**Glenbrae Resthome and Hospital Limited**

**Current Status:** **15-Oct-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**

Glenbrae Rest Home and Hospital has indicated a desire to increase their capacity for delivering rest home level care. The service currently has a maximum capacity to provide for 41 rest home or hospital level care beds. This verification audit considered the service providers ability to deliver rest home level care into any of the 17 serviced apartments which are attached to the care facility. This would bring the maximum ability to provide rest home beds to 58 and hospital care beds would stay the same at 41.

The service is already providing dedicated housekeeping and care staff and meal services to the 17 residents who live in the serviced apartments. The residents may access any of the facilities on the campus and can choose to join in activities that are on offer in the rest home or the retirement village. They are supported to access services in the community.

There is an area of concern in regards to fire suppression systems. Although each apartment has hard wired smoke detectors and sprinklers, the doors separating the care facility and the apartment wing are smoke stop doors not fire doors. Although compliant with the 1996 building regulations these would not meet the current regulations. There is also uncertainty about whether the current Building Warrant of Fitness applies to both the care facility and the apartment wing.

**Glenbrae Rest Home and Hospital**

Glenbrae Rest Home and Hospital Ltd

Verification audit - Audit Report

Audit Date: 15-Oct-13

Audit Report

To: HealthCERT, Ministry of Health

|  |  |
| --- | --- |
| **Provider Name** | Glenbrae Rest Home and Hospital Ltd |

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| --- | --- | --- | --- |
| **Premise Name** | **Street Address** | **Suburb** | **City** |
| Glenbrae Rest Home and Hospital | 22 Hilda Street |       | Rotorua |

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| **Proposed changes of current services** (*e.g. reconfiguration*)**:** |
| Prospective providers applying for certification of a new unoccupied site  |

|  |  |
| --- | --- |
| **Type of Audit** | Verification audit and (*if applicable*)  |
| **Date(s) of Audit** | **Start Date:** 15-Oct-13 **End Date:** 15-Oct-13 |
| **Designated Auditing Agency** | The DAA Group Limited |

# Audit Team

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Audit Team** | **Name** | **Qualification** | **Auditor Hours on site** | **Auditor Hours off site** | **Auditor Dates on site** |
| Lead Auditor | XXXXXXXXX | NZRPNNZQA 8086Dip MgmentBSocSci | 4.00 | 4.00 | 15-Oct-13 |
| Auditor 1 |       |       |       |       |       |
| Auditor 2 |       |       |       |       |       |
| Auditor 3 |       |       |       |       |       |
| Auditor 4 |       |       |       |       |       |
| Auditor 5 |       |       |       |       |       |
| Auditor 6 |       |       |       |       |       |
| Clinical Expert |       |       |       |       |       |
| Technical Expert |       |       |       |       |       |
| Consumer Auditor |       |       |       |       |       |
| Peer Review Auditor | XXXXXXXXX | RN,MBA,NZQA 8086 |       | 1.00 |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total Audit Hours on site** | 4.00 | **Total Audit Hours off site** *(system generated)* | 5.00 | **Total Audit Hours** | 9.00 |
| **Staff Records Reviewed** | 6 of 58 | **Client Records Reviewed** *(numeric)* | 0 of 0 | **Number of Client Records Reviewed using Tracer Methodology** | 0of 0 |
| **Staff Interviewed** | 3 of 57 | **Management Interviewed** *(numeric)* | 1 of 1 | **Relatives Interviewed** *(numeric)* | 0 |
| **Consumers Interviewed** | 5 of 17 | **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) XXXXXXXXX (occupation) Director of (place) Wellington hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf ofThe DAA Group Limited, an auditing agency designated under section 32 of the Act.

I confirm that The DAA Group Limitedhas in place effective arrangements to avoid or manage any conflicts of interest that may arise.

