**St Johns Hill Healthcare Limited**

**Current Status:** **08-Aug-13**

**The following summary has been accepted by the Ministry of Health as being an accurate reflection of the** **Partial provisional audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.**

**General overview**

St John's Hill Healthcare was purchased 5th October 2012 by the current owners. The facility was closed by the previous owners in March 2012. Since the change in ownership, the new providers have been in the process of completing stage one of a two stage redevelopment of the facility to bring the buildings up to earthquake strengthened standards and to refurbish all resident rooms and service areas. The facility is situated in Wanganui. The new owners are experienced in ownership and management of aged care services. They also own a specialist dementia and psychogeriatric service in Christchurch. The facility was built in 1960 and has a villa/office area with main kitchen, a chapel and a two level care facility. The refurbishment and EQ strengthening has been conducted in the kitchen/laundry area and the two level resident care areas. The service plans to open the top floor first in September 2013. Level one (ground level) contains a 26 bed unit and level two contains a 30 bed unit - both of which will provide care for rest home and hospital level residents. These areas were assessed as part of this partial provisional audit. The service will have a total of 56 beds. The owners employ a general manager, who will oversee both the Wanganui and Christchurch facilities.

A new facility manager (RN) has been appointed to St John's Hill healthcare and she has experience and qualifications in management of aged care and retirement village services. The general manager is in the process of employing a registered nurse for the role of clinical team leader and has received expressions of interest for care staff positions. The refurbished rooms are spacious with the majority including full ensuites. There are adequate communal toilets and showers. Service rooms and storage have been included in the rebuild. A modern call bell system has been installed.

The audit identified the new facility, staff roster and equipment requirements and processes are appropriate for providing hospital level care and in meeting the needs of the residents.

The owners have a documented plan in place for the re-opening of the facility and there are clear procedures and responsibilities for the safe and smooth transition of residents into the new facility.

The corrective actions required by the service are all related to the completion of the re-building and implementation of the new service. ‘

St Johns Hill Healthcare

St Johns Hill Healthcare

Partial provisional audit - Audit Report

Audit Date: 08-Aug-13

**Audit Report**

To: HealthCERT, Ministry of Health

|  |  |
| --- | --- |
| **Provider Name** | St Johns Hill Healthcare |

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| **Premise Name** | **Street Address** | **Suburb** | **City** |
| St Johns Hill Healthcare | 2 Virginia Road | St Johns HIll | Wanganui |

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| **Proposed changes of current services** (*e.g. reconfiguration*)**:** |
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| **Type of Audit** | Partial provisional audit and (*if applicable*)  |
| **Date(s) of Audit** | **Start Date:** 08-Aug-13 **End Date:** 08-Aug-13 |
| **Designated Auditing Agency** | Health and Disability Auditing New Zealand Limited |

**Audit Team**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Audit Team** | **Name** | **Qualification** | **Auditor Hours on site** | **Auditor Hours off site** | **Auditor Dates on site** |
| Lead Auditor | XXXXXXX  | RCpN,Health auditor,AdDipBusMan,CertQA | 4.00 | 3.00 | 08-Aug-13 |
| Auditor 1 |       |       |       |       |       |
| Auditor 2 |       |       |       |       |       |
| Auditor 3 |       |       |       |       |       |
| Auditor 4 |       |       |       |       |       |
| Auditor 5 |       |       |       |       |       |
| Auditor 6 |       |       |       |       |       |
| Clinical Expert |       |       |       |       |       |
| Technical Expert |       |       |       |       |       |
| Consumer Auditor |       |       |       |       |       |
| Peer Review Auditor | XXXXXXX |       |       | 2.00 |       |

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| --- | --- | --- | --- | --- | --- |
| **Total Audit Hours on site** | 4.00 | **Total Audit Hours off site** *(system generated)* | 5.00 | **Total Audit Hours** | 9.00 |
| **Staff Records Reviewed** | 1 of 1 | **Client Records Reviewed** *(numeric)* | 0 of 0 | **Number of Client Records Reviewed using Tracer Methodology** | 0of 0 |
| **Staff Interviewed** | 0 of 1 | **Management Interviewed** *(numeric)* | 2 of 2 | **Relatives Interviewed** *(numeric)* | 0 |
| **Consumers Interviewed** | 0 of 0 | **Number of Medication Records Reviewed** | 0 of 0 | **GP’s Interviewed (aged residential care and residential disability)** *(numeric)* | 0 |

**Declaration**

I, (full name of agent or employee of the company) XXXXXXX (occupation) Director of (place) Christchurch hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf ofHealth and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Act.

I confirm that Health and Disability Auditing New Zealand Limitedhas in place effective arrangements to avoid or manage any conflicts of interest that may arise.

Dated this 15 day of August 2013

Please check the box below to indicate that you are a DAA delegated authority, and agree to the terms in the Declaration section of this document.

This also indicates that you have finished editing the document and have updated the Summary of Attainment and CAR sections using the instructions at the bottom of this page.

Click here to indicate that you have provided all the information that is relevant to the audit: 🗷

The audit summary has been developed in consultation with the provider: 🗷

Electronic Sign Off from a DAA delegated authority (*click here*): 🗷

**Services and Capacity**

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| --- | --- | --- | --- | --- |
|  |  |  |  | **Kinds of services certified** |
|  |  |  | Hospital Care | Rest Home Care | Residential Disability Care |
| **Premise Name** | **Total Number of Beds** | **Number of Beds Occupied on Day of Audit** | **Number of Swing Beds for Aged Residen-tial Care** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| St Johns Hill Healthcare | 56 | 0 | 56 | 🞏 | 🗷 | 🞏 | 🞏 | 🗷 | 🞏 | 🞏 | 🗷 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
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**Executive Summary of Audit**

*General Overview*

St John's Hill Healthcare was purchased 5th October 2012 by the current owners. The facility was closed by the previous owners in March 2012. Since the change in ownership, the new providers have been in the process of completing stage one of a two stage redevelopment of the facility to bring the buildings up to earthquake strengthened standards and to refurbish all resident rooms and service areas. The facility is situated in Wanganui. The new owners are experienced in ownership and management of aged care services. They also own a specialist dementia and psychogeriatric service in Christchurch. The facility was built in 1960 and has a villa/office area with main kitchen, a chapel and a two level care facility. The refurbishment and earthquake strengthening has been conducted in the kitchen/laundry area and the two level resident care areas. The service plans to open the top floor first in September 2013. Level one (ground level) contains a 26 bed unit and level two contains a 30 bed unit - both of which will provide care for rest home and hospital level residents. These areas were assessed as part of this partial provisional audit. The service will have a total of 56 beds. The owners employ a general manager, who will oversee both the Wanganui and Christchurch facilities.

