

## **St John's Parish (Roslyn) Friends of the Aged and Needy Society**

**CURRENT STATUS: 06-Sep-13**

**The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Verification 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**

Leslie Groves Residential Care Facility is a not for profit residential service governed by St John's Roslyn, Anglican Church. The service is certified for hospital, medical, and rest home services. Leslie Groves operates over two sites - the hospital situated at Waikari and the rest home in Roslyn, Dunedin.

The service is managed by an experienced principal nurse manager who reports to the board of the St John's (Roslyn) Friends of the Aged And Needy Society Inc.

Leslie Groves is undergoing staged re-development of the Waikari hospital facility. A verification audit was completed and assessed the service's ability to provide rest home level dementia specific care in a refurbished 10 unit with resident rooms. The rooms are spacious. Six rooms have full ensuite facilities and four have shared ensuite. All rooms are verified as being fit for use to provide dementia specific care. The area was previously part of the Taieri psychogeriatric unit. There is a large dining/lounge area with kitchenette facilities, a nurses station and residents will be able to safely access an internal courtyard and a large garden area. The hospital also provides care to psychogeriatric and hospital level residents. A re-development risk management plan has been developed. The facility has quality systems, policies and procedures, resident rooms, and equipment appropriate for providing dementia specific care. The next stage of development is to complete the other half of the psychogeriatric unit (Taieri unit).

There are improvements required which relate to the full completion of all rooms including installation of carpet and furniture, securing of doors between the dementia unit and the psychogeriatric unit, ensuring hot water temperatures are recorded at 45 degrees Celsius, fire alarms, smoke alarms, sprinkler system and call bell system being fully operational, heating and lighting in the unit being fully operational and a safe and secure outdoor. These improvements are required prior to occupation.

# Leslie Groves Hospital

St John's Parish (Roslyn) Friends of the Aged and Needy Society

Verification audit - Audit Report

Audit Date: 06-Sep-13



## Audit Team

Audit Team	Name	Qualification	Auditor Hours on site	Auditor Hours off site	Auditor Dates on site
Lead Auditor	XXXXXXXX	RCpN, Health Auditor, AdDipBusMan, Cert QA	3.00	1.00	06-Sep-13
Auditor 1					
Auditor 2					
Auditor 3					
Auditor 4					
Auditor 5					
Auditor 6					
Clinical Expert					
Technical Expert					
Consumer Auditor					
Peer Review Auditor	XXXXXXXX	RCompN, PGDip HSM, Health auditor		0.50	

<b>Total Audit Hours on site</b>	3.00	<b>Total Audit Hours off site</b> <i>(system generated)</i>	1.50	<b>Total Audit Hours</b>	4.50
<b>Staff Records Reviewed</b>	0 of 42	<b>Client Records Reviewed</b> <i>(numeric)</i>	0 of 43	<b>Number of Client Records Reviewed using Tracer Methodology</b>	0 of 0
<b>Staff Interviewed</b>	2 of 42	<b>Management Interviewed</b> <i>(numeric)</i>	1 of 1	<b>Relatives Interviewed</b> <i>(numeric)</i>	0
<b>Consumers Interviewed</b>	0 of 43	<b>Number of Medication Records Reviewed</b>	0 of 43	<b>GP's Interviewed (aged residential care and residential disability)</b> <i>(numeric)</i>	0

## Declaration

I, (full name of agent or employee of the company) XXXXXXXX (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 of Health 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 Limited has in place effective arrangements to avoid or manage any conflicts of interest that may arise.

Dated this 20 day of September 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

Premise Name	Total Number of Beds	Number of Beds Occupied on Day of Audit	Number of Swing Beds for Aged Residential Care	Kinds of services certified												
				Hospital Care							Rest Home Care		Residential Disability Care			
				Children's Health Services	Geriatric Services (excluding dedicated Psychogeriatric Unit)	Geriatric Services-Psychogeriatric	Maternity Services	Medical Services	Mental Health Services	Surgical Services	Rest Home (excluding dedicated Dementia Care)	Dedicated Dementia Care	Intellectual Disability	Physical Disability	Psychiatric Disability	Sensory Disability
Leslie Groves Hospital	60	43	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Executive Summary of Audit

## *General Overview*

Leslie Groves Residential Care Facility is a not for profit residential service governed by St John's Roslyn, Anglican Church. The service is certified for hospital, medical, and rest home services. Leslie Groves operates over two sites - the hospital situated at Waikari and the rest home in Roslyn, Dunedin. The service is managed by an experienced principal nurse manager who reports to the board of the St John's (Roslyn) Friends of the Aged And Needy Society Inc.