Dated this 24 day of October 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **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** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Glenbrae Rest Home and Hospital | 17 | 17 | 0 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🗷 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
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Executive Summary of Audit

General Overview

Glenbrae Rest Home and Hospital has indicated a desire to increase their capacity for delivering rest home level care. The service currently has a maximum capacity to provide for 41 rest home or hospital level care beds. This verification audit considered the service providers ability to deliver rest home level care into any of the 17 serviced apartments which are attached to the care facility. This would bring the maximum ability to provide rest home beds to 58 and hospital care beds would stay the same at 41.

The service is already providing dedicated housekeeping and care staff and meal services to the 17 residents who live in the serviced apartments. The residents may access any of the facilities on the campus and can choose to join in activities that are on offer in the rest home or the retirement village. They are supported to access services in the community.

There is an area of concern in regards to fire suppression systems. Although each apartment has hard wired smoke detectors and sprinklers, the doors separating the care facility and the apartment wing are smoke stop doors not fire doors. Although compliant with the 1996 building regulations these would not meet the current regulations. There is also uncertainty about whether the current Building Warrant of Fitness applies to both the care facility and the apartment wing.

1.1 Consumer Rights

Not applicable for this audit.

1.2 Organisational Management

Both the operations/quality manager and the clinical manager are registered nurses. They have many years experience in the management of older people residential services and the provision of clinical care. They demonstrate good knowledge and understanding about best practice guidelines and the legal and contractual requirements for this sector.

The proposed care/clinical staffing rationale for providing rest home care to the apartments would meet the contract requirements and would not appear to compromise the level of care delivered in existing services. There are no proposed changes to the number of allied staff (administration, housekeeping, food) the arrangements for registered medical practitioner 24 hour a day and seven day a week cover, or registered dietitians, podiatry and physiotherapy services which are contracted as required.

1.3 Continuum of Service Delivery

There are already effective processes in place for the provision of food and delivery of three meals a day to the 17 residents who live in the serviced apartments. The service provider therefore proposes no change to the existing policies and procedures which already provide appropriate nutrition, food and fluid for older people. Residents interviewed are very satisfied with the meals provided to them. A registered dietitian is contracted to develop menus and provide nutritional advice for individual residents.

1.4 Safe and Appropriate Environment

The 17 apartments are located on the ground level with direct internal access to the care facility. The apartments are within a similar walking distance from the main reception and manager's office as one of the existing wings in the care facility. Residents furnish their own apartments which are spacious enough to provide for mobility equipment.

The design of the bathrooms takes into account the needs of older people, for example, there is effective heating and ventilation, shower heads are flexible with easy to operate water mixer handles, approved grab rails are appropriately secured, and shower stools and raised toilet seats are provided.

Cleaning and laundry services are already provided by part time housekeeping staff who are allocated to the apartments. There is a suitably equipped laundry specifically for use by apartment residents. Housekeeping staff assist with laundry where required, and soiled or infected laundry is cleaned in the main laundry.

Essential emergency and security systems are already in place. There are documented emergency procedures for all potential disasters and staff attend ongoing education in emergency management. Trial fire evacuations occur every six months and security systems are in place. There are two areas requiring actions which are related to the environment. There is a need to determine that the current Building Warrant of Fitness applies to both the care facility and the apartment wing and that the fire suppression systems (specifically the smoke stop doors) meet the relevant legislation.

2 Restraint Minimisation and Safe Practice

Not applicable to this audit.

3. Infection Prevention and Control

The documented infection control programme contains a comprehensive suite of policies which cite best safe practice in preventing and managing infection in older people. Specialist advice and support is readily available from infection specialists at Rotorua hospital.

Summary of Attainment

* 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 1.1.5 | 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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **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 1.2.5 | 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 | FA | 0 | 2 | 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 |

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| Organisational Management Standards (of 7): N/A:4 CI:0 FA: 3 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 34): CI:0 FA:5 PA:0 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 | 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 |

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| 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: 0Criteria (of 51): CI:0 FA:3 PA:0 UA:0 NA: 0 |

* 1. Safe and Appropriate Environment

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **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 | 4 | 1 | 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:15 PA:2 UA:0 NA: 0 |

1. 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 |
| 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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **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 |
| 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:1 PA:0 UA:0 NA: 0 |