A new facility manager (RN) has been appointed to St John's Hill Healthcare and she has experience and qualifications in management of aged care and retirement village services. The general manager is in the process of employing a registered nurse for the role of clinical team leader and has received expressions of interest for care staff positions. The refurbished rooms are spacious with the majority including full ensuites. There are adequate communal toilets and showers. Service rooms and storage have been included in the rebuild. A modern call bell system has been installed.

The audit identified the new facility, staff roster and equipment requirements and processes are appropriate for providing hospital level care and in meeting the needs of the residents.

The owners have a documented plan in place for the re-opening of the facility and there are clear procedures and responsibilities for the safe and smooth transition of residents into the new facility.

The corrective actions required by the service are all related to the completion of the re-building and implementation of the new service.

*1.1 Consumer Rights*

*1.2 Organisational Management*

The owners have in place annual planning and comprehensive policies/procedures to provide hospital level care. Policies and procedures are provided by an external consultant who provides regular updates. The newly refurbished facility is appropriate for providing these services 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 resource policies are implemented for recruitment, selection and appointment of staff. The organisation has an induction/orientation programme which includes packages specifically tailored to the position such as cook, cleaners, kitchen hands, care givers, RN, and facility manager. There is a 2013 training plan developed to be implemented at St John's Hill health care.

Annual leave and rostering policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents and rosters are in place and is adjustable depending on resident numbers. There is a planned transition around opening each of the areas and this is reflective in the draft roster's and processes around employment of new staff.

*1.3 Continuum of Service Delivery*

The medication management system includes Medication Administration Policy and associated procedures that follows recognised standards and guidelines for safe medicine management practice in accord with the 2011 guideline: Medicine Care Guides for residential aged care. It is planned to implement a safe implementation of the medication system including ensuring staff have completed medication competencies.

The facility has a large workable kitchen in a service area situated between the villa and the care centre. There is a walk-in chiller and pantry and three chest freezers. The menu is to be designed and reviewed by a Registered Dietitian. Food is to be transported in food carriers to the dining room kitchenettes (one on each floor) in the care centre. The service has an organisational process whereby all residents have a nutritional profile completed on admission which is provided to the kitchen. The food service is to be fully established at St John's Hill health care.

*1.4 Safe and Appropriate Environment*

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff.

There are handrails in ensuites and hallways on both floors. There is a lift between the floors that is large enough for mobility equipment including a stretcher. The providers has purchased all the equipment from the previous owners and furniture includes (but not limited to): hoists, pressure relieving mattress's and mobility equipment. The re-building is not yet completed and therefore the code of compliance has not yet been signed off. The landscaping and garden areas have not been altered. There are external areas for sitting with level paths and steps and rails to garden areas.

All bedrooms have been earthquake strengthened and re-fitted with new windows and carpets. Forty one rooms have full en-suites, eight have shared ensuites and seven resident rooms have an adequate number of communal toilets and showers which are easily accessible from communal areas. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

Resident rooms are of sufficient space to ensure care and support to all residents and for the safe use of mobility aids.

Communal areas are well designed and spacious and allow for a number of activities. Activities are to occur in either of the two lounges and they are large enough to not impact on other residents not involved in activities.

The providers have housekeeping and laundry policies and procedures in place. There is a large laundry in the service area with clean and dirty flow. The facility has a secure area for the storage of cleaning and laundry chemicals. Laundry and cleaning processes will be monitored for effectiveness.

The emergency and disaster management policies includes (but not limited to) dealing with emergencies and disasters. As the facility has not yet opened and staff are yet to be employed, a fire drill or training around the fire evacuation procedure has not occurred. The fire evacuation plan remains current as the building has not been structurally altered. A letter from the NZFS confirms the approval of the Fire Evacuation scheme. General living areas and resident rooms are appropriately heated and ventilated. All rooms have windows.

*2 Restraint Minimisation and Safe Practice*

*3. Infection Prevention and Control*

There are clear lines of accountability recorded in the IC coordination policy. The clinical team leader (RN) will be the infection control coordinator. Monthly collation of infection rates will be forwarded to facility manager for analysis. Infection control is to be an agenda item in the monthly staff meeting.

**Summary of Attainment**

* 1. ***Consumer Rights***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Attainment** | **CI** | **FA** | **PA** | **UA** | **NA** | **of** |
| Standard 1.1.1 | Consumer rights during service delivery | Not Applicable | 0 | 0 | 0 | 0 | 0 | 1 |
| Standard 1.1.2 | Consumer rights during service delivery | Not Applicable | 0 | 0 | 0 | 0 | 0 | 4 |
| Standard 1.1.3 | Independence, personal privacy, dignity and respect | Not Applicable | 0 | 0 | 0 | 0 | 0 | 7 |
| Standard 1.1.4 | Recognition of Māori values and beliefs | Not Applicable | 0 | 0 | 0 | 0 | 0 | 7 |
| Standard 1.1.5 | Recognition of Pacific values and beliefs |   | 0 | 0 | 0 | 0 | 0 | 2 |
| Standard 1.1.6 | Recognition and respect of the individual’s culture, values, and beliefs | Not Applicable | 0 | 0 | 0 | 0 | 0 | 2 |
| Standard 1.1.7 | Discrimination | Not Applicable | 0 | 0 | 0 | 0 | 0 | 5 |
| Standard 1.1.8 | Good practice | Not Applicable | 0 | 0 | 0 | 0 | 0 | 1 |
| Standard 1.1.9 | Communication | Not Applicable | 0 | 0 | 0 | 0 | 0 | 4 |
| Standard 1.1.10 | Informed consent | Not Applicable | 0 | 0 | 0 | 0 | 0 | 9 |
| Standard 1.1.11 | Advocacy and support | Not Applicable | 0 | 0 | 0 | 0 | 0 | 3 |
| Standard 1.1.12 | Links with family/whānau and other community resources | Not Applicable | 0 | 0 | 0 | 0 | 0 | 2 |
| Standard 1.1.13 | Complaints management | Not Applicable | 0 | 0 | 0 | 0 | 0 | 3 |

