

CHT Healthcare Trust - Hightfield Home and Hospital

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 Health and Disability Auditing New Zealand 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: CHT Healthcare Trust

Premises audited: Highfield Home and Hospital

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric);
Dementia care

Dates of audit: Start date: 2 March 2017 End date: 2 March 2017

Proposed changes to current services (if any): The partial provisional was completed for a new facility based in Te Awamutu. Highfield Home and Hospital is to be part of the CHT group of facilities. The facility is a new purpose-built facility applying to provide three levels of care (hospital – geriatric/medical, rest home and dementia) for up to 60 residents. The facility is all one level and divided into three wings (each with two 'suites of 10 beds'). Each suite has a large lounge and open plan dining area with a

kitchenette. Two wings include two 10-bed suites in each wing for a total of 40 dual-purpose hospital/rest home level beds. The third wing is a secure dementia unit and has two 10-bed suites (with access between the two suites for staff and residents).

The service has applied to HealthCERT for hospital – geriatric and rest home level care (including dementia). This audit also included verifying the appropriateness of adding ‘medical’ to the hospital level certification.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

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.

General overview of the audit

Highfield Home and Hospital is to be part of the CHT group of facilities. The facility is a new purpose-built facility applying to provide three levels of care (hospital/medical, rest home and dementia) for up to 60 residents. The facility is all one level and divided into three wings (each with two 'suites of 10 beds'). Two wings are dual-purpose hospital/rest home level of care (40 beds). One wing (consisting of two suites) is secure and is the secure dementia unit (20 beds). The service plans to admit the first residents on 12 April 2017. Initially residents will be admitted to one dementia suite and one dual-purpose suite which are close in proximity.

Highfield Home and Hospital has set a number of quality goals around the opening of the facility and these also link to the organisation's strategic goals.

Standardised policy and procedure, annual education programme, core competency assessments and orientation programmes are implemented at all CHT sites. CHT has robust quality and risk management systems implemented across its facilities. There is a project management plan around opening of the new facility. A facility manager has commenced in the position to manage the

smooth transition and opening of the service. The manager (RN) has aged care and management experience within CHT in facility management roles, having transferred from an existing facility.

This audit identified improvements required around completing the required CPU, evacuation approval, staff appointments, orientation and fire evacuation/emergency training.

Consumer rights

N/A

Organisational management

The organisation has well-developed policies and procedures that are structured to provide appropriate care for residents that require geriatric hospital (medical), rest home and dementia level care. A project plan that includes goals, including the completion of the building, staffing, opening and quality goals for the first six months has been developed and reviewed at least weekly.

There is a comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies. A one week orientation for all staff that covers company culture and all orientation competencies is planned for the week prior to the first residents being admitted.

An annual education schedule is to be commenced on opening. A draft staffing roster is in place for all areas of the facility.

Continuum of service delivery

The organisations medication policy and procedures follow recognised standards and guidelines for safe medicine management practice.

The service is planning to use robotic sachets. There is a secure treatment room for the facility. New medication trolleys have been purchased for each unit. Staff will complete medication competencies at induction.

The new kitchen is spacious and includes two areas; one for cooking and one for clearing up. The large spacious kitchen included freezers, a chiller and walk-in pantry. The food service is to be provided by an external contractor.

Each unit has an open kitchenette with a servery out to the dining areas. Hot boxes have been purchased to transport the food from the main kitchen to the kitchenettes in each area.

Safe and appropriate environment

The facility is purpose-built and spacious. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Highfield.

There is a centrally located nurse station and staff are dedicated to certain suites. This ensures that staff are in close contact with residents even when attending to paper work or meetings.

All rooms and communal areas allow for safe use of mobility equipment. The facility has carpet throughout the dual-purpose rooms and communal areas in the dementia suites hallways and common areas with vinyl surfaces in dementia unit bedrooms, bathrooms/toilets and kitchen areas. There is adequate space in each suite for storage of mobility equipment.

There is a chattel list developed and approved by head office for all new equipment (including medical equipment) for the new facility. All rooms and ensuites have been designed for hospital level care. One dual-purpose wing (Koru), has large ensuites in all rooms that are suitable to meet the needs of hospital level residents. The second dual-purpose wing (Mana) with two suites and

the wing containing the two dementia suites (Wairua) have an ensuite toilet in each room and two large bathroom/shower/toilets in each suite (for 10 residents). The dementia unit is spacious and includes a large external garden/courtyard.