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| **Total Standards (of 50) N/A:** 37 **CI:** 0 **FA:** 11 **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**Total Criteria (of 219) CI:** 0 **FA:** 24 **PA:** 2 **UA:** 0 **N/A:** 0 |

# Corrective Action Requests (CAR) Report

Provider Name: Glenbrae Rest Home and Hospital Ltd

Type of Audit: Verification audit

Date(s) of Audit Report: Start Date:15-Oct-13 End Date: 15-Oct-13

DAA: The DAA Group Limited

Lead Auditor: XXXXXXXXX

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Std** | **Criteria** | **Rating** | **Evidence** | **Timeframe** |
| 1.4.2 | 1.4.2.1 | PALow | **Finding:**The BWOF issued may not be appropriate for both the care facility and the apartments which are part of the retirement village, as these facilities serve different purposes and may require different BWOFs. **Action:**Obtain a BWOF for the apartment wing that confirms its appropriateness for use as a care facility.  | Prior to commencing service delivery in the apartments. |
| 1.4.7 | 1.4.7.1 | PAModerate | **Finding:**There are only smoke stop doors between the rest home and the apartment wing. This would have complied with the 1996 building regulations but current regulations require full fire doors. The owner has been made aware of this and is currently gathering information to assist in determining the extent of remedial work.**Action:**Ensure that emergency and fire suppression systems comply with relevant legislation and local body regulations. | Prior to commencement of rest home care in to serviced apartments.  |

# Continuous Improvement (CI) Report

Provider Name: Glenbrae Rest Home and Hospital Ltd

Type of Audit: Verification audit

Date(s) of Audit Report: Start Date:15-Oct-13 End Date: 15-Oct-13

DAA: The DAA Group Limited

Lead Auditor: XXXXXXXXX

**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

There is an annual business, quality and risk management plan which contains time framed goals. The service scope, values and direction are clearly documented in service literature and are displayed on the facility walls. The RN/Operations and Quality Manager has been in the post for 18 months and is suitably qualified and experienced for the role. The clinical manager is a NZ registered nurse with many years experience nursing in age care and providing assessment and co-ordination services for older people. Both managers have current practising certificate and are maintaining their nursing portfolio by attending ongoing education in subject areas relevant to older people (eg, management seminars, infection control, renewal of first aid certificate and DHB forums).

**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 1.2.7 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:** FA

The service provider proposes using their already employed staff to provide additional care to the residents requiring this who live in the apartments. There is evidence that staff are recruited using good employment practices (sighted two staff files with application documents, copies of qualifications, interview questions and responses, records of reference checking, police check and letter offering employment).

All new staff engage in an orientation programme that covers the entire care facility. The programme includes all expected subject areas for consumer rights, day to day practices (eg, showering, infection prevention guidelines, cleaning and laundry, food safety, falls prevention, manual handling emergency preparedness, accident incident reporting, restraint and managing challenging behaviours, medicines management).

There is a commitment to ongoing staff training. There is an annual education calendar that includes subject areas that are not included in the ACE programme and relevant to care of older people. There is an excellent update of the ACE programme (100% of staff). All have achieved the core modules A large percentage have completed the National Certificate in Health, Disability and Age care which includes the advanced, dementia modules and the palliative care modules. There is evidence that all levels of staff including administrative staff, activities staff and kitchen staff engage in age care education. All staff are required to hold a current first aid certificate. The operations and quality manager actively liaises with local education providers such as the Waiariki Institute of Technology, and the DHB in regards to education.

**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:**

**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

The service is intending to provide the additional care within the current staffing regime, of one caregiver to five residents and there would be an extra night shift worker employed from midnight to 6.30am. This person will ideally be an enrolled nurse. There is a documented staffing rationale.

Currently morning shifts (7 am to 3 pm) are covered by four caregivers and at least one RN seven days a week. The RN manager is on site Monday to Friday 8 am - 5 pm and there is an additional clinical manger role for 32 hours a week. The clinical manager/RN is on site Monday to Thursday. There is also a delegated clinical nurse leader in position on Friday and Saturdays. This position is held by an RN.

