the new wing are detailed in the risk register and included in the risk review process.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment</p>	<p>FA</p>	<p>Policies detail the process that is required related to human resources practices. The policy aligns with current accepted practice. Reference checks, interview records and the results of a police check are in the three staff files reviewed who were employed since the last audit.</p>

<p>practice and meet the requirements of legislation.</p>		<p>Annual practising certificates (APC) for all registered health professionals (both employed and contracted) are verified as being current. This includes registered nurses, enrolled nurses, a dietitian, the pharmacists, physiotherapist's, podiatrist, lead maternity carers (LMCs), the general practitioners (GPs) and the nurse practitioner (NP).</p> <p>Staff confirmed they are provided with an orientation to the facility, individual clients and to their individual role and responsibilities. Records are available to evidence this. Staff are buddied with a senior staff members for a designated period which is individualised per employee. Identified competencies are assessed. Self-learning packages are completed. The existing orientation programme does not require any specific changes related to the new wing as the processes and procedures in currently in use are applicable to the new wing and services.</p> <p>Staff are required to undergo annual performance appraisals. A register is maintained to detail when these are next due and this document was sighted.</p> <p>Staff ongoing education is well planned and provided. The training is appropriate to the service setting and already includes topics relevant to the provision of end of life cares and changes in the fire and emergency procedures. Records are now available to demonstrate the cook and other kitchen staff have completed food safety training. The shortfall from the last audit now meets the standards.</p> <p>Registered nurses are required to have a current first aid certificate. Certificates sighted are current and there is ongoing monitoring of when these are due for renewal. The registered nurses are provided with training on managing maternity related emergencies. This training is scheduled to occur throughout the year.</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 providers.</p>	<p>FA</p>	<p>The policy detailing staffing requirements has been updated to include the requirements for related to the increased client numbers. The policy references staffing skill mix, client care needs, and contract requirements. The general manager is responsible for developing the staff roster. Rosters are issued in advance. The rosters for three weeks in May 2016 were sighted. There is at least one hospital aid and one registered nurse on duty at all times. During the day there are between three and four hospital aids working in the main ward. An additional hospital aid is on duty in the maternity service whenever a client is present. There are two additional registered nurses rostered on duty one day a fortnight when day surgical procedures are undertaken. Procedures are performed under local anaesthetic or with the use of intravenous sedation only. An additional RN is on</p>

		<p>duty when intravenous transfusions are scheduled. This is confirmed by staff and managers interviewed. Catering, laundry, cleaning services, activities staff and maintenance activities are also covered by rostered staff.</p> <p>During interview the managers advised there is no immediate need to increase staffing due to the opening of the six new client bedrooms as current occupancy is well within the current staffing ratio. However, over time as and when client numbers increase and/or the complexity of care increases this will be revisited. The clinical quality manager is on call when not on site and can be contacted if assistance is required.</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>	FA	<p>Policies and procedures provides guidance for staff on all relevant aspects to meet these standards. Medicines are ordered from approved suppliers. Medicines are stored securely. Controlled drugs are stored in a locked safe. Quantity stocks counts are conducted by a pharmacist on a weekly basis and this is sighted. Medicines are ordered for individual clients. A range of medicines (hospital stock) is also available for use when required. The RN and the CQM verify the processes for medicine management works very well. Processes are implemented to ensure RNs are competent with medicine management practices. This includes specific training on the use of the Niki T pumps.</p> <p>The expiry date of medicines is monitored. An emergency trolley is maintained and checked regularly.</p> <p>The GM, CQM and the GP advise the existing processes does not require any specific change as a result of the additional six client beds. All medicines will continue to be stored in the main medicine supply room; however there is a space in the new wing which could be utilised for medicine storage in the future if this was required.</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 component of service delivery.</p>	FA	<p>The kitchen team leader has been at the facility for over seven years and is employed Monday to Friday. The menu plans are three weekly and have been reviewed by a dietitian. Seasonal menus are used. The summer menu is currently being used. The kitchen service caters for all clients and is able to meet their needs as defined in the nutritional assessment performed by the registered nurses for all clients on admission. A copy is provided to the team leader for planning purposes. Any special requirements are documented on the whiteboard in the kitchen to</p>