There is a large, open plan lounge/dining area in each suite with another smaller quiet area shared between the two dementia suites. Additionally, there is a separate whānau room for the use of all whānau at the facility.

Appropriate training, information and equipment for responding to emergencies is provided at induction and as part of the annual training programme. The call bell system is available in all areas with visual display panels.

The facility is appropriately heated and ventilated. There is individually controlled heating in resident rooms and heat pumps in hallways and lounge areas.

Restraint minimisation and safe practice

N/A

Infection prevention and control

The infection control (IC) programme and its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. There is a job description for the IC coordinator and clearly defined guidelines. The IC programme is designed to link to the quality and risk management system. The programme is reviewed annually at an organisational level.

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	12	0	4	0	0	0
Criteria	0	30	0	6	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>Highfield Home and Hospital is to be part of the CHT group of facilities. The facility is a new purpose-built facility providing three levels of care (hospital – geriatric/medical, rest home and dementia) for up to 60 residents. The facility is all one level and divided into three wings, each with two self-contained 10-bedroom suites. Two wings (four suites) are to provide dual-purpose rooms for hospital and rest home level care. There is secure entry to the third wing with two 10-room suites to provide dementia level of care.</p> <p>This audit also included verifying the appropriateness of adding ‘medical’ under the hospital level certification.</p> <p>Highfield Home and Hospital has set a number of quality goals around the opening of the facility and these also link to the organisation’s strategic goals.</p> <p>Standardised policy and procedure, annual education programme, core competency assessments and orientation programmes are implemented at all sites. CHT has robust quality and risk management systems implemented across its facilities. There is a project management plan around opening of the new facility. A strategic plan 2016 - 2019 has been developed and includes business plan targets for 2017.</p>

		<p>The opening of the service is intended for 12 April 2017. A facility manager is in place to manage the smooth transition and opening of the service. The manager (RN) has aged care and management experience within CHT in facility management, having transferred from managing another facility. She is supported by an area manager.</p> <p>There are job descriptions for all management positions that include responsibilities and accountabilities.</p> <p>CHT provides a comprehensive orientation and training/support programme for their managers and clinical coordinators and regular forums for both, occur across the year. The manager has maintained at least eight hours annually of professional development activities related to managing a hospital/rest home. A clinical coordinator position is being recruited with a shortlist having been developed.</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>The clinical coordinator or area manager covers during the temporary absence of the facility manager.</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>	PA Low	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development.</p> <p>The organisation has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies.</p> <p>Orientation of currently employed staff commences for one 40-hour week prior to opening. A training programme in regards to organisational culture and values/mission, policies/procedures and required competencies including emergency management and fire evacuation procedures has been developed across the week in preparation for opening.</p> <p>Interviews with the manager identified that the service is actively recruiting but no staff have yet been appointed. Further interviews are in the process of being scheduled. The manager has completed InterRAI training. Advised that on</p>

		<p>opening, RNs from other CHT facilities will be utilised to assist with the admission documentation of new residents to ensure timeframes and InterRAI requirements are met.</p> <p>An annual education schedule is to be commenced on opening. A competency programme is to be implemented for all staff with different requirements according to work type (eg, HCAs, registered nurse). Core competencies are required to be completed annually and a record of completion is to be maintained.</p> <p>Careerforce training is to be established for HCAs including supporting those HCAs rostered for the dementia unit to complete the required dementia standards. Interview with the manager confirmed awareness for all staff in the dementia unit to have completed dementia standards within 12 months of employment and advertising includes that staff with dementia qualifications will be preferred. The orientation programme for the week prior to opening includes working with residents with dementia and the management of behaviours that challenge.</p> <p>A register of registered nursing staff and other health practitioner practising certificates is maintained.</p> <p>Registered nurses are supported to maintain their professional competency.</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>A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. There is a draft roster for each of the three areas and is adjusted as resident numbers and needs increase. It is intended that initially one dual-purpose suite and one dementia suite will open and the initial roster for up to 12 residents across the two areas has a minimum of one healthcare assistant in the dementia unit 24/7 and one RN and one healthcare assistant in the dual-purpose suite 24/7. The RN will also cover the dementia unit. An activities staff member is also planned to commence on the opening day. Staff are not yet employed to fill the draft roster (link 1.2.7.3).</p> <p>There are also draft rosters prepared to cover incremental increases in residents. There is a proposed roster for up to 12 residents, 12 to 20 residents, 20 to 34 residents and from 34 to 48 residents. The roster for 48 and above residents is the full capacity roster. The manager advised that rosters are flexible depending of the level of care required and the acuity of the specific residents.</p> <p>The food service is contracted to Compass service and they are responsible for</p>