Leslie Groves is undergoing staged re-development of the Waikari hospital facility. A verification audit was completed and assessed the service's ability to provide rest home level dementia specific care in a refurbished 10 unit with resident rooms. The rooms are spacious. Six rooms have full ensuite facilities and four have shared ensuites. All rooms are verified as being fit for use to provide dementia specific care. The area was previously part of the Taieri psychogeriatric unit. There is a large dining/lounge area with kitchenette facilities, a nurses station and residents will be able to safely access an internal courtyard and a large garden area. The hospital also provides care to psychogeriatric and hospital level residents. A re-development risk management plan has been developed. The facility has quality systems, policies and procedures, resident rooms, and equipment appropriate for providing dementia specific care. The next stage of development is to complete the other half of the psychogeriatric unit (Taieri unit).

There are improvements required which relate to the full completion of all rooms including installation of carpet and furniture, securing of doors between the dementia unit and the psychogeriatric unit, ensuring hot water temperatures are recorded at 45 degrees Celsius, fire alarms, smoke alarms, sprinkler system and call bell system being fully operational, heating and lighting in the unit being fully operational and a safe and secure outdoor. These improvements are required prior to occupation.

### *1.1 Consumer Rights*

### *1.2 Organisational Management*

Leslie Groves residential care is managed by a suitably qualified principal nurse manager and supported by a quality manager, registered nurses and care staff. The service has clearly defined strategic goals and quality plans that are regularly reviewed. A risk management plan around re-development of the home has been actioned and includes a focus on residents rights, staff and resident safety, financial risk and property related risk. There is documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support for current hospital and psychogeriatric level residents. A roster has been developed for provision of staff for the 10 bed dementia unit.

### *1.3 Continuum of Service Delivery*

The food service is contracted to ACE food services who provide meals from a large kitchen on site. There are food service policies and procedures and the menu is reviewed by a registered dietitian. A dietary profile of residents is developed on admission and food preferences are identified. There is sufficient scope within existing facilities to cater for a further 10 residents.

#### *1.4 Safe and Appropriate Environment*

Leslie Groves has been undergoing a staged redevelopment. A 10 bed area of the pre-existing psychogeriatric unit has been refurbished for use as a dementia specific unit. Residents will be able to access two secure courtyard areas. These areas require full completion. Chemicals will be stored safely and securely in a designated chemical room and staff will be provided with personal protective equipment. The physical environment and fixtures and fittings of the new resident rooms are appropriate and safe. The 10 rooms for verification are spacious and provides sufficient space to enable the use of mobility equipment. Resident rooms are yet to be carpeted and furniture is required to be installed. Windows in all resident rooms including doors, require curtains. Six rooms have full ensuite facilities and four rooms have shared ensuite facilities. There are cleaning and laundry policies and procedures that continue to be monitored and adhere to safety standards. The certificate for public use has yet to be obtained. The service has an existing approved fire evacuation plan. Furniture and fittings are selected with consideration to residents' abilities and functioning and rooms will be personalised. The service has implemented policies and procedures for civil defence and other emergencies and fire drills are conducted. Staff receive training in first aid and are able to respond to emergency situations. There is a new call bell system in all new areas which is not yet fully operational. Fire alarms, smoke detectors and sprinkler system have been installed but is not yet fully functioning. Entrance to the unit from reception will be through the nearby psychogeriatric unit which is yet to be fitted with a keypad locking system. General living areas and resident rooms will be heated via wall panel heaters, with windows providing ventilation. New lighting is currently being installed. These improvements are required prior to occupation.

#### *2 Restraint Minimisation and Safe Practice*

#### *3. Infection Prevention and Control*

There are policies and procedures in place relating to Infection prevention and control that support Infection Control Standard. There is a designated infection control nurse who reports to the management team. Infection prevention and control is part of the risk management plan developed for the staged rebuild of the facility.