		<p>remind staff and this is sighted during audit. The current process will be utilised to identify the nutritional needs of clients in the new wing. A range of nutritional supplements are available. This included enteral feeds where this is required.</p> <p>The team leader is responsible for ordering all food supplies. There is stated to be enough food available for up to 33 clients for at least three days in the event of emergency. Policies and procedures are available for kitchen staff. A cleaning schedule is maintained in the kitchen. The temperature of freezers and chillers is being monitored and is within the required temperature range. The team leader and staff have completed food safety training and the certificates of completion were sighted.</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>	FA	<p>Pohlen Hospital is currently providing medical, surgical, maternity, long term care (hospital and rest home level) and end of life cares. Equipment appropriate for these services is available. Pohlen Hospital currently has three Niki T pumps. In the event more are required staff are aware of how these can be accessed. No changes in clinical record documentation has been identified as required at this time. The GP interviewed confirmed that the GP service will continue to be available 24/7 to support Pohlen Hospital staff as required.</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>	FA	<p>Policies detail how waste is to be segregated and disposed. The policy content and staff practice aligns with current accepted practice.</p> <p>Chemicals sighted were stored in designated and secure areas. Chemicals used in the new wing will be stored with the existing supplies and equipment. Material safety data sheets and a reference wall chart on actions to take in the event of exposure were sighted for chemicals in use. Appropriate personal protective equipment (PPE) is available on site including disposable gloves, aprons, masks, and face protection. Glover dispensers are present in the new bathrooms.</p> <p>Staff are required to report any inadvertent exposures to hazardous substances and blood and body fluids via the incident reporting system.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate,</p>	FA	<p>There is a current building warrant of fitness (expiry 1 September 2016). Staff from the Matamata-Piako District Council have conducted an inspection of the new wing</p>

<p>accessible physical environment and facilities that are fit for their purpose.</p>		<p>on the day of audit and issued a 'Certificate for public use' for the new wing and this was sighted. The new wing is near the hospital's main lounge and dining room and extends from the end of the hospital's main corridor.</p> <p>An external company undertakes performance monitoring and electrical safety checking of clinical equipment and this is current. This includes the endoscope reprocessor. Ceiling hoist tracks are present in the six new bedrooms. These have been inspected and approved by the supplier. Two additional ceiling hoists have been purchased for the new wing. These also have undergone performance monitoring checks.</p> <p>Hot water testing is conducted of all taps and shower rooms/areas in the existing facility and in the new wing. Tempering valves have been installed where required and the temperature of hot water is now within the required range in all client areas. The shortfall from the last audit meets the standards. The medical gas manifold has been serviced by the medical gas supplier and records verifying this sighted. This also now meets the standards. Medical gas is not piped into the new patient area. Rather, bottles of medical gas or, the use of an oxygen concentrator will be utilised as and when required.</p> <p>Grab rails are present in the new patient shower and toilet areas. Grab rails have also been installed in the corridor areas.</p> <p>The new bathroom floors have non slip linoleum floor covering. Furniture and fixtures were appropriate to the service setting and client needs. Specialised equipment including air mattresses, low low beds, sensor mats, intravenous infusion pumps and other equipment are available.</p> <p>The six new client bedrooms are spacious. Each contains a large wardrobe, bedside locker, armchairs, an electric bed, and a wall mounted pull down bed that family or friends can use. Loan beds have been provided by the supplier while the Pohlen Hospital purchased items are in transit.</p> <p>The six new client bedrooms have an external door outside that can be used to directly access the grounds and garden. Decking in this area is in the process of being completed.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities Consumers are provided with adequate</p>	<p>FA</p>	<p>All of the six new bedrooms have an ensuite bathroom with a shower, hand basin and toilet. Privacy locks are present on bathroom doors. Each shower has a wall mounted shower chair installed. Another hand basin is also present in the</p>