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| Consumer Rights Standards (of 12): N/A:12 CI:0 FA: 0 PA Neg: 0 PA Low: 0 PA Mod: 0 PA High: 0 PA Crit: 0 UA Neg: 0 UA Low: 0 UA Mod: 0 UA High: 0 UA Crit: 0Criteria (of 48): CI:0 FA:0 PA:0 UA:0 NA: 0 |

* 1. ***Organisational Management***

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|  |  | **Attainment** | **CI** | **FA** | **PA** | **UA** | **NA** | **of** |
| Standard 1.2.1 | Governance | FA | 0 | 2 | 0 | 0 | 0 | 3 |
| Standard 1.2.2 | Service Management | FA | 0 | 1 | 0 | 0 | 0 | 2 |
| Standard 1.2.3 | Quality and Risk Management Systems | Not Applicable | 0 | 0 | 0 | 0 | 0 | 9 |
| Standard 1.2.4 | Adverse event reporting | Not Applicable | 0 | 0 | 0 | 0 | 0 | 4 |
| Standard 1.2.5 | Consumer participation |   | 0 | 0 | 0 | 0 | 0 | 5 |
| Standard 1.2.6 | Family/whānau participation |   | 0 | 0 | 0 | 0 | 0 | 3 |
| Standard 1.2.7 | Human resource management | PA Low | 0 | 3 | 1 | 0 | 0 | 5 |
| Standard 1.2.8 | Service provider availability | FA | 0 | 1 | 0 | 0 | 0 | 1 |
| Standard 1.2.9 | Consumer information management systems | Not Applicable | 0 | 0 | 0 | 0 | 0 | 10 |

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| Organisational Management Standards (of 7): N/A:3 CI:0 FA: 3 PA Neg: 0 PA Low: 1 PA Mod: 0 PA High: 0 PA Crit: 0 UA Neg: 0 UA Low: 0 UA Mod: 0 UA High: 0 UA Crit: 0Criteria (of 34): CI:0 FA:7 PA:1 UA:0 NA: 0 |

* 1. ***Continuum of Service Delivery***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Attainment** | **CI** | **FA** | **PA** | **UA** | **NA** | **of** |
| Standard 1.3.1 | Entry to services | Not Applicable | 0 | 0 | 0 | 0 | 0 | 5 |
| Standard 1.3.2 | Declining referral/entry to services | Not Applicable | 0 | 0 | 0 | 0 | 0 | 2 |
| Standard 1.3.3 | Service provision requirements | Not Applicable | 0 | 0 | 0 | 0 | 0 | 6 |
| Standard 1.3.4 | Assessment | Not Applicable | 0 | 0 | 0 | 0 | 0 | 5 |
| Standard 1.3.5 | Planning | Not Applicable | 0 | 0 | 0 | 0 | 0 | 5 |
| Standard 1.3.6 | Service delivery / interventions | Not Applicable | 0 | 0 | 0 | 0 | 0 | 5 |
| Standard 1.3.7 | Planned activities | Not Applicable | 0 | 0 | 0 | 0 | 0 | 3 |
| Standard 1.3.8 | Evaluation | Not Applicable | 0 | 0 | 0 | 0 | 0 | 4 |
| Standard 1.3.9 | Referral to other health and disability services (internal and external) | Not Applicable | 0 | 0 | 0 | 0 | 0 | 2 |
| Standard 1.3.10 | Transition, exit, discharge, or transfer | Not Applicable | 0 | 0 | 0 | 0 | 0 | 2 |
| Standard 1.3.11 | Use of electroconvulsive therapy (ECT) |   | 0 | 0 | 0 | 0 | 0 | 4 |
| Standard 1.3.12 | Medicine management | PA Low | 0 | 2 | 2 | 0 | 0 | 7 |
| Standard 1.3.13 | Nutrition, safe food, and fluid management | PA Low | 0 | 2 | 1 | 0 | 0 | 5 |

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| Continuum of Service Delivery Standards (of 12): N/A:10 CI:0 FA: 0 PA Neg: 0 PA Low: 2 PA Mod: 0 PA High: 0 PA Crit: 0 UA Neg: 0 UA Low: 0 UA Mod: 0 UA High: 0 UA Crit: 0Criteria (of 51): CI:0 FA:4 PA:3 UA:0 NA: 0 |

* 1. ***Safe and Appropriate Environment***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Attainment** | **CI** | **FA** | **PA** | **UA** | **NA** | **of** |
| Standard 1.4.1 | Management of waste and hazardous substances | FA | 0 | 2 | 0 | 0 | 0 | 6 |
| Standard 1.4.2 | Facility specifications | PA Low | 0 | 2 | 1 | 0 | 0 | 7 |
| Standard 1.4.3 | Toilet, shower, and bathing facilities | FA | 0 | 1 | 0 | 0 | 0 | 5 |
| Standard 1.4.4 | Personal space/bed areas | FA | 0 | 1 | 0 | 0 | 0 | 2 |
| Standard 1.4.5 | Communal areas for entertainment, recreation, and dining | FA | 0 | 1 | 0 | 0 | 0 | 3 |
| Standard 1.4.6 | Cleaning and laundry services | FA | 0 | 2 | 0 | 0 | 0 | 3 |
| Standard 1.4.7 | Essential, emergency, and security systems | PA Moderate | 0 | 3 | 2 | 0 | 0 | 7 |
| Standard 1.4.8 | Natural light, ventilation, and heating | FA | 0 | 2 | 0 | 0 | 0 | 3 |

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| Safe and Appropriate Environment Standards (of 8): N/A:0 CI:0 FA: 6 PA Neg: 0 PA Low: 1 PA Mod: 1 PA High: 0 PA Crit: 0 UA Neg: 0 UA Low: 0 UA Mod: 0 UA High: 0 UA Crit: 0Criteria (of 36): CI:0 FA:14 PA:3 UA:0 NA: 0 |