		staffing the kitchen and household services. Laundry will be sent off site.
<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>	PA Low	<p>The organisations medication policy and procedures follows recognised standards and guidelines for safe medicine management practice in accordance with the guideline: Safe Management of Medicines.</p> <p>The service is planning to use four weekly robotic sachets and has negotiated a contract with a local pharmacy. They have also purchased an electronic medication documentation system. There is a secure treatment room in the main corridor that will be used as a base for medications to all suites. New medication trolleys have been purchased for each wing. There is a controlled drug (CD) safe installed in a locked cupboard in the treatment rooms. A medication fridge has been ordered for the treatment room.</p> <p>There are procedures for safe management of self-medicating residents. This process is well established throughout CHT services.</p> <p>CHT policies identify that medication errors are treated as an incident and captured as part of the incident management system, including benchmarking.</p> <p>The manager advised that only those deemed competent, will be responsible for administration of medicines. All new senior staff will complete medication competencies as part of the induction programme planned.</p> <p>A contract with a local GP practice has been confirmed as the house GPs. The medication system is to be fully established at Highfield.</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 new kitchen is designed by an industry expert. The service has a contract with Compass food services to provide the food service. They are responsible for staffing and menus. The manager confirmed that the agreement with the contractor includes that choices will be offered, as occurs at other CHT sites managed by the contractor. A contract has been established with a dietitian to provide oversight to residents.</p> <p>Each suite has an open kitchenette in the dining areas. In the two dementia suites, the kitchenette design includes a locked cupboard to cover the boiled water urn.</p> <p>Each kitchenette includes a servery area and fridge. Hot boxes have been</p>

		<p>purchased to transport the food from the main kitchen to each kitchenette.</p> <p>The residents are to have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. This is to be reviewed six monthly as part of the care plan review. Changes to residents' dietary needs are to be communicated to the kitchen as per CHT policy.</p> <p>Special equipment such as 'lipped plates' and built up spoons are available as needs required. Equipment has been purchased for the new dining rooms/kitchenettes in each suite.</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 the setting of the service.</p>	FA	<p>At the time of opening, activities coordinators will be employed to provide five hours of activities per day, seven days per week. Until the facility has more than 12 residents in total (between the dementia and dual-purpose suites) the one activities coordinator will cover both areas. A sample activities programme has been developed with a separate programme for the dementia unit to the rest of the facility. The programme has been developed with staff who have dementia experience and qualifications from other CHT facilities. Once the service has 20 residents, a second activities role, with a further five hours per day, seven days per week will be commenced and from this time one activities coordinator will work 12.30 to 6.00 (to make the five hours), seven days per week in the dementia unit. The activities staff have not yet been employed (link 1.2.7.3).</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>There are policies in place to guide staff in waste management. Gloves, aprons and goggles are ordered for each sluice. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. The service has a contract with Compass to provide chemicals. Safety datasheets are to be available in the laundry and the sluices. There is a sluice room in the dementia unit and another easily accessible by the four dual-purpose suites. 'Each sluice has a sanitiser. There are locks installed on sluice rooms and cleaners' cupboards for the safe storage of chemicals.</p> <p>Advised that a sharps container will be kept in the treatment room.</p>
Standard 1.4.2: Facility Specifications	PA Low	The facility is purpose-built and is spacious. The building and plant have been

