

Auckland Presbyterian Hospital Trustees Incorporated

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:	Auckland Presbyterian Hospital Trustees Incorporated
Premises audited:	St Andrew's Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 11 July 2017 End date: 11 July 2017

Proposed changes to current services (if any):

This partial provisional audit included verifying the refurbished Stirling Lodge. The refurbished Stirling Lodge (previously assisted living house) is connected to the Lodges via a covered corridor and secure door. The newly refurbished house is designed as a 10-bed male only wing for residents requiring a secure dementia unit. The house is fully completed and due to open mid-August.

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.

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

St Andrews is an independent Charitable Trust, Not for Profit organisation. The village is large and situated across spacious grounds. The service provides care for up to 180 residents, with 175 residents on day of audit. The service is certified to provide hospital (geriatric and medical), rest home and dementia level care.

The service is resident-focussed with a vision and mission statement. Care is provided across a number of smaller houses.

This partial provisional audit included verifying the refurbished Stirling Lodge. The new Stirling Lodge (previously assisted living house) is connected to the Lodges via a covered corridor and secure door. The newly refurbished house is designed as a 10-bed male only wing for residents requiring a secure dementia unit. The house is fully completed and due to open mid-August. The model of care for service delivery in the Stirling Lodge Memory Care unit is based on principles from the various recognised philosophies of care for people living with dementia.

This partial provisional audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included a tour of the newly refurbished house, review of documentation, medication management and food service and interviews with the management team.

The organisation is governed by a Board of Trustees. Business planning is undertaken at executive level with input from all levels of staff across the organisation. Both the business and quality plans are reviewed throughout each year to measure achievement. The organisation's goals and direction are clearly described and match the organisation's mission, vision, values and strategies put in place to assist all resident needs to be met. The organisation has an experienced management team and the Chief Executive Officer (CEO) reports monthly to the Board of Trustees on all aspects of service delivery, inclusive of all quality projects, data, risk management and major improvements.

The on-site management team of managers is currently being led by an acting CEO (RN) who also holds the role as the HR & Household service manager. The CEO is also supported by (but not limited to); a quality, risk and audit manager, facilities manager, admissions manager, the accountant and two clinical managers.

Clinical management of Stirling Lodge will be provided by one of the two clinical managers (CM). The CM also oversees the villages other 30-bed dementia unit and is experienced in dementia care. Daily clinical oversight is from a registered nurse and the nurse manager who oversees the exiting dementia unit.

This audit identified that the Stirling Lodge Memory Care unit, the unit staff roster, equipment requirements, established systems and processes are appropriate for providing dementia level care.

Consumer rights

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Organisational management

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital, (medical and geriatric) and dementia care. The staff and newly refurbished Stirling Lodge are appropriate for providing rest home level care and in meeting the needs of residents.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Organisational human resources policies are implemented for recruitment, selection and appointment of staff. The service has an implemented induction/orientation programme which includes packages specifically tailored to the position such as caregiver, registered nurse (RN) and so on.

Staff have been employed for the Stirling house. There are four existing caregivers (clinical assistants) that will work in the new Stirling house and two newly employed clinical assistants. All have completed the required dementia standards. The team leader for the house is a qualified diversional therapist (DT) as well as having NZ Certificate in Health and Wellbeing (level 3) and a Diploma in Health Management (level 7).

Staff education and training includes the Careerforce programme for caregivers and there is an annual in-service programme in operation that includes at least eight in-service sessions a month. Specific training sessions are provided for RNs, clinical and non-clinical staff. Competencies are completed by RNs and clinical assistants and a register is maintained and monitored.

, There is a staffing rationale and skills mix policy, which provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. St Andrews has developed a draft roster for the 10-bed Stirling house.

Continuum of service delivery

The medication management system includes medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accordance with the guideline. An electronic medication management system is

established across the village. The new Stirling Lodge has a medication treatment room. All staff rostered for the Stirling Lodge have completed medication competencies. Medication management training is provided as part of the annual training programme.

There are comprehensive food service policies and procedures available. The food service is fully operational across St Andrews. The service has been completing a rebuild of the kitchen at St. Andrews. Stage one of the rebuild has been completed that includes a new kitchen which opened April 2017. Food will be transported from the kitchen in a Burlodge trolley via a small truck to the Stirling Lodge. There is a small open-plan kitchen at Stirling Lodge. It is intended that the kitchen will be used by staff and residents as per daily activities.