## Summary of Attainment

### 1.1 Consumer Rights

		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 1.1.6	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

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: 0			
Criteria (of 48):	CI:0	FA:0	PA:0	UA:0	NA: 0			

## 1.2 Organisational Management

		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	Not Applicable	0	0	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 1.2.7	Human resource management	Not Applicable	0	0	0	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

Organisational Management Standards (of 7):	N/A:5	CI:0	FA: 2	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: 0	
Criteria (of 34):	CI:0	FA:3	PA:0	UA:0	NA: 0		

### 1.3 Continuum of Service Delivery

		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 1.3.12	Medicine management	Not Applicable	0	0	0	0	0	7
Standard 1.3.13	Nutrition, safe food, and fluid management	FA	0	3	0	0	0	5

Continuum of Service Delivery Standards (of 12):	N/A:11	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: 0	
Criteria (of 51):	CI:0	FA:3	PA:0	UA:0	NA: 0		

**1.4 Safe and Appropriate Environment**

		<b>Attainment</b>	<b>CI</b>	<b>FA</b>	<b>PA</b>	<b>UA</b>	<b>NA</b>	<b>of</b>
Standard 1.4.1	Management of waste and hazardous substances	FA	0	2	0	0	0	6
Standard 1.4.2	Facility specifications	PA Moderate	0	0	3	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 Low	0	3	2	0	0	7
Standard 1.4.8	Natural light, ventilation, and heating	FA	0	2	0	0	0	3

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: 0	
Criteria (of 36):	CI:0	FA:12	PA:5	UA:0	NA: 0			

## 2 Restraint Minimisation and Safe Practice

		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

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: 0	
Criteria (of 21):	CI:0	FA:0	PA:0	UA:0	NA: 0		

### 3 Infection Prevention and Control

		Attainment	CI	FA	PA	UA	NA	of
Standard 3.1	Infection control management	Not Applicable	0	0	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	FA	0	1	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

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: 0			
Criteria (of 29):	CI:0	FA:1	PA:0	UA:0	NA: 0			

<b>Total Standards (of 50)</b>	<b>N/A: 38</b>	<b>CI: 0</b>	<b>FA: 10</b>	<b>PA Neg: 0</b>	<b>PA Low: 1</b>	<b>PA Mod: 1</b>	<b>PA High: 0</b>	<b>PA Crit: 0</b>	<b>UA</b>
<b>Neg: 0</b>	<b>UA Low: 0</b>	<b>UA Mod: 0</b>	<b>UA High: 0</b>	<b>UA Crit: 0</b>					
<b>Total Criteria (of 219)</b>	<b>CI: 0</b>	<b>FA: 19</b>	<b>PA: 5</b>	<b>UA: 0</b>	<b>N/A: 0</b>				

## Corrective Action Requests (CAR) Report

Provider Name: St John's Parish (Roslyn) Friends of the Aged and Needy Society

Type of Audit: Verification audit

Date(s) of Audit Report: Start Date:06-Sep-13 End Date: 06-Sep-13

DAA: Health and Disability Auditing New Zealand Limited

Lead Auditor: XXXXXXXX

Std	Criteria	Rating	Evidence	Timeframe
1.4.2	1.4.2.1	PA Low	<p><b>Finding:</b> A certificate of public use is not yet signed off.</p> <p><b>Action:</b> Provide evidence of a certificate of public use for the 10 bed unit.</p>	Prior to occupancy.
1.4.2	1.4.2.4	PA Moderate	<p><b>Finding:</b> a) All 10 bedrooms require completion in relation to painting, carpet laying, curtains on windows and doors, and installation of furniture; b) At the end of the dementia unit there is an area which leads in to the old PG unit where re-development work is currently taking place. This not secure; c) Hot water temperatures in the refurbished 10 bed unit has been monitored with recordings between 45 and 48 degrees Celsius.</p> <p><b>Action:</b> a) Ensure all bedrooms are completed and ready for residents to occupy; b) Ensure that the dementia unit is secure and that residents are not able to access the area currently under re-development; c) Ensure hot water temperatures are within acceptable limits as per building code.</p>	Prior to occupancy.