<p>toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		<p>bedrooms. There is one additional bathroom in the new wing that the public can use.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>With the completion of the six new client bedrooms, there is now seventeen single occupancy rooms, six double occupancy rooms and a four bed room in the observation area. The new client bedrooms are fit for purpose and contains sufficient space for the clients, personal possessions and use of mobility devices if required. Ceiling mounted hosts are present in each room.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The new wing contains a lounge and kitchenette. This is closely located to the Pohlen Hospital activities room, and lounge and dining area. A 'room of solitude' has been developed in the new wing. The intended purpose of this area is to provide a private area for family and friends to spend with a deceased client prior to being transported from the Pohlen Hospital site.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Policies detailed how the cleaning and laundry services are to be provided. Cleaning services are now undertaken by employed staff rather than contractors. This change occurred at the end of February 2016. Staff report and the internal audit (April 2016) verifies the standard of cleaning has improved. The existing cleaning processes will be undertaken in the new wing. The household linen is laundered off site by a commercial laundry. Long term care client's personal linen is washed onsite. There will be no changes in processes required for the clients receiving services in the six new bedrooms. An audit of the laundry services was conducted in March 2016 and showed a high level of compliance with the organisations policies. The client satisfaction includes question on the cleaning and laundry services. The results from January 2016 were sighted and the feedback was positive. Chemicals are stored in designated secure cupboards in the main hospital corridor. Instructions for managing emergency exposures to chemicals is readily available to</p>

		staff.
<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>	FA	<p>The fire evacuation plan has been updated to include the new wing. The updated fire evacuation plan was approved by the New Zealand Fire Service (NZFS) in an electronic communication sighted dated 7 March 2016. All staff and managers have completed training in March 2016 on the updated fire evacuation plan and emergency management procedures in the new wing. Policy documents and a wall mounted emergency 'flip chart' located in the staff office includes guidance for staff on responding to a range of emergency events, including (but not limited to) earthquake, communication or utility failure and mass casualty events.</p> <p>Registered nurses have a current first aid certificate. At least one RN is rostered on duty at all times. Registered nurses are also provided with training on managing obstetric emergencies and infant resuscitation.</p> <p>There are supplies available of lighting, blankets and other clinical supplies for use in emergency. A sufficient supply of dry foods for up to 33 clients was also available.</p> <p>A 25000 litre fresh water tank is on site. There is a diesel generator and fuel on site. An uninterrupted power supply (UPS) is connected to the server and the telephone system. Solar panels assist with hot water heating. Managers have a mobile phones and there are four 'walky talkies' for internal communication in the event of emergency.</p> <p>Call bells have been upgraded throughout the hospital since the certificate audit in February 2016. Call bells are present in the new ensuite bathrooms and the new client bedrooms. They alert audibly and a light also illuminates outside the applicable room and on strategically located central call bell panels. The call bells alert a different sound and colour coding if the emergency bell is activated. The call bells were tested in the new client care areas and are accurately identified on the applicable panels.</p> <p>The hospital aids interviewed advised the external doors and windows are routinely checked and locked prior to darkness. This process will extend to the new wing.</p> <p>A security company is contracted to undertake external checks of the building every night. The security and police are to be contacted by staff in the event of any security concerns. There is a personal panic alarm that night staff are able to use to activate help from the security contractors if required. The main door is closed and</p>

		secured at 5 pm. There is an external door to the new wing. A call bell is present which is linked to the call bell system.
<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>There are windows present in the new client bedrooms. Each bedroom has a door to the outside deck. Doors and windows are sighted open during the audit. Heating or cooling is provided as required from wall mounted heat pumps in each client's bedroom. There is a heat pump in the lounge and in the 'room of solitude'.</p> <p>There is a designated area outside for use by clients and staff who smoke.</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>Pohlen Hospital has a documented infection control programme. The clinical quality manager is responsible for facilitating this programme although is working with a recently re-employed RN to share some of the responsibilities. The programme is appropriate to the service setting and requires no specific changes related to the increase in certified bed numbers. The infection prevention and control programme includes surveillance for clients with infections, staff and client immunisation, educations, undertaking audits and communicating with clients and family members. Relevant issues are evaluated, and discussed as a component of a number of staff meetings.</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.

No data to display

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.