1. ***Restraint Minimisation and Safe Practice***

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|  |  | **Attainment** | **CI** | **FA** | **PA** | **UA** | **NA** | **of** |
| Standard 2.1.1 | Restraint minimisation | Not Applicable | 0 | 0 | 0 | 0 | 0 | 6 |
| Standard 2.2.1 | Restraint approval and processes | Not Applicable | 0 | 0 | 0 | 0 | 0 | 3 |
| Standard 2.2.2 | Assessment | Not Applicable | 0 | 0 | 0 | 0 | 0 | 2 |
| Standard 2.2.3 | Safe restraint use | Not Applicable | 0 | 0 | 0 | 0 | 0 | 6 |
| Standard 2.2.4 | Evaluation | Not Applicable | 0 | 0 | 0 | 0 | 0 | 3 |
| Standard 2.2.5 | Restraint monitoring and quality review | Not Applicable | 0 | 0 | 0 | 0 | 0 | 1 |
| Standard 2.3.1 | Safe seclusion use |   | 0 | 0 | 0 | 0 | 0 | 5 |
| Standard 2.3.2 | Approved seclusion rooms |   | 0 | 0 | 0 | 0 | 0 | 4 |

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| Restraint Minimisation and Safe Practice Standards (of 6): N/A: 6 CI:0 FA: 0 PA Neg: 0 PA Low: 0 PA Mod: 0 PA High: 0 PA Crit: 0 UA Neg: 0 UA Low: 0 UA Mod: 0 UA High: 0 UA Crit: 0Criteria (of 21): CI:0 FA:0 PA:0 UA:0 NA: 0 |

1. ***Infection Prevention and Control***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Attainment** | **CI** | **FA** | **PA** | **UA** | **NA** | **of** |
| Standard 3.1 | Infection control management | FA | 0 | 3 | 0 | 0 | 0 | 9 |
| Standard 3.2 | Implementing the infection control programme | Not Applicable | 0 | 0 | 0 | 0 | 0 | 4 |
| Standard 3.3 | Policies and procedures | Not Applicable | 0 | 0 | 0 | 0 | 0 | 3 |
| Standard 3.4 | Education | Not Applicable | 0 | 0 | 0 | 0 | 0 | 5 |
| Standard 3.5 | Surveillance | Not Applicable | 0 | 0 | 0 | 0 | 0 | 8 |
| Standard 3.6 | Antimicrobial usage |   | 0 | 0 | 0 | 0 | 0 | 5 |

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| Infection Prevention and Control Standards (of 5): N/A: 4 CI:0 FA: 1 PA Neg: 0 PA Low: 0 PA Mod: 0 PA High: 0 PA Crit: 0 UA Neg: 0 UA Low: 0 UA Mod: 0 UA High: 0 UA Crit: 0Criteria (of 29): CI:0 FA:3 PA:0 UA:0 NA: 0 |

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| **Total Standards (of 50) N/A:** 35 **CI:** 0 **FA:** 10 **PA Neg:** 0 **PA Low:** 4 **PA Mod:** 1 **PA High:** 0 **PA Crit:** 0 **UA Neg:** 0 **UA Low:** 0 **UA Mod:** 0 **UA High:** 0 **UA Crit:** 0**Total Criteria (of 219) CI:** 0 **FA:** 28 **PA:** 7 **UA:** 0 **N/A:** 0 |

**Corrective Action Requests (CAR) Report**

Provider Name: St Johns Hill Healthcare

Type of Audit: Partial provisional audit

Date(s) of Audit Report: Start Date:08-Aug-13 End Date: 08-Aug-13

DAA: Health and Disability Auditing New Zealand Limited

Lead Auditor: XXXXXXX

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| --- | --- | --- | --- | --- |
| **Std** | **Criteria** | **Rating** | **Evidence** | **Timeframe** |
| 1.2.7 | 1.2.7.4 | PALow | **Finding:**Advised that the newly employed staff commencing will all receive a one day orientation/training at the facility the week before opening. The all-employee orientation packages will be completed. Onsite specific training (such as fire drill/safety) is to be provided before opening.**Action:**Complete the facility orientation | To be completed prior to occupancy |
| 1.3.12 | 1.3.12.1 | PALow | **Finding:**The medication system is to be fully established at St John's Hill health care.**Action:**Implement a safe transition for the medication system  | Timed with opening |
| 1.3.12 | 1.3.12.3 | PALow | **Finding:**The service has newly employed staff and advised that medication competencies will be completed during induction**Action:**For new staff commencing that will have medication administration responsibilities, ensure all have completed medication competencies | Timed with opening |

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| --- | --- | --- | --- | --- |
| 1.3.13 | 1.3.13.5 | PALow | **Finding:**The food service is to be fully established at St John's Hill health care.**Action:**Kitchen to be fully established and operational including checking of temperatures, menu planning and delivery. | Timed with opening |
| 1.4.2 | 1.4.2.1 | PALow | **Finding:**a) The building is not yet completed and therefore the Code of Compliance certificate has not yet been signed off; b) electrical equipment and medical equipment does not display current test and tag, service or calibration certificates. **Action:**a) A Code of Compliance certificate must be sighted by DHB/healthcert prior to opening; b) all electrical equipment and all medical equipment must be checked, tested and tagged, serviced and/or calibrated by an authorised technician prior to use. | To be completed prior to occupancy |
| 1.4.7 | 1.4.7.1 | PALow | **Finding:**As the facility has not yet opened, staff have not completed a fire drill or training around the fire evacuation procedure.**Action:**Implement fire drills for all staff at St John's Hill health care.  | To be completed prior to occupancy |
| 1.4.7 | 1.4.7.5 | PALow | **Finding:**Call bell system not fully functioning throughout the care centre.**Action:**Ensure that the call bell system is fully functioning throughout the care centre. | To be completed prior to occupancy |

**Continuous Improvement (CI) Report**

Provider Name: St Johns Hill Healthcare

Type of Audit: Partial provisional audit

Date(s) of Audit Report: Start Date:08-Aug-13 End Date: 08-Aug-13

DAA: Health and Disability Auditing New Zealand Limited

Lead Auditor: XXXXXXX

**1. HEALTH AND DISABILITY SERVICES (CORE) STANDARDS**

**OUTCOME 1.2 ORGANISATIONAL MANAGEMENT**

Consumers receive services that comply with legislation and are managed in a safe, efficient, and effective manner.