1.4.2	1.4.2.6	PA Low	<p><b>Finding:</b> External areas are accessible from the dementia unit but require completion.</p> <p><b>Action:</b> Ensure all external areas accessible to dementia unit residents are completed.</p>	Prior to occupancy
1.4.7	1.4.7.1	PA Low	<p><b>Finding:</b> a) Fire alarms, smoke detectors and sprinkler system is not yet fully operational; b) Staff yet to be employed require fire and emergency management training.</p> <p><b>Action:</b> a) Ensure fire and emergency management systems are fully operational; b) Provide education and training for all new staff in fire and emergency management.</p>	Prior to occupancy.
1.4.7	1.4.7.5	PA Low	<p><b>Finding:</b> A call bell system has been installed, however, this is not yet fully functional.</p> <p><b>Action:</b> Ensure that the call bell system is fully functional.</p>	Prior to occupancy.



## Continuous Improvement (CI) Report

Provider Name: St John's Parish (Roslyn) Friends of the Aged and Needy Society

Type of Audit: Verification audit

Date(s) of Audit Report: Start Date:06-Sep-13 End Date: 06-Sep-13

DAA: Health and Disability Auditing New Zealand Limited

Lead Auditor: XXXXXXXX

# 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**

Leslie Groves is managed by a principal nurse manager (PNM) who is a registered nurse (RN) with a MA Nursing. She has varied experience within the health sector including 17 years within the aged care sector and 10 years as manager of Leslie Groves. The PNM is supported by a quality manager (RN), a clinical team leader (RN) who is based in the Redfern (hospital) unit and a unit manager who is based in Taieri unit (psychogeriatric). The rest home is based at a different location and has a nurse unit manager on site who reports to the PNM. The principal nurse manager (PNM) completes a monthly report for the Board (who meet monthly) and includes (but is not limited to) reporting on quality issues such as incidents and complaints, and financial performance.

There is a OpQual Plan for 2010-2013 that outlines key performance areas such as: ensure services are relevant to identified resident needs; resident/family involvement in care; palliative care services; dementia services; medications management; human resources which includes but is not limited to orientation, education performance appraisal and recruitment. The plan includes staff responsible, achievement measures and timeframes for completion. Monitoring against the goals is evident - last reviewed by the management team 5 September 2013. The service is certified for 60 hospital beds and 34 rest home beds over two sites. A 10 bed unit, which was part of the previous Taieri psychogeriatric unit, is near completion. The service intends to use this unit for dementia specific residents. The 10 bed unit will be key pad locked from the lounge area of the psychogeriatric unit. On the day of audit there are hospital residents (22) and psychogeriatric residents (21) accommodated in other areas of the facility. The 10 bed unit is part of the ninth stage of redevelopment at Leslie Groves. The rest home facility is located at 22 Sheen Street, Roslyn, Dunedin and was not visited. (Leslie Groves Home).

The staged re-development programme has been underway since 2011 for the hospital facility. Previous stages of re-development have included refurbishment of entrance, reception, offices, kitchen, addition of a lift, service entrance, residents rooms, lounge area and family room, and nurses stations which is now completed. Previous verification audit was for 33 hospital bed rooms, nurses' station, lounge and dining area. The service has completed any corrective actions required relating to securely housing the psychogeriatric residents. The current stage of re-development is a two part refurbishment of the Taieri psychogeriatric unit. Part one (stage 9A of redevelopment) is almost complete (10 beds) which will now be used as a dementia specific unit.

#### 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 1.2.8 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  Mal  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment:** FA

There is an implemented staffing policy in place and includes workload analysis, staffing levels and skill mixes. Policy last reviewed 13-Aug-2013. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. Numbers defined (based on occupancy) - can be increased/decreased based on same. Levels are reviewed at least annually.

A roster has been developed for staffing the 10 bed dementia unit. Advised that with full occupancy there would be 1.5 staff in am, 1.5 staff in pm and one caregiver over night. The morning and afternoon shift would include an enrolled nurse and/or caregiver. Diversional therapy hours will be included up to three hours per day. Registered nurse cover will be provided from adjoining PG or hospital units. Cleaning and laundry staff are included in projected rostering.