<p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>built to comply with legislation. The building is all on one level and divided into three wings, each of which has two 10-bed suites. Each suite has 10 single rooms, all the same size, throughout the facility. All suites are large enough to cater for hospital level residents and associated carers and equipment and an open plan dining and lounge area. One wing has secure access and the two suites within this wing make up the secure dementia unit. The entrance to the secure unit is secure and there is one 10-bed suite to each side of the entrance. Each suite has 10 single rooms and a large lounge/dining area at the end of the unit. The lounge areas lead to the large landscaped courtyard which is also secure. Residents can walk or wander out of one end (the lounge) of each suite and then re-enter at either the entrance between the two suites, or from the end of the other suite, creating a full circle. There are no dead ends within the unit. Additionally, there is a low stimulus/quiet room between the two suites.</p> <p>The organisation has purchased all new equipment.</p> <p>There is a centrally located nurse station and staff working within each suite are stationed there throughout the duty, with a relief staff member to allow breaks.</p> <p>Residents can bring their own possessions into the home and can adorn their room as desired. The maintenance schedule includes checking of equipment. All electrical equipment and other machinery are to be checked as part of the annual maintenance and verification checks. Low electric beds have been purchased for all areas.</p> <p>There are handrails in ensuites, communal bathrooms and hallways. All rooms and communal areas allow for the safe use of mobility equipment. The facility is carpeted throughout with vinyl surfaces in resident rooms in the dementia suites, bathrooms/toilets and kitchen areas. There is adequate space in each suite for storage of mobility equipment.</p> <p>The building is near completion and the service is currently waiting on a copy of the certificate for public use.</p> <p>There is a chattel list developed and approved by head office for all new equipment (including medical equipment) for the new facility (sighted).</p> <p>All rooms have been designed for hospital level care. There is a mobility bathroom with a shower bed in two of the hospital/rest home suites.</p> <p>There is a large landscaped courtyard for the residents in the dementia unit that includes bench seating, pergolas and raised garden beds. This also includes well-</p>
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		<p>designed paths for residents to wander. The outdoor landscaping is completed.</p> <p>For the dual-purpose suites, there are landscaped courtyards and outdoor areas with safe paths and privacy walls from the road for each unit. The outdoor areas include secure bench seating and several waist-height raised gardens.</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>	FA	<p>The two suites in one dual-purpose wing (Koru wing) each have a full ensuite that is large enough to cater for hospital level residents and equipment required. The rooms in the other four suites (two dual-purpose suites in Mana wing and the two dementia suites in Wairua wing) have toilet ensuite and two large communal bathrooms in each 10-room suite. All ensuites and communal bathrooms throughout the facility have been designed for hospital level care and allows for the use of mobility equipment.</p> <p>Communal bathrooms have locks to allow for privacy.</p> <p>There is a visitor's toilet in the main corridor that links the suites.</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>	FA	<p>Resident's rooms are the same size and design throughout the facility. All of them are spacious and large enough for hospital level. Each room allows for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and communal toilets/bathrooms in all areas. The open plan lounge areas/dining areas in each suite are spacious. Residents requiring transportation between rooms or services can be moved from their room either by trolley, bed, lazy-boy or wheelchair. All rooms have built in basic furniture which residents can add to in order personalise them.</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>	FA	<p>There is a large, open plan lounge/dining area in each of the six ,10-bed suites plus another smaller quiet lounge between the two dementia suites (residents can move between the two dementia suites). There is a whānau room in the main corridor.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p>	FA	<p>All laundry is to be sent off site (including personal). There is a storage room for soiled linen and clothing which is removed from the facility daily and clean</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>washing is returned daily via the loading bay. There is a three day turn around for personal clothing, which leaves the facility in individual bags for each resident and arrives back in individual resident bags.</p> <p>A contracted company is responsible for providing cleaning services. There are locked cleaning cupboards at Highfield. The standard of cleanliness is to be monitored through the internal audit programme.</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>PA Low</p>	<p>There are emergency and disaster manuals to guide staff in managing emergencies and disasters. The manager is aware of the need that a staff member with a first aid certificate, be on duty at all times, and has a plan to arrange first aid training for staff prior to commencement of employment, if there is insufficient staff employed that hold current first aid certificates. The facility has a fire evacuation plan that has been submitted to the fire service (confirmation sighted), but will not be formally approved until the CPU is completed. A fire drill is planned as part of induction. Smoke alarms, sprinkler system and exit signs are in place. A gas barbeque and torches are available in the event of a power failure. Emergency lighting is in place. A civil defence kit is to be in place. Supplies of stored water is in tanks. Electronic call bells are evident in resident's rooms, lounge areas and toilets/bathrooms. All call bells have an emergency button available and all bells alert on electronic panels visible throughout each suite. A keypad lock has been installed to secure the dementia unit.</p> <p>There are security policies around locking of the facility from dusk to dawn.</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>	<p>FA</p>	<p>General living areas and all resident rooms are appropriately heated and ventilated. There are heat pumps in hallways and lounges. Resident rooms have heating that can be controlled by the residents. All rooms have external windows that open, allowing plenty of natural sunlight. All dual-purpose rooms have an external ranch slider door onto one of the landscaped areas.</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</p>	<p>FA</p>	<p>The IC programme and its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The scope of the IC programme policy and IC programme description are available. There is a job description for the IC coordinator and clearly defined guidelines. The infection</p>