**STANDARD 1.2.1 Governance**

The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.

ARC A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.3d; D17.4b; D17.5; E1.1; E2.1 ARHSS A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.5

Evaluation methods used: D 🗷 SI 🗷 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

St John's Hill health care is situated in Wanganui. The new owners purchased the property 5th October 2012 and stage one of two stages of earthquake strengthening and refurbishment are all but complete. The facility was closed by the previous owners in March 2012 and the new owners purchased the facility as a going concern. The two level care facility, villa and office area, and chapel were originally built in 1960. Stage one refurbishment has included the kitchen, laundry, and two storey care facility. Stage two will include the villa and chapel. The service plans to open the care facility in early September with the level two 30 bed unit receiving residents first. Level one (ground level) contains 26 resident rooms that will provide care for residents - with a total of 56 rooms across both levels. The kitchen and laundry are situated adjacent to the two storey care centre and connected by a corridor. These areas were all assessed as part of this partial provisional audit.

The owners have a quality assurance and risk management programme and an operational business plan for the project. Quality objectives and quality initiatives are set annually. The organisation wide objectives cover risk management, staff recruitment and development, resident care, and the quality programme.

The operational business plan includes governance structure, financial management, and budgets.

The owners and general manager completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital care and specialist dementia care. The other facility owned is situated in Christchurch and provides specialist dementia care and psychogeriatric hospital level care.

The general manager oversees both services (Christchurch and Wanganui) and works closely with the owners. The new facility manager appointed to St John's Hill health care is experienced in management and aged care and has previously worked as a retirement village manager. She commences her role on 9th September 2013. The general manager is the process of interviewing candidates for the role of clinical team leader. This person (RN) will be overseeing resident care. The human resource manual includes a number of documented responsibilities. There is a facility manager's job description that includes authority, accountability and responsibility including reporting requirements.

**Criterion 1.2.1.1 The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.1.3 The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.2.2 Service Management**

The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.

ARC D3.1; D19.1a; E3.3a ARHSS D3.1; D4.1a; D19.1a

Evaluation methods used: D 🗷 SI 🗷 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

The clinical team leader (RN) fulfils the manager role during a temporary absence with support by the general manager. The organisation completes annual planning and has comprehensive policies/procedures to provide hospital care. The staff appointed and re-furbished facility are appropriate for providing hospital level care and in meeting the needs of residents.

**Criterion 1.2.2.1 During a temporary absence a suitably qualified and/or experienced person performs the manager's role.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.2.7 Human Resource Management**

Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.

ARC D17.6; D17.7; D17.8; E4.5d; E4.5e; E4.5f; E4.5g; E4.5h ARHSS D17.7, D17.9, D17.10, D17.11

Evaluation methods used: D 🗷 SI 🗷 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** PA Low

The provider has organisational documented job descriptions for all positions which detail each position’s responsibilities, accountabilities and authorities. Additional role descriptions are in place for infection control coordinator, restraint coordinator, health and safety officer, fire officer and quality coordinator.

The service has policy around competencies and requirements for validating professional competencies. The manager advised that copies of practising certificates are to be obtained (obtained to date and sighted for facility manager (RN) employed).

Annual leave and rostering policy identifies manager availability including on call requirements. The policy also includes the requirements of skill mix, staffing ratios, rostering etc.

The general manager advised that she has currently employed a facility manager and is interviewing for clinical team leader. There will be one registered nurse employed to cover 24/7 initially (clinical team leader). As resident numbers increase, further RN's and/or enrolled nurses plus care staff will be employed. Expressions of interest from care givers have been received and interviews are planned in the near future.

There is a 2013 training plan developed for the organisation which will be implemented. There are a list of topics that must be completed at least two yearly and this is reported on. Advised that further training around equipment, safe chemical handling, emergency and fire training will be implemented also.

Staff education and training includes the ACE programme for care givers and there is planned annual in-service programme that will commence before opening with all staff that includes monthly in-services.

**Criterion 1.2.7.2 Professional qualifications are validated, including evidence of registration and scope of practice for service providers.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.7.3 The appointment of appropriate service providers to safely meet the needs of consumers.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.7.4 New service providers receive an orientation/induction programme that covers the essential components of the service provided.**

**Audit Evidence** **Attainment:** PA **Risk level for PA/UA:** Low

All new staff are required to complete an induction and orientation. The organisation has an induction/orientation programme which includes packages specifically tailored to the position such as caregiver, senior caregiver, RN, and so on.

Human resource management policies in place for the recruitment of staff including the selection process including police and reference checking.

Staff orientation policy provides guidelines regarding the orientation programme for all new staff and includes general orientation and specific orientation for registered and enrolled nurses.

All newly employed caregivers are required to complete competencies.

**Finding Statement**

Advised that the newly employed staff commencing will all receive a one day orientation/training at the facility the week before opening. The all-employee orientation packages will be completed. Onsite specific training (such as fire drill/safety) is to be provided before opening.

**Corrective Action Required:**

Complete the facility orientation

**Timeframe:**

To be completed prior to occupancy

**Criterion 1.2.7.5 A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.2.8 Service Provider Availability**

Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.

ARC D17.1; D17.3a; D17.3 b; D17.3c; D17.3e; D17.3f; D17.3g; D17.4a; D17.4c; D17.4d; E4.5 a; E4.5 b; E4.5c ARHSS D17.1; D17.3; D17.4; D17.6; D17.8

Evaluation methods used: D 🗷 SI 🗷 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

Annual leave and Rostering policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents and rosters are have been developed and are adjustable depending on resident numbers

The general manager has developed a draft roster for increase in resident numbers starting at 0-5 residents and increasing in increments of five.

Roster sighted for up to 30 rest home and/or hospital level residents - level two of the facility. The same roster would be utilised as the ground floor unit (26 beds) is occupied.