**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 1.3.13 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: FA**

Ace Foods contractors have the food provision contract for Leslie Groves. A large purpose built kitchen is located on the ground floor. Ace Foods has policies/procedures for food services and menu planning appropriate for the services. Winter and summer menus are created by a registered dietician. There is a kitchen manual which contains policies and procedures related to cleaning equipment used in the kitchen and the kitchen itself, food handling, and preparation, personal hygiene in the kitchen, nutritional plan, quality aims, checking of temperatures, food storage, kitchen access, routines. A dietary assessment is made by the RN as part of the assessment process. There was evidence of residents receiving supplements. Fridge and freezer temperatures are monitored and recorded daily in the kitchen. Food in the fridge and freezers is covered and dated. ACE food services conducts audits as part of their own food safety programme. Special or modified diets are catered for. Residents food preferences are identified on admission. This includes consideration of any particular dietary needs (including cultural needs). Each resident has a dietary assessment that provides information on dietary needs and preferences. Each resident has a menu sheet that ensures the correct meals are delivered. Residents allergies are noted. Soft and puree dietary needs are documented.

Leslie Grove conducts audits including: a) fridge and freezer temperature recordings; b) annual resident survey; Food and meals are agenda items at the resident meetings. Nutritional audit conducted relating to food service, presentation, weights in May 2013. The service is well placed to continue to provide nutritional needs of all residents.

E3.3f: Advised that additional nutritious snacks will be available over 24 hours.

D19.2 Staff have been trained in safe food handling.

**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.**

<b>Audit Evidence</b>	<b>Attainment: FA</b>	<b>Risk level for PA/UA:</b>
<b>Finding Statement</b>		
Corrective Action Required:		
Timeframe:		

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

<b>Audit Evidence</b>	<b>Attainment: FA</b>	<b>Risk level for PA/UA:</b>
<b>Finding Statement</b>		
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.**

<b>Audit Evidence</b>	<b>Attainment: FA</b>	<b>Risk level for PA/UA:</b>
<b>Finding Statement</b>		
Corrective Action Required:		
Timeframe:		

## 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**

The service has waste management policies and procedures for the safe disposal of waste and hazardous substances. The service has a system for investigating, recording, and reporting spills of biological material, blood/body substance exposures, and for managing waste. There are no cleaning chemicals in the 10 bed dementia unit as yet, however, a locked cleaners room is available to house the cleaning trolley and cleaning chemicals. There is an incident reporting system that includes investigation of waste or hazardous substances incidents. Chemicals in other areas of the facility are labelled and there is appropriate protective equipment and clothing for staff including gloves, gowns and eye protection.

#### 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 Moderate

The service displays a current building warrant of fitness dated 16 March 2014. A certificate for public use is yet to be provided to incorporate the 10 bed unit. This is an area requiring improvement. Regular maintenance is carried out at Leslie Groves. As part of a staged re-development, the 10 bed unit for verification is part of an older psychogeriatric unit which has been refurbished in two parts.

Stage 9A of the redevelopment includes the refurbishment of the 10 bed unit for dementia specific residents and incorporate a lounge/dining area, nurses' station, treatment room and utility room. The 10 bed unit will be accessed from the psychogeriatric lounge area by key pad locked double doors. The key pad is yet to be fitted.

At the other end of the 10 bed unit are double doors which require securing. This is also an area requiring improvement. This area is stage 9B of redevelopment and will include psychogeriatric rooms and service areas. The cleaning room is located in this area. Furniture and fittings have been selected with consideration to residents' abilities and functioning. Residents can bring in their own furnishings for their rooms. There is sufficient room throughout the 10 bed unit for residents to mobilise safely. Floor surfaces are yet to be laid and all rooms require completion in relation to painting, carpet, curtains on windows and doors, and furniture. Hot water temperatures in the refurbished 10 bed unit has been monitored with recordings between 45 and 48 degrees Celsius. Advised that on-going monitoring is occurring to ensure that temperatures are at acceptable levels. Access to two internal secure courtyards will be available for the dementia residents. These require completion prior to occupation.

E3.4d, The lounge area is designed so that space and seating arrangements will provide for individual and group activities.

E3.3e: There are quiet, low stimulus areas that provide privacy when required.

E3.4.c There will be two safe and secure outside areas that are easy to access.

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

**Audit Evidence**

**Attainment:** PA

**Risk level for PA/UA:** Low

The service displays a current building warrant of fitness dated 16 March 2014. Regular maintenance is carried out at Leslie Groves. As part of a staged re-development, the 10 bed unit for verification is part of an older psychogeriatric unit which has been refurbished in two parts.