There are already three caregivers specifically allocated to the serviced apartments. One from 7 am to 2 pm and two from 4.30 to 8 pm. There is a housekeeper from 7.30 to 1.30 in addition to the two staff who provide cleaning and laundry duties 7 am to 3.30 pm (one in the weekend) in the rest home. Housekeeping staff are oriented and trained to deliver effective cleaning and laundry in all areas of the home currently as they cover each others absences.

Afternoon shift (3 pm to 11 pm) is covered by two caregivers and one RN and two to three additional short shift caregivers in the rest home, plus the two caregivers in the apartments.

Night shift (11 pm to 7.15 am) is covered by one caregiver and a RN and there is an intent to employ an extra clinical staff person.

There is good GP cover for on call medical services 24 hours a day seven days a week. The service provider is currently negotiating a new contract for GP services.

There is an adequate number of auxiliary staff currently employed who already provide services to the 17 residents in the apartments. A cook and kitchen hand are on site seven days a week from 6.45 am to 6.30 pm. There is a registered physiotherapist contracted to provide assessment and therapies one day a week and to train other staff to oversee the exercise/physiotherapy programme for the rest of the week.

A qualified diversional therapist works 8 hours a day two days a week (Thursday and Friday) and an activities co-ordinator is also on site 8 hours a day for three days (Monday, Tuesday, Wednesday). The 17 residents in the serviced apartments currently attend any entertainment on offer in the rest home and the village. Activities staff state they could accommodate up to an additional five residents into their current hours. Additional hours would be allocated if resident need grows to more than this.

A maintenance person is employed 25 hours a week and two gardeners are on site 8 am to 4.30 pm Monday to Friday. There are additional administrative and reception staff.

All evidence is confirmed by interview with the operations manager, the clinical manager, staff as quoted, the owner review of staff files and job descriptions and consideration of the proposed roster.

**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

It is anticipated that there will be little or any change to the way food and fluid is provided to a person living in an apartment should they require rest home level care. Currently the 17 apartment residents have breakfast delivered to their rooms on trays and other meals and snacks are provided in the communal dining room and lounge. The lunch and dinner meals, morning, afternoon teas and supper are the same as the main kitchen six weekly menu, but apartment resident have additional choices of food and meals to reflect their preferences (eg, bar-be-que meals, toasted sandwiches and a range of seasoning condiments). The menus are reviewed by a registered dietitian. All serviced apartment residents have had a nutritional assessment and nutritional needs are reassessed when there is a change in health status. These are completed on admission and their food requirements and preferences are kept in the kitchen.

All residents have microwaves and fridges in their apartments with tea/coffee and snack making facilities. They also have ready access to facilities in the communal kitchen and dining room.

The food services manual includes policies which comply with these standards, DHB and MoH service contract requirements, the MoH Food & nutrition guidelines for the older person, the Food Act 1981, and Food Hygiene Regulations 2002. Food safety policies contain clear descriptions for personnel and environmental hygiene measures, pest control, managing food expiry dates and staff training, information about the process of aging and how aging affects nutritional needs. A registered dietician oversees food and fluid management, and menu planning. Residents requiring additional supplement drinks or soft meals are provided for. (Observed lunchtime meal service for apartment residents, reviewed their meal plans and interview with five residents.)

There will be no change in the number of kitchen staff or hours worked to accommodate the increase in rest home level care. All kitchen staff have completed relevant training on food hygiene. There are clearly described procedures for kitchen cleaning, food storage and procurement of food supplies. Food from the kitchen to the dining area in the serviced apartments is transferred in a bain marie and are plated up and served in the dining room.

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

**Finding Statement**

**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

All staff are provided with ongoing education in the safe storage and handling of waste, infectious and hazardous substances. There have been no known exposures to infectious or hazardous substances. The organisation has described policies and procedures for the safe handling of waste, infectious or hazardous substances, use of PPE, management of incidents involving infectious material, needle stick injuries, and contact with blood and body substances. Protective clothing and equipment is available and staff are observed to be using this (eg, goggles/visors, gloves, aprons, footwear, and masks). Containers of disposable gloves and sterigel/hand sanitizer liquid are located throughout the facility.