AM

Clinical team leader 0800 -1600

RN 0700-1500

2x caregivers 0700 - 1500

1 x caregiver 0700 - 1300

1x caregiver 0800 - 1500

PM

1 x RN 1500 - 2330

1 x RN/EN 1500 -2100

2 x caregiver 1500 - 2300

1x caregiver 1500 - 2100

1x caregiver 1700 - 2100

Night

1 x RN 2300 - 0700

2x caregivers 2300 - 0700

**Criterion 1.2.8.1 There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**OUTCOME 1.3 CONTINUUM OF SERVICE DELIVERY**

Consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.

**STANDARD 1.3.12 Medicine Management**

Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.

ARC D1.1g; D15.3c; D16.5e.i.2; D18.2; D19.2d ARHSS D1.1g; D15.3g; D16.5i..i.2; D18.2; D19.2d

Evaluation methods used: D 🗷 SI 🗷 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** PA Low

The service delivery manual includes a range of medication policies. The service is planning to use four weekly pre-packed sachet medication system. There are two secure treatment rooms - one on each floor - adjacent to the nurses’ stations. Two medication trolleys are available. There is a CD safe in the ground floor unit treatment room. A Self-Medicating Resident policy and procedure is available if required. The medication administration policies identify that medication errors are treated as an incident and captured as part of the incident management system and a medication error analysis is to be completed.

Policies and procedures reflect medication legislation and reference the medicines care guides for residential aged care and D 16.5 and D19.2. Advised that only registered nurses deemed competent will be responsible for administration. A competency policy and competency assessment is available. A second checker competency is also available for enrolled nurses or care givers who may be required to check medications.

The medication system is to be fully established at St John's Hill health care.

**Criterion 1.3.12.1 A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.**

**Audit Evidence** **Attainment:** PA **Risk level for PA/UA:** Low

The service is planning to use four weekly pre-packed sachet medication system. There are two secure treatment rooms - one on each floor - adjacent to the nurses’ stations. Two medication trolleys are available. There is a CD safe in the ground floor unit treatment room. Policies and procedures reflect medication legislation and reference the medicines care guides for residential aged care and D 16.5 and D19.2. Advised that only registered nurses deemed competent will be responsible for administration. A competency policy and competency assessment is available. A second checker competency is also available for enrolled nurses or care givers who may be required to check medications. Two medication fridges are available - one for each treatment room and temperature monitoring is to be commenced.

The general manager is currently in negotiations with a local pharmacy within the town to provide medication services.

**Finding Statement**

The medication system is to be fully established at St John's Hill health care.

**Corrective Action Required:**

Implement a safe transition for the medication system

**Timeframe:**

Timed with opening

**Criterion 1.3.12.3 Service providers responsible for medicine management are competent to perform the function for each stage they manage.**

**Audit Evidence** **Attainment:** PA **Risk level for PA/UA:** Low

All RN/EN's/ senior caregivers that will be responsible for administering and/or checking medication will complete a medication competency. This is to be completed annually.

**Finding Statement**

The service has newly employed staff and advised that medication competencies will be completed during induction

**Corrective Action Required:**

For new staff commencing that will have medication administration responsibilities, ensure all have completed medication competencies

**Timeframe:**

Timed with opening

**Criterion 1.3.12.5 The facilitation of safe self-administration of medicines by consumers where appropriate.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.3.12.6 Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.3.13 Nutrition, Safe Food, And Fluid Management**

A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.

ARC D1.1a; D15.2b; D19.2c; E3.3f ARHSS D1.1a; D15.2b; D15.2f; D19.2c

Evaluation methods used: D 🗷 SI 🗷 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** PA Low

There is a food safety policy and food services for the elderly policy included in the food services manual. The food safety policy includes (but not limited to); food service, food handling, menu, dishwashing, sanitation, personal hygiene and infection control and special diets.

The facility has a large workable kitchen in a service area off the care centre on the ground floor which is connected to the care centre by a corridor. There is a walk-in chiller and pantry and three chest freezers. The kitchen is equipped with a combi-steam over, Bain Marie, electric oven, gas cook hobs, and stainless steel bench surfaces. There is a staff toilet, shower and hand basin as well as a hand basin in the kitchen. The menu is to be designed and reviewed by a Registered Dietitian. Food is to be transported in hot box food carriers to the kitchenettes in the main dining room of each area. Meals are to be served to residents from the Bain maries in the kitchenettes. There is a lift near the service area that will transport food carriers to the second level and dishes back to the kitchen. A cook and other kitchen staff are yet to be employed. Crockery and cutlery is still to be purchased.

The food services for the elderly policy includes the processes whereby all residents have a nutritional profile completed on admission which is provided to the kitchen. There is access to a community dietitian.

Regular audits of the kitchen fridge/freezer temperatures and food temperatures will be undertaken and documented as part of the food safety programme. Food in the pantry will be kept off the ground. Food in the fridge and chillers will be covered and dated. Food safety in-service training will be conducted.

The food service is to be fully established at St John's Hill health care.

**Criterion 1.3.13.1 Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.3.13.2 Consumers who have additional or modified nutritional requirements or special diets have these needs met.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.3.13.5 All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.**

**Audit Evidence** **Attainment:** PA **Risk level for PA/UA:** Low

The service has a comprehensive food services manual. The food safety policy relates to all aspects of food procurement, storage, handling, menus, dishwashing, sanitation, personal hygiene and special diets. Policies are based on acceptable industry standards. Regular audits of the kitchen fridge/freezer temperatures and food temperatures will be undertaken and documented as part of the food safety programme. Food in the pantry will be kept off the ground. Food in the fridge and chillers will be covered and dated. Food safety in-service training will be conducted.

**Finding Statement**

The food service is to be fully established at St John's Hill health care.

**Corrective Action Required:**

Kitchen to be fully established and operational including checking of temperatures, menu planning and delivery.

**Timeframe:**

Timed with opening

**OUTCOME 1.4 SAFE AND APPROPRIATE ENVIRONMENT**

Services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensures physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

These requirements are superseded, when a consumer is in seclusion as provided for by of NZS 8134.2.3.

**STANDARD 1.4.1 Management Of Waste And Hazardous Substances**

Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.

ARC D19.3c.v; ARHSS D19.3c.v

Evaluation methods used: D 🗷 SI 🗷 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

There are documented policies and procedures for waste disposal and chemical storage. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is a locked cleaners cupboard in each level of the care centre.