### **Finding Statement**

A certificate of public use is not yet signed off.

### **Corrective Action Required:**

Provide evidence of a certificate of public use for the 10 bed unit.

### **Timeframe:**

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:** PA

**Risk level for PA/UA:** Moderate

Furniture and fittings have been selected with consideration to residents' abilities and functioning. Residents can bring in their own furnishings for their rooms. There is sufficient room throughout the 10 bed unit for residents to mobilise safely. Floor surfaces are yet to be laid and all rooms require completion in relation to painting, carpet, curtains on windows and doors, and furniture. The 10 bed dementia unit is accessed via double doors with key pad lock from the main reception area. The end of the dementia unit leads on to the other part of the old PG unit. Advised that a temporary hoarding will be installed at the end of the 10 bed dementia unit to prevent residents accessing the other side of the unit where redevelopment work is continuing. The adjoining double doors to the psychogeriatric unit are secure with key pad lock. Hot water temperatures in the refurbished 10 bed unit has been monitored with recordings between 45 and 48 degrees Celsius. Advised that on-going monitoring is occurring to ensure that temperatures are at acceptable levels.

### **Finding Statement**

a) All 10 bedrooms require completion in relation to painting, carpet laying, curtains on windows and doors, and installation of furniture; b) At the end of the dementia unit there is an area which leads in to the old PG unit where re-development work is currently taking place. This not secure; c) Hot water temperatures in the refurbished 10 bed unit has been monitored with recordings between 45 and 48 degrees Celsius.

### **Corrective Action Required:**

a) Ensure all bedrooms are completed and ready for residents to occupy; b) Ensure that the dementia unit is secure and that residents are not able to access the area currently under re-development; c) Ensure hot water temperatures are within acceptable limits as per building code.

### **Timeframe:**

Prior to occupancy.

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

### **Audit Evidence**

**Attainment:** PA

**Risk level for PA/UA:** Low

Access to two internal secure courtyards will be available for the dementia residents. Access to a small enclosed courtyard is via the dining room and access to the large garden and courtyard is via door near the nurses' station. These external areas require completion. Advised that seating and shade will be available.

### **Finding Statement**

External areas are accessible from the dementia unit but require completion.



**Corrective Action Required:**

Ensure all external areas accessible to dementia unit residents are completed.

**Timeframe:**

Prior to occupancy

**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  Mal  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: FA**

There are full ensuites for six rooms and shared ensuite facilities for four rooms. Fixtures, fittings and floor and wall surfaces appear to be made of accepted materials for this environment in ensuite bathroom facilities. These facilities are appropriate for the client group.

**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  Mal  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: FA**

Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. Transfer of residents in a hospital stretcher is achievable if necessary and equipment can be transferred between rooms. The newly refurbished bedrooms are large in size and allow movement for residents, staff and any mobility equipment.

**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**

The 10 bed dementia unit has a large lounge and dining area with kitchenette facilities. Within the wider facility there is a chapel and a family room. Lounge, dining room seating, and furniture has been purchased and chosen as being appropriate for the residents using the service. Residents are able to access areas for privacy if required. Furniture has been chosen and is appropriate to the setting and will be arranged to enable residents to mobilise.

E3.4b: There is adequate space to allow maximum freedom of movement while promoting safety for those that wander.

**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  Ma  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: FA**

The service has in place policies and procedures for effective management of laundry and cleaning. There is documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry audit completed in June 2013 and annual cleaning audit in October 2012. Laundry chemicals are stored securely in the laundry which is located in the basement. There is a locked cleaning cupboards in the unit to provide safe secure storage.

**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 D15.3j; 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 Low**

D19.6: There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Emergency readiness plan includes fire policy and instructions, emergency plans, bomb threat, earthquake, prowlers and intruders, and civil defence emergencies. Emergency training is included in the orientation. Fire drills are conducted six monthly - last conducted in March 2013. The New Zealand Fire Service has reviewed the new plans and buildings and has provided approval - letter dated 7 December 2011. The refurbished 10 bed unit has fire alarms, smoke detectors and fire doors in place. These are not yet fully functional and this requires improvement prior to occupation. The facility maintains civil defence packs and emergency lighting, alternative energy, gas barbeque and bottled gas, water supply, blankets and bulk food for three days stored. There is a generator available. There are contingency plans for back up supplies. Emergency lighting and cooking is available in the event of a power failure. A call bell policy is present. The call bells system is appropriate to the unit but is not yet fully functioning and this requires improvement prior to occupation. There are call bells available in the dining and lounge rooms and bathrooms. Visitor and contractors sign in is required. There is a security policy. The service secures the buildings at nightfall. Advised by PNM that staff completed security checks each evening.