Safe and appropriate environment

There are documented processes for waste management. There is a home-like laundry in Stirling Lodge. There are locked cupboards in the laundry for the storage of chemicals.

The Stirling Lodge Memory Care unit is connected to the Lodges via a covered corridor and secure door. The house is fully completed and due to open mid-August. There have been no structural changes to the original building and therefore no certificate of public use is required. There is a current building WoF for all the buildings at St Andrews dated 20 June 2017. The house is designed as a home-like environment with only a total of 10 residents. There is a centrally located open-plan living area which includes kitchen and dining area.

There is a secure outdoor area that is accessible by residents from three different exits. This allows for easy indoor/outdoor flow and supervision. There is a double-gate entry for relatives into the garden area. The paths are rubber to prevent injury and landscaping is fully completed.

Every resident's room has an ensuite with toilet and hand basin. Toilets are visible from the resident's bed. There are three spacious communal showers. There is an open-plan living area in the centre of the unit. A large 12-seater table has been built and installed in the dining area so residents can eat together and complete activities together if they wish.

The organisation provides housekeeping and laundry policies and procedures which are robust and ensure all cleaning and laundry services are maintained and functional at all times. In Stirling Lodge, there is a small laundry. Personal laundry will be completed in the house and all other laundry completed in the main laundry.

The organisation has a documented emergency and disaster plan in place as per the Health and Safety programme. The approved emergency evacuation plan signed off by the New Zealand Fire Service, does not require amendments with the refurbished Stirling Lodge. Six monthly trial fire evacuations are conducted. Civil defence processes are in place.

There are call bells and emergency bells in all resident rooms and common areas. The system software is able to be monitored. Staff in Stirling Lodge will wear call bell pendants to get assistance in an emergency.

General living areas and resident rooms are appropriately heated and ventilated.

Restraint minimisation and safe practice

The policies and procedures are based on the Restraint Minimisation and Safe Practice Standard NZS 8134.2008. There are clear definitions of restraint and enablers. Restraint/enabler training and education is regularly completed. The use of enablers is voluntary and the least restrictive option to meet the needs of the resident with the intention of promoting or maintaining resident independence and safety.

The restraint coordinator, an experienced nurse manager, maintains accurate and up-to-date records and oversees the use of restraint and enabler use across the organisation. Currently seven residents are using restraint and eight residents' utilising enablers across all services for safety purposes. There are no residents in dementia requiring restraint or enablers.

Infection prevention and control

There are comprehensive infection prevention control (IPC) policies in place that meet the Infection Prevention and Control Standard SNZ HB 8134.3.1.2008. There are clear lines of accountability to report to the IPC team on any infection control issues.

The organisation has a clearly set out infection control programme that is reviewed annually. IP & C is being managed by an experienced registered nurse who undertakes the role of IP & C coordinator. There is an IC rep in each area and they all attend the monthly infection control committee meetings. The organisation benchmarks with Simple Solutions.

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	17	0	0	0	0	0
Criteria	0	37	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>St Andrews is an independent Charitable Trust, Not for Profit organisation. The village is large and situated across spacious grounds. The service provides care for up to 180 residents with 175 residents on day of audit. The service is certified to provide hospital (geriatric and medical), rest home and dementia level care.</p> <p>The service is resident-focussed with a vision and mission statement. The organisation has a mission, which is commitment to person-centred aged care, including dementia care. Care is provided across a number of smaller houses. There are 6 x 30 bed houses across the grounds. All houses have been designed to provide a homely environment giving due consideration to the comfort and safety of the residents: (i) House one includes hospital and rest home level care. Twenty of the beds are dual-purpose. There are 30 residents including two DHB respite funded residents; (ii) House two and house three – both provide hospital level care (house three includes three Orthopaedic Interim Care Programme beds [OICP]). Both houses including the three (OICP) beds were fully occupied; (iii) House four – provides hospital level care and includes three DHB funded palliative care beds (run in conjunction with Eastern Bays, or Dove, Hospice). The house including the three beds is fully occupied; (iv) House five – included 29 residents across a 30-bed secure dementia unit; (v) The lodges – is a 30-bed rest home with</p>