Waste management is part of the environment and equipment audit conducted as part of the quality assurance audit programme.

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. All new staff will complete waste management training and PPE at orientation through the employees induction programme. (link #1.2.7)

Gloves, aprons, and goggles have been purchased and to be installed in the two sluice rooms in the care centre and cleaners cupboards. Infection control policies state specific tasks and duties for which protective equipment is to be worn.

**Criterion 1.4.1.1 Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.1.6 Protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used by service providers.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.2 Facility Specifications**

Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.

ARC D4.1b; D15.1; D15.2a; D15.2e; D15.3; D20.2; D20.3; D20.4; E3.2; E3.3e; E3.4a; E3.4c; E3.4d ARHSS D4.1c; D15.1; D15.2a; D15.2e; D15.2g; D15.3a; D15.3b; D15.3c; D15.3e; D15.3f; D15.3g; D15.3h; D15.3i; D20.2; D20.3; D20.4

Evaluation methods used: D 🗷 SI 🗷 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** PA Low

The facility was purpose built in 1960 by the previous owners. Earthquake strengthening and refurbishment work has been undertaken by the new owners with bedrooms remodelled to be spacious - many with full ensuites. All bedrooms have new windows, carpet, curtains, call bell system and lighting. The refurbishment is near completion. All building and plant have been built to comply to legislation. The new owner purchased the facility as a going concern and has kept all equipment for the care centre.

The care centre has two levels - with almost identical layout - with the exception of four bedrooms in the second floor. Each floor has a central nurse’s station and treatment room. At the end of each floor is a spacious dining and lounge area.

Residents are able to bring their own possessions into the home and are able to adorn their room as desired. The maintenance schedule includes checking of equipment.

All electrical equipment and other machinery is to be checked as part of the annual maintenance and verification checks. Medical equipment calibration and servicing is required to be undertaken prior to occupancy. The existing furniture and equipment is appropriate for this type of setting and the needs of the residents.

A new call bell system has been installed throughout the facility; however, this is not yet functioning throughout. The call system includes a large panel in each nurse’s station and a small panel over the door of each room. When a nurse/carer is in the resident room a green light shows staff outside that a colleague is in a particular room.

Level one (ground level) contains a 26 bedrooms and level two contains 30 bedrooms that will provide care for rest home and/or hospital level residents. Reception is on the ground level as well as kitchen and laundry. As the building is built on a sloping face, the rear of level two is accessible from the back garden area. There is a lift between the floors that is large enough for mobility equipment including a stretcher. The following equipment was purchased as part of the sale negotiations: blood pressure machines, thermometers, electric beds, seven air mattresses, six bubble air cell mattresses, one bath chair hoist, two standing hoists, four sling hoists, sensor mats, slippery sams, lifting belts, transfer boards, chair scales, nebuliser, oxygen concentrator and suction machine. All electrical equipment requires testing and tagging and all medical equipment requires current calibration and servicing. There are handrails in en-suites and hallways. All rooms and communal areas allow for safe use of mobility equipment. The care centre has newly laid carpet with vinyl/tiled surfaces in bathrooms/toilets and kitchen areas and six bedrooms. There is adequate space for storage of mobility equipment.

The re-build is not yet completed and therefore the code of compliance has not yet been signed off. External gardens, paths and seating areas remain unchanged.

**Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.**

**Audit Evidence** **Attainment:** PA **Risk level for PA/UA:** Low

All electrical equipment and other machinery is to be checked as part of the annual maintenance and verification checks. The following equipment was purchased as part of the sale negotiations: blood pressure machines, thermometers, electric beds, seven air mattresses, six bubble air cell mattresses, one bath chair hoist, two standing hoists, four sling hoists, sensor mats, slippery sams, lifting belts, transfer boards, chair scales, nebuliser, oxygen concentrator and suction machine. All electrical equipment requires testing and tagging and all medical equipment requires current calibration and servicing. The re-build is not yet completed and therefore the code of compliance has not yet been signed off. External gardens, paths and seating areas remain unchanged. The existing furniture and equipment is appropriate for this type of setting and the needs of the residents.

**Finding Statement**

a) The building is not yet completed and therefore the Code of Compliance certificate has not yet been signed off; b) electrical equipment and medical equipment does not display current test and tag, service or calibration certificates.

**Corrective Action Required:**

a) A Code of Compliance certificate must be sighted by DHB/Healthcert prior to opening; b) all electrical equipment and all medical equipment must be checked, tested and tagged, serviced and/or calibrated by an authorised technician prior to use.

**Timeframe:**

To be completed prior to occupancy

**Criterion 1.4.2.4 The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.3 Toilet, Shower, And Bathing Facilities**

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

ARC E3.3d ARHSS D15.3c

Evaluation methods used: D 🞏 SI 🗷 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

There are adequate numbers of toilets and showers with access to a hand basin and paper towels. There are 56 resident rooms - 41 residents rooms have a private ensuite (toilet/shower/hand basin). Eight rooms share a full ensuite between two rooms and seven rooms have the use of communal toilets and showers. This is configured as follows: in the ground level unit (26 resident rooms) there are 18 rooms with full ensuite, four rooms with shared ensuite and four rooms with access to two toilets and one communal shower. On level two (30 resident rooms) there are 23 rooms with full ensuite, four rooms with shared ensuite and three rooms with access to a one shower and toilet. There are also well placed communal toilets near the communal areas and one large mobility bathroom for shower bed.

**Criterion 1.4.3.1 There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.4 Personal Space/Bed Areas**

Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.

ARC E3.3b; E3.3c ARHSS D15.2e; D16.6b.ii

Evaluation methods used: D 🞏 SI 🗷 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

Residents rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in en-suites and communal toilets and bathrooms.

**Criterion 1.4.4.1 Adequate space is provided to allow the consumer and service provider to move safely around their personal space/bed area. Consumers who use mobility aids shall be able to safely maneuvers with the assistance of their aid within their personal space/bed area.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**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.

ARC E3.4b ARHSS D15.3d

Evaluation methods used: D 🞏 SI 🗷 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

There is a large lounge and dining area at the end of each unit (two). The upstairs lounge also has an activities room that can be partitioned off. A library room is also available for residents and families for privacy and a quiet space. There are garden areas with seating and shade.