**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 New Zealand Fire Service has reviewed the new plans and buildings and has provided approval - letter dated 7 December 2011. The refurbished 10 bed unit has fire alarms, sprinkler system, smoke detectors and fire doors in place which are not yet fully operational. Staff have yet to be employed for the unit, therefore training in fire and emergency management has not yet taken place.

**Finding Statement**

a) Fire alarms, smoke detectors and sprinkler system is not yet fully operational; b) Staff yet to be employed require fire and emergency management training.

**Corrective Action Required:**

a) Ensure fire and emergency management systems are fully operational; b) Provide education and training for all new staff in fire and emergency management.

**Timeframe:**

Prior to occupancy.

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

<b>Audit Evidence</b>	<b>Attainment: FA</b>	<b>Risk level for PA/UA:</b>
<b>Finding Statement</b>		
<b>Corrective Action Required:</b>		
<b>Timeframe:</b>		

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

<b>Audit Evidence</b>	<b>Attainment: FA</b>	<b>Risk level for PA/UA:</b>
<b>Finding Statement</b>		
<b>Corrective Action Required:</b>		
<b>Timeframe:</b>		

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

<b>Audit Evidence</b>	<b>Attainment: PA</b>	<b>Risk level for PA/UA: Low</b>
A call bell policy is present. The call bells system is appropriate to the unit but is not yet fully functioning. There are call bells available in the dining and lounge rooms and bathrooms.		
<b>Finding Statement</b>		
A call bell system has been installed, however, this is not yet fully functional.		
<b>Corrective Action Required:</b>		
Ensure that the call bell system is fully functional.		
<b>Timeframe:</b>		
Prior to occupancy.		

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

<b>Audit Evidence</b>	<b>Attainment: FA</b>	<b>Risk level for PA/UA:</b>
<b>Finding Statement</b>		
<b>Corrective Action Required:</b>		
<b>Timeframe:</b>		

**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

<b>How is achievement of this standard met or not met?</b>	<b>Attainment: FA</b>
General living areas and the 10 resident rooms will be appropriately heated with panel wall heating in each bedroom, a ceiling heat pump in the dining/lounge area and radiator heating in the hallway. Residents have access to natural light in their rooms and there is adequate external light in communal areas.	

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

<b>Audit Evidence</b>	<b>Attainment: FA</b>	<b>Risk level for PA/UA:</b>
<b>Finding Statement</b>		
<b>Corrective Action Required:</b>		
<b>Timeframe:</b>		

**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.

<b>Audit Evidence</b>	<b>Attainment: FA</b>	<b>Risk level for PA/UA:</b>
<b>Finding Statement</b>		
<b>Corrective Action Required:</b>		
<b>Timeframe:</b>		

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

#### STANDARD 3.3 Policies and procedures

Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.

ARC D5.4e, D19.2a ARHSS D5.4e, D19.2a

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

<b>How is achievement of this standard met or not met?</b>	<b>Attainment: FA</b>
Leslie Groves has an infection control programme and written policies and procedures that comply with current best practice. There are IC policies infection control manual contains comprehensive information about the programme. The infection control programme was reviewed in February 2013.	
D 19.2a: Infection control policies include blood & body fluid exposure, hand hygiene, influenza, management of MRSA, outbreak management, standard precautions, sharps management, single use items, infection surveillance, cleaning disinfection and sterilisation. The risk management plan developed for the re-build includes infection prevention and control.	

**Criterion 3.3.1** There are written policies and procedures for the prevention and control of infection which comply with relevant legislation and current accepted good practice.

<b>Audit Evidence</b>	<b>Attainment: FA</b>	<b>Risk level for PA/UA:</b>
<b>Finding Statement</b>		

**Corrective Action Required:**

**Timeframe:**