	<p>current occupancy of 26 residents.</p> <p>The service also holds a YPD contract, however there were no current residents under that contract.</p> <p>This partial provisional audit included verifying the refurbished Stirling Lodge. The new Stirling Lodge (previously assisted living house) is connected to the Lodges via a covered corridor and secure door. The newly refurbished house is designed as a 10-bed male only wing for residents requiring a secure dementia unit. The house is fully completed and due to open mid-August. The model of care for service delivery in the Stirling Lodge Memory Care unit is based on principles from the various recognised philosophies of care for people living with dementia. With the opening of the Lodge, St Andrews will have a total of 190 beds.</p> <p>The organisation is governed by a Board of Trustees. Business planning is undertaken at executive level with input from all levels of staff across the organisation. The quality management framework clearly identifies the organisation's commitment to including all health care services, staffing and meeting the needs of residents and family/whānau. Both the business and quality plans are reviewed throughout each year to measure achievement. The organisation's goals and direction are clearly described and match the organisation's mission, vision, values and strategies put in place to assist all resident needs to be met.</p> <p>The organisation has an experienced management team and the Chief Executive Officer (CEO) reports monthly to the Board of Trustees on all aspects of service delivery, inclusive of all quality projects, data, risk management and major improvements. There is an implemented quality and risk management system that is regularly reviewed and refined to further improve service delivery and minimise. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital (geriatric and medical) and dementia level care. Quality objectives have been developed around the implementation of the Stirling house.</p> <p>The on-site management team of managers is currently being led by an acting CEO (RN) who also holds the role as the HR & Household service manager. The CEO is also supported by (but not limited to); a quality, risk and audit manager, facilities manager, admissions manager, the accountant and two clinical managers.</p> <p>Clinical management of Stirling Lodge will be provided by one of the two clinical managers (CM). The CM also oversees the villages other 30-bed dementia unit</p>
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		and is experienced in dementia care. Daily clinical oversight is from a registered nurse and the nurse manager who oversees the existing dementia unit. The nurse manager has worked in dementia care for seven years and is in the process of completing a nurse practitioner qualification.
<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 HR manager undertakes the CEO role when required, to cover annual leave or sick leave. St Andrews Village undertakes succession planning to ensure cover for members of the executive team.</p> <p>The two clinical managers (RN) provide clinical oversight for each other. Nurse managers in each area are supported by senior registered nurses.</p> <p>The organisation completes annual planning and has comprehensive policies/procedures to provide rest home, hospital (medical and geriatric) and dementia level care.</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>	FA	<p>There are documented job descriptions for all positions which detail each position's responsibilities, accountabilities and authorities. A new job description (Memory Care Practitioner) has been introduced for the caregivers (clinical assistants) employed to work in the house.</p> <p>There are robust recruitment orientation and training policies and programmes in place. All staff are supported to complete qualifications relevant to their role. There is a full-time clinical trainer at St Andrews.</p> <p>Staff have been employed for the Stirling house. There are four existing staff (clinical assistants) that will work in the new Stirling house and two newly employed clinical assistants. All have completed the required dementia standards. The team leader for the house is a qualified diversional therapist (DT) and clinical assistant.</p> <p>There is a system in place to record annual practising certificates for staff that require them. This is maintained and recorded by the Human Resource (HR) Department. All new staff receive a staff handbook with general information. There are specific orientation packs for RNs and for clinical assistants. The orientation includes completing specific competencies. Staff are given two months to complete the orientation package and this is monitored by the HR manager.</p>

		<p>Staff rostered for Stirling house will meet prior to opening and cover key training such as (but not limited to), emergency management, and the call bell system, fire drill and specific household roles.</p> <p>Staff education and training includes the Careerforce programme for caregivers and there is an annual in-service programme in operation that includes at least eight in-service sessions a month. Specific training sessions are provided for RNs, clinical and non-clinical staff. Competencies are completed by RNs and clinical assistants and a register is maintained and monitored. The HR manager monitors education offered off-site to ensure all staff have the opportunity to attend courses they are interested in, and that as many different staff gain knowledge and skills in the areas they are employed to work.</p> <p>St Andrews ensures RNs are supported to maintain their professional competency. The organisation has an approved professional development and recognition programme in place for all RNs and ENs. This is undertaken in conjunction with Auckland DHB. Currently 33 of the 35 RNs working at St Andrews are InterRAI trained.</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>There is a staffing rationale and skills mix policy, which provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. St Andrews has developed a draft roster for the 10-bed Stirling house.</p> <p>There is a nurse manager responsible for the two dementia homes with oversight by the clinical manager.</p> <p>There are two staff rostered (0700 – 1900 and 0700 – 1500). One is the team leader (DT). There is one staff member 1500 – 2300 and one 1900 – 0700. All staff rostered in Stirling house hold the LCP Careerforce dementia certificate and have level 3 or level 4 qualifications in either health of the older person or diversional therapy. There will also be an emergency contact to the adjoining rest home care (the Lodges) if assistance is needed. The two staff will assist the residents to “live” in their home so they can eat their meals when it suits them, they can assist in supervised meal preparation, initiate and engage in activities inside and in the outdoor garden care.</p> <p>The village has contracts with four house GP’s services. A GP visits the village at least daily and on-call and afterhours is provided by one medical centre.</p> <p>A physiotherapist is available three days per week. The physiotherapist is</p>