**Criterion 1.4.5.1 Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**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.

ARC D15.2c; D15.2d; D19.2e ARHSS D15.2c; D15.2d; D19.2e

Evaluation methods used: D 🗷 SI 🗷 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

There are policies for cleaning and infection prevention and linen handling and processing. These policies ensure that all cleaning and laundry services are maintained and functional at all times. The laundry is in the service area and has an entrance for dirty laundry and an exit for clean. The laundry is large and has commercial washing machines and dryers. Ecolab have been contracted to provide chemicals for the service. Linen is to be transported to the laundry in covered linen trolleys. These have been purchased with the sale of the facility. Laundry will initially be managed by care staff. Laundry staff will be employed as resident numbers increase.

There are documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are to be commenced as per the quality assurance programme.

The service has a secure area for the storage of cleaning and laundry chemicals and a cleaning cupboard on each level. Laundry chemicals are within a closed system to the washing machine. Material safety data sheets will be provided by Ecolab and to be displayed in the cleaning cupboards, laundry and sluices in each area. The laundry and cleaning areas have hand-washing facilities.

**Criterion 1.4.6.2 The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.6.3 Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.7 Essential, Emergency, And Security Systems**

Consumers receive an appropriate and timely response during emergency and security situations.

ARC D15.3e; D19.6 ARHSS D15.3i; D19.6

Evaluation methods used: D 🗷 SI 🗷 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** PA Moderate

The safe environment manual contains the emergency and disaster policies and procedures including (but not limited to): fire and evacuation and dealing with emergencies and disasters. 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. Fire drills are scheduled for staff during induction the week before opening. All registered nurses will have current first aid certificates.

The service has alternative cooking facilities (gas cooker) available in the event of a power failure. The service has a diesel generator available in the event of power failure for emergency power supply. Battery operated emergency lighting is in place for two hours. There are also extra blankets available. There is a civil defence kit for the whole facility and a 25,000 litre water tank.

A new call bell system has been installed throughout the facility; however, this is not yet functioning completely throughout the care centre. The call system includes a large panel in the nurses’ station and a small panel over the door of each room. When a nurse/carer is in the resident room a green light shows staff outside that a colleague is in a particular room. If the staff member with a resident rings the bell for another staff member assist, this ring is different and allows for staff to alert other staff for assistance without leaving the resident unattended.

As the facility has not yet opened and staff are yet to be employed, a fire drill or training around the fire evacuation procedure has not occurred. A trial run through of the fire drill is planned for 22-Aug-2013. The fire evacuation scheme remains current as the building's internal structures including exits have not been altered. A letter from the NZFS (dated 8-Aug-2013) confirms the continued approval of the Fire Evacuation scheme - original scheme dated 24-Mar-2007.

**Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.**

**Audit Evidence** **Attainment:** PA **Risk level for PA/UA:** Low

The safe environment manual contains the emergency and disaster policies and procedures including (but not limited to): fire and evacuation and dealing with emergencies and disasters. 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. Fire drills are scheduled for staff during induction the week before opening. All registered nurses will have current first aid certificates. As the facility has not yet opened and staff are yet to be employed, a fire drill or training around the fire evacuation procedure has not occurred. The fire evacuation scheme remains current as the building's internal structures including exits have not been altered.

**Finding Statement**

As the facility has not yet opened, staff have not completed a fire drill or training around the fire evacuation procedure.

**Corrective Action Required:**

Implement fire drills for all staff at St John's Hill health care.

**Timeframe:**

To be completed prior to occupancy

**Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.7.4 Alternative energy and utility sources are available in the event of the main supplies failing.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.7.5 An appropriate 'call system' is available to summon assistance when required.**

**Audit Evidence** **Attainment:** PA **Risk level for PA/UA:** Low

A new call bell system has been installed throughout the facility, however, this is not yet functioning completely throughout the care centre. The call system includes a large panel in the nurses’ station and a small panel over the door of each room.

**Finding Statement**

Call bell system not fully functioning throughout the care centre.

**Corrective Action Required:**

Ensure that the call bell system is fully functioning throughout the care centre.

**Timeframe:**

To be completed prior to occupancy

**Criterion 1.4.7.6 The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.8 Natural Light, Ventilation, And Heating**

Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.

ARC D15.2f ARHSS D15.2g

Evaluation methods used: D 🗷 SI 🞏 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

General living areas and resident rooms are appropriately heated and ventilated. There is radiator heating throughout the facility via a gas heated boiler system. General living areas and resident rooms are appropriately heated and ventilated. Each individual radiator panel can be adjusted in resident rooms. All rooms have external windows with plenty of natural sunlight. The service has replaced all windows with double glazing and the corridor lighting on both levels has been replaced.

**Criterion 1.4.8.1 Areas used by consumers and service providers are ventilated and heated appropriately.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.8.2 All consumer-designated rooms (personal/living areas) have at least one external window of normal proportions to provide natural light.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**3. HEALTH AND DISABILITY SERVICES (INFECTION PREVENTION AND CONTROL) STANDARDS**

**STANDARD 3.1 Infection control management**

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

ARC D5.4e ARHSS D5.4e

Evaluation methods used: D 🗷 SI 🞏 STI 🞏 MI 🗷 CI 🞏 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

There are comprehensive infection control policies that meet the Infection Control Standard SNZ HB 8134.3.1.2008. There is policies including (but not limited to); a) Infection control coordination b) hand hygiene and c) monitoring of infections. The infection control team will include the clinical team leader (IC coordinator), facility manager, an RN/ EN and a care giver. There are clear lines of accountability to report to the IC team on any infection control issues including a reporting and notification to facility manager. There is documented IC responsibilities that includes reporting processes and an IC coordinators job description.

Infection control will be an agenda item on staff meetings and quality assurance meetings. Annual review of the infection control programme will be conducted.

**Criterion 3.1.1 The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters in the organisation leading to the governing body and/or senior management.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 3.1.3 The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 3.1.9 Service providers and/or consumers and visitors suffering from, or exposed to and susceptible to, infectious diseases should be prevented from exposing others while infectious.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**