Staff are currently disposing the incontinence products of apartment residents in accordance with rest home procedures (eg, bagging and into rubbish receptacles). Soiled laundry is sent to the main laundry and washed by laundry personnel.

**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 apartment wing was built in 1996 and was (it is assumed) issued a code of compliance by Rotorua District Council. No record could not be found during a recent search of council files. The building has a warrant of fitness (BWOF) due to expire on 24 February 2014. A family member has raised questions about whether the BWOF issued is appropriate for and covers both the care facility and the apartments which are part of the retirement village, as these facilities serve different purposes and may require different BWOFs. (Interview with owner, manager and information provided by DHB portfolio manager prior to the onsite audit.)

The single bedroom apartments are spacious and although these could easily accommodate hoists it is not anticipated these will be required for residents requiring rest home level care. Anyone requiring a hoist would likely be transferred to a hospital bed in the main care facility.

Corridors are wide and safety rails are installed at the correct height for safe mobilisation.

The rest home and hospital care facility already has appropriate equipment in place, such as, a seated chair electronic scale, suction equipment, nebuliser, oxygen cylinders and an oxygen concentrator, hoists and other medical and non-medical equipment, such as, dressings and incontinence products.

There are no changes in floor surface and levels. Carpet and vinyl floor surfaces are heavy strength, easily sanitised and suitable for the services to be delivered. All cares will be carried out in the resident's own apartment which maximises auditory and visual privacy.

All external areas are designed to be safe and appropriate for older people. External gardens and walkways are on the same level and are maintained to prevent slipping hazards. There is safe and adequate seating suited to the consumer group and shading and shelter is in place for recreation or evacuation purpose.

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

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

The apartment wing was built in 1996 and was (it is assumed) issued a code of compliance by Rotorua District Council. No record could not be found during a recent search of council files. The building has a warrant of fitness (BWOF) due to expire on 24 February 2014. A family member has raised questions about whether the BWOF issued is appropriate for and covers both the care facility and the apartments which are part of the retirement village, as these facilities serve different purposes and may require different BWOFs.

**Finding Statement**

The BWOF issued may not be appropriate for both the care facility and the apartments which are part of the retirement village, as these facilities serve different purposes and may require different BWOFs.

**Corrective Action Required:**

Obtain a BWOF for the apartment wing that confirms its appropriateness for use as a care facility.

**Timeframe:**

Prior to commencing service delivery in the apartments.

**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

Design of the bathrooms takes into account the needs of older people and there is effective heating and ventilation. Grab rails are appropriately secured shower heads are flexible with easy to operate water mixer handles and shower stools and raised toilet seats are provided as required.

The showers are enclosed with glass sliding doors and are not disability accessible. Two residents who currently receive assistance with showering state they do not need staff in the shower stall with them and any resident who does would most likely be assessed as requiring more than rest home level care.

There are separately designated staff and visitors toilets in close proximity to the serviced apartment wing.

**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

Each apartment has a bedroom immediately off the lounge which easily accommodates a king single bed and bedroom furniture. Residents provide their own furniture but hospital beds and bed rails can and are provided by the home when required.

Access to each apartment is from internal corridors with doors wide enough to accommodate mobility equipment and ambulance gurneys.

Each room has a walk in wardrobe with shelving. There are sufficient and conveniently located power points and telephone jack points.

**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 dining area and separate lounge for use by apartment residents. The dining room furnished with five dining tables and enough chairs to seat 20 people. These are easy to lower into and get up from and are stable and suitable for use by older persons. There is plenty of light and ventilation in the dining room with external doors. All residents are encouraged to join others in the dining room for lunch and dinner but meals can also be delivered to apartments. Apartment residents may access any of the facilities on the campus and can choose to join in activities that are on offer in the rest home or the retirement village. They are supported to access services in the community as confirmed by interview with five residents and observation of activities planners and notices.

**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 fully described policies for cleaning and laundry which contain step by step procedures for implementing safe and hygienic practices.