		<p>supported by a team of three physiotherapy assistants daily.</p> <p>Contracts are also available with a podiatrist, dietitian, and mobile dentist service.</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>Medicines management and medimap (electronic medication system) is established across the St Andrews village. Medicines for residents are received from the pharmacy and are in a pre-packed delivery system (robotics). Policies and procedures reflect current medication legislation and current guidelines. Only registered nurses/enrolled nurses/senior caregivers who have been assessed as competent are permitted to administer medicines to residents. All staff rostered for the Stirling Lodge have completed medication competencies. Medication management training is provided as part of the annual training programme.</p> <p>There is a small secure key-padded treatment room in Stirling Lodge. A new medication trolley and fridge has been installed in the room. Any controlled drugs will be stored and managed by the adjoining rest home 'The Lodges'. The process for reporting medication errors or omissions is detailed within the policy. The process for identifying residents and administering medications is detailed along with documentation responsibilities and this becomes part of the quality improvement programme.</p> <p>A contract with a pharmacy is established. The village has contract with four house GP's services. A GP visits the village at least daily and on-call and afterhours is provided by one medical centre.</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>There are comprehensive food service policies and procedures available.</p> <p>The food service is operational at St Andrews. The service has been completing a rebuild of the kitchen at St Andrews. Stage one of the re-build has been completed that includes a new kitchen which opened April 2017. The kitchen is spacious and currently includes areas for cooking, baking and a temporary serving area. There are four chillers and walk-in freezers/fridges. A wall separates the kitchen from stage two and three of the extended kitchen re-build. Clearing up/dishes is currently being completed in a temporary building near to the kitchen, while stage two and three is being completed. The kitchen includes all new equipment from Southern Hospitality. There is a team of kitchen staff including a catering manager and nine kitchen staff. All have either completed or going</p>

		<p>through a national training programme. Kitchen staff are supported to complete level two catering assistant course. All kitchen staff have completed food handling through orientation and via external national programmes.</p> <p>The menu has recently been reviewed by a dietitian. There is access to a community dietitian.</p> <p>Food is currently transported from the kitchen in a Burlodge trolley via a small truck. Temperatures are completed prior to transport and completed before serving as part of the internal audit programme. An audit of the kitchen fridge/freezer temperatures and food temperatures has been undertaken. Food in the pantry is kept off the ground. Food in the fridge and chillers is covered and dated.</p> <p>St Andrews has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. Menu choices are completed daily by staff which includes any likes/dislikes or specific choices by residents. There are three choices for the lunch meal and two choices at night. The catering manager advised that a tray of sandwiches, fruit and biscuits are provided to the dementia unit daily for extra snacks across 24/7. This will also occur for the Stirling Lodge.</p> <p>There is a small open-plan kitchen at Stirling Lodge. It is intended that the kitchen will be used by staff and residents as per daily activities. Safety has been considered with lockable drawers and an induction hob that is not hot to touch.</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>	<p>FA</p>	<p>Across the St Andrews village there is a qualified Diversional Therapist who works full time and oversees seven activity coordinator staff who work various hours Monday – Friday.</p> <p>A team leader has been appointed for Stirling Lodge who is a trained diversional therapist. It is intended that all staff working in the house also provide activities as part of resident-centred care. Staff will be supported and trained around implementing an activities programme including spontaneous activities. All staff are trained around managing behaviours that challenge and de-escalation.</p> <p>The aim of the Stirling Lodge memory care unit is to provide a positive experience of care and support by strengthening the culture of partnership and engagement with both the person with dementia and their family and whānau. There is a Stirling main lounge activity programme plan that includes a number of activities</p>