<p>visitors. This shall be appropriate to the size and scope of the service.</p>		<p>control programme is designed to link to the quality and risk management system. The programme is reviewed annually at organisational level. The role of IC coordinator will be assigned to an experienced RN (link 1.2.7.3).</p>
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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 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	The service has not yet employed staff. Positions have been advertised and shortlists are being developed and interviews schedules.	A clinical coordinator, registered nurses, healthcare assistants and support staff are yet to be appointed to cover contract requirements.	<p>Ensure sufficient staff are employed to meet all residents' needs and contractual requirements. For example:</p> <p>(i) Meet the health and personal care needs of all residents at all times.</p> <p>(ii) Have a registered nurse on duty 24 hours per day, seven days per week that can ensure contractual requirements around initial assessments and care planning, InterRAI requirements and ongoing care planning meet contractual requirements.</p> <p>(iii) Have at least one healthcare assistant on duty in the dementia unit at all times.</p>

				<p>(iv) Have a registered nurse that has had experience and training in the care of older people with dementia and the ageing process.</p> <p>(v) For the dementia unit, have a designated person in respect of each resident, skilled in assessment, implementation and evaluation of diversional and motivational recreation, such as a diversional therapist.</p> <p>(vi) A staff member with relevant training and expertise to fulfil the infection control coordinator role</p> <p>Prior to occupancy days</p>
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	<p>A detailed orientation programme has been developed and documented and all staff are intended to be employed and commence work one week prior to the admission of the first resident to complete a one week orientation programme.</p>	<p>Advised, that the newly employed staff commencing, will all complete any induction/training at the facility the days before opening. This will include fire safety/drill, moving and handling, medi-map, standard precautions, the call bell system and an orientation to the facility.</p>	<p>Ensure staff commencing on opening complete the facility induction and that all staff assigned to work in the dementia unit receive a planned orientation programme specific to their area of service that includes a session on how to implement activities and therapies.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they</p>	PA Low	<p>All new RNs/senior caregivers that will be responsible for administering medication will complete a medication competency. This is to be completed annually. Only those staff deemed competent administrators</p>	<p>The service will have newly employed staff and advised that medication competencies will be completed during induction prior to opening. This will include the electronic medication system.</p>	<p>Ensure all new staff commencing who will have medication administration responsibilities, have completed medication competencies.</p>

manage.		medication. The opening plan includes that the clinical coordinator will commence employment ahead of other employees to have competencies, including a medication competency completed, so that they can assist in assessing the competency of new staff.		Prior to occupancy days
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	The facility is purpose-built and spacious. All building and plant have been built to comply with legislation. Each of the three units have been designed to be a stand-alone combined lounge/dining. The organisation has purchased all new equipment. There are handrails located around the hallways and ensuites. There is an administration area and reception at the entrance. All key areas have swipe card access. The service is expecting a certificate of public use to be issued by mid-March 2017.	The building certificate for public use is yet to be signed off.	<p>A Certificate of Public Use (CPU) must be sighted by DHB/HealthCERT prior to opening.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	Appropriate training, information and equipment for responding to emergencies are provided at induction and as part of the annual training programme. Staff training in fire safety and fire drills is to be completed for new staff in the induction prior to opening.	Staff training in fire safety and fire drills is to be completed for new staff during the induction prior to opening.	<p>Ensure staff training in fire safety is to be completed for new staff prior to opening.</p> <p>Prior to occupancy days</p>

<p>Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.</p>	<p>PA Low</p>	<p>The service has had expert support to develop an evacuation plan. This has been submitted to the New Zealand Fire Service but approval will not occur until after the CPU has been issued (link 1.4.2.1).</p>	<p>The evacuation scheme has not yet been approved by the Fire Service.</p>	<p>Provide evidence that the Fire Service has approved the evacuation scheme.</p> <p>90 days</p>
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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.