		<p>including (but not limited to) van outings, theme days, exercise, games, and church. There is a man-cave (garden shed) that is to be set up with activities that men enjoy.</p> <p>“The Journey of my Life” form is to be completed by family on admission. An activity assessment is also to be completed on admission and an individualised activities plan will be implemented from that, and the activities and nursing assessments.</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 documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is home-like laundry in Stirling Lodge. There are locked cupboards in the laundry for the storage of chemicals. There are secure cleaning cupboards in the adjoining rest home.</p> <p>Waste management audits are part of the internal audit programme.</p> <p>All staff are required to complete training regarding the management of waste during induction. Chemical safety training is a component of the compulsory two-yearly training and orientation training.</p> <p>Gloves, aprons and goggles are available in the sluice and cleaners’ cupboards within the adjoining rest home, which can be accessed by staff as needed. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Training on the use of PPE is included in the general induction programme for all staff.</p>
<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>	FA	<p>The service refurbished an existing building to become a 10-bed secure dementia (memory care) unit for male residents. The unit was previously an assisted living unit, as part of the St Andrews retirement living village complex and is ideally suited for the proposed purpose.</p> <p>The Stirling Lodge Memory Care unit is connected to the Lodges via a covered corridor and secure door. The house is fully completed and due to open mid-August. There have been no structural changes to the original building and therefore no certificate of public use is required. There is a current building WoF for all the buildings at St Andrews dated 20 June 2017.</p>

	<p>The house is designed as a home-like environment with only a total of 10 residents. There is a centrally located open-plan living area which includes kitchen and dining area. There are two short hallways which run roughly north and south from the communal lounge with a second short hallway running west of the junction of the southern hallway. The north hallway includes an open glass door that encourages wandering into well-landscaped paths and garden areas.</p> <p>There are sliding doors from the communal area that lead to a covered patio and walkways. The walkways, paths and outdoor secure area has been formally designed and landscaped. Paths are wide enough and all lead back to the building and direct residents to certain activities, such as gardening, raised herb garden, the men's shed and well-placed bench seats.</p> <p>The design of the home includes key attributes recommended in dementia-guides, including small scale, home-like elements, access to outdoor space and opportunities for everyday activity, including cooking, gardening and laundry.</p> <p>The communal area allows for supervision of the lounge with a nurse's desk and locked cupboards situated as part of the décor. The closed-circuit monitoring system also assists with supervising residents in the hallways and outdoor areas. The unit's design and equipment purchased specifically considers residents with confused state. The lighting has been increased. Lighting is a mixture of ceiling and wall lights which effectively assists in the contrast between night and day. There is also plenty of natural light with large windows. Differences in colour schemes has been used including a coloured toilet-seat in ensuites.</p> <p>The new unit has rubberised tiles throughout (kradal tiles). These tiles assist with minimising falls, preventing injury and prevents soaking of fluid into the floor, so easier to clean.</p> <p>There is a secure outdoor area that is accessible by residents from three different exits. This allows for easy indoor/outdoor flow and supervision. There is a double-gate entry for relatives into the garden area. The paths are rubber to prevent injury. Well positioned plants and trees take away the look of the secure outdoor wooden fence.</p> <p>Hilo electric beds have been purchased for all rooms. The service has purchased all new equipment including medical equipment. All furnishings, floorings and equipment are designed to minimise harm to residents.</p> <p>There is a maintenance team that covers reactive and preventative maintenance at St Andrews. This includes a team leader and four other maintenance staff.</p>
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		There is someone on call 24-hours. All medical equipment is calibrated, testing and tagging is up-to-date and water monitoring is completed.
<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	There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and a separate toilet for staff and visitors. Every resident's room has an ensuite with toilet and hand basin. Toilets are visible from the resident's bed. There are contrasting toilet seats and hand rails. There are three spacious communal showers that are spacious.
<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	Residents' rooms are spacious and light and allow care to be provided and for the safe use and manoeuvring of mobility aids and wandering.
<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 an open-plan living area in the centre of the unit. The living area is spacious with a separate dining area. A large 12-seater table has been built and installed in the dining area so residents can eat together and complete activities together if they wish. There are other sitting areas available where residents can be alone or in a group.</p> <p>The open-plan living area and hallways allow maximum freedom of movement while promoting the safety of residents who are likely to wander.</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>	FA	<p>The organisation provides housekeeping and laundry policies and procedures which are robust and ensure all cleaning and laundry services are maintained and functional at all times. The laundry is in the service area off the care centre. There are a number of laundry staff. There are separate entrances for dirty and clean laundry. The laundry is spacious and has a number of commercial washing machines and dryers. There are areas within the laundry for folding and sorting of clean laundry. Linen is collected from each house via a buggy and transported to the laundry.</p> <p>The organisation has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits</p>

		<p>are completed.</p> <p>The service has a secure area for the storage of cleaning and laundry chemicals. Laundry chemicals are within a closed system to the washing machine. Material safety datasheets are available. Chemicals and supporting literature are provided by Jaysol.</p> <p>In Stirling Lodge, there is a small laundry with a washing tub, washing machine and dryer. Personal laundry will be completed in the house and all other laundry completed in the main laundry. There are locked cupboards for the storage of chemicals. There are enclosed linen trolleys available at Stirling Lodge.</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>The organisation has a documented emergency and disaster plan in place as per the Health and Safety programme. The approved emergency evacuation plan signed off by the New Zealand Fire Service, does not require amendments with the refurbished Stirling Lodge. Six monthly trial fire evacuations are conducted. Staff rostered for Stirling Lodge have completed a fire drill at the Lodges 29/3/17. Fire and emergency training is included in staff orientation and regular ongoing sessions are undertaken throughout the year. A further fire drill is scheduled with the fire service next week in Stirling Lodge.</p> <p>Civil defence and emergency supplies are checked every quarter. The service ensures there is emergency food and water for a minimum of three days. The emergency water tanks (two 25,000 litre tanks) have pumps which operate if the water pressure drops. There are three emergency generators on site one operates all administration equipment, such as computers and the telephone system, and the other two ensure the kitchen and laundry services and emergency lighting is maintained in resident areas in case of an emergency. There is an Emergency Response room off reception in the main building, which specifically includes procedures, analogue phones, torches, first aid kits etc.</p> <p>The emergency management policies include (but not limited to): dealing with emergencies and disasters, essential locations, internal emergencies and external emergencies. Emergencies, first aid and CPR is included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. There are staff employed across 24/7 with a current first aid certificate.</p> <p>Staff are required to ensure doors and windows are securely closed at night.</p>

		<p>There is an approved security company who undertakes three nightly random checks of all buildings and the grounds. This service uses satellite monitoring to show which areas are checked. There is CCTV around the grounds which can be monitored as required. The secure Stirling unit has a double entry outdoor cubicle to avoid residents being able to exit the facility easily. There is a keypad entrance to/from the Lodges to Stirling into the hallway. The secure electronic keypads at the entrance into Stirling are connected to the fire alarm system. There are documented security procedures.</p> <p>There are call bells and emergency bells in all resident rooms and common areas. The system software can be monitored. Staff in Stirling Lodge will wear call bell pendants to get assistance in an emergency.</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>General living areas and resident rooms are appropriately heated and ventilated. There are radiators in each resident room, in Stirling Lodge. Each room has a large external window with plenty of natural light.</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>There is comprehensive infection prevention control (IPC) policies in place that meet the Infection Prevention and Control Standard SNZ HB 8134.3.1.2008. There are clear lines of accountability to report to the IPC team on any infection control issues. The infection control governance policy includes the terms of reference for the committee, which identifies that accountability is directly to the CEO. The organisation has a clearly set out infection control programme that is reviewed annually. IP & C is being managed by an experienced registered nurse who undertakes the role of IP & C coordinator. There is an IC representative in each area and they all attend the monthly infection control committee meetings. The organisation benchmarks with Simple Solutions.</p> <p>The IP & C manual includes policies around outbreak management and exposure to infectious diseases. The last outbreak at St Andrews was documented 21 months ago and was confined to one house.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively</p>	FA	<p>The policies and procedures are based on the Restraint Minimisation and Safe Practice Standard NZS 8134.2008. There are clear definitions of restraint and enablers. Processes are documented should restraint be considered inclusive of</p>

<p>minimised.</p>		<p>restraint assessment, consent obligations, monitoring, evaluation and review. Restraint training and education is a requirement and the obligations are documented. The use of enablers is voluntary and the least restrictive option to meet the needs of the resident with the intention of promoting or maintaining resident independence and safety.</p> <p>The restraint coordinator, an experienced nurse manager, maintains accurate and up-to-date records and oversees the use of restraint and enabler use across the organisation. Currently seven residents are using restraint and eight residents' utilising enablers across all services for safety purposes. There are no residents in dementia requiring restraint or enablers.</p> <p>All details are clearly documented on the restraint register sighted. A brochure 'Restrains and Enablers: Information for families' is given to all family members when restraints or enablers are being considered for a resident. There is a monthly restraint meeting and a register of all restraints and enablers are maintained. Each area of service has a restraint representative and they attend the restraint committee meetings.</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.

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.