Cleaning and laundry services to apartment residents is already provided by part time housekeeping staff allocated to this service area at no additional cost to the residents (confirmed by interview with operations manager, and housekeeping staff, review of position descriptions and staff roster). This level of cleaning and laundry service is equal to what a rest home resident would receive in the care facility. Basic cleaning, such as emptying of rubbish bins, bed making, dusting and wiping down of basins, occurs daily, and full house cleaning occurs on a planned rotation. Each apartment receives a deep spring clean each year.

There is a suitably equipped laundry facility in the apartment wing which contains commercial washing machines and a dryer. Residents may use these or staff are available to assist or provide laundry services. Location and storage of bulk chemicals is in the main laundry which is in close proximity. Cleaning chemicals are dispensed from a wall mounted chemicals system in the cleaning store room as are laundry chemicals in the main laundry, so exposure is minimized. Material Safety Data sheets are kept where chemicals are stored and are accessible for staff. Hazardous chemical substances are correctly labelled and the container is appropriate for the contents, including container type, strength and type of lid/opening.

**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

Documented emergency readiness procedures are in place for, fire safety, earthquakes, flood, electrical storm, gas leak, loss of water, electrical storms and policies for resident emergencies, such as, choking, poisoning, burns and allergies.

The facility has emergency backup lighting and a generator system for power outages which lasts for 36 hours. There are four appropriately stocked civil defence kits on site. There is adequate food and water supply for a maximum 58 residents (41 rest home/hospital level care residents and 17 apartment residents). The 78 village residents are encouraged to store food for themselves, and the two 3,000 litre water tanks installed on site, can provide enough water for 100 people for up to 20 days.

Each apartment has two fire sprinklers and hard wired smoke detectors. There are fire hoses and extinguishers in place. These and the exits are checked monthly by an externally contracted provider (Fire Security Services).

The DHB portfolio manager has been contacted about the safety of the existing fire safety/suppression systems. There are only smoke stop doors between the rest home and the apartment wing. This would have complied with the 1996 building regulations but current regulations require full fire doors. The owner has been made aware of this and is currently gathering information to assist in determining the extent of remedial work.

There are call bells installed and residents may also wear alarm pendants. The manager advises that there are about six calls a month logged from residents in the serviced apartments. All calls register on the computer screen located in the reception desk and for the serviced apartments the pager carried by the staff member who is on duty. Response times to calls is monitored and the operations manager informs the village manager about calls from village residents each day as they occur.

Training and education in responding to emergency situations is part of the orientation process when staff commence employment. This is confirmed by review of six staff files that education in emergency management is completed and is ongoing.

The fire evacuation scheme is approved by NZ Fire services on 24 June 1994. Trial fire drills occur every six months and the most recent one occurred on 30 April 2013. The next drill is scheduled for November.

A security company conducts nightly security patrols and checks the security of all external doors and windows. Staff lock external doors at night and access to the care facility, individual apartments and the rest of the building. All apartments have large opening windows with curtains for privacy and some apartments have conservatories with an external door. These doors are fitted with security screens for added security.

**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:** Moderate

All staff are maintaining a first aid certificate and attend ongoing training in training in emergency and security situations. There are systems and procedures in place to maximise safety and security (eg, security services, trial evacuation drills).

 There are only smoke stop doors between the rest home and the apartment wing. This would have complied with the 1996 building regulations but current regulations require full fire doors. The owner has been made aware of this and is currently gathering information to assist in determining the extent of remedial work.

**Finding Statement**

There are only smoke stop doors between the rest home and the apartment wing. This would have complied with the 1996 building regulations but current regulations require full fire doors. The owner has been made aware of this and is currently gathering information to assist in determining the extent of remedial work.

**Corrective Action Required:**

Ensure that emergency and fire suppression systems comply with relevant legislation and local body regulations.

**Timeframe:**

Prior to commencement of rest home care in to serviced apartments.

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

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**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

The facility is heated by electric store heaters in corridors and smaller wall mounted panel heaters are located in each apartment. There are opening doors to the outside from lounges and common areas and each apartment has large opening windows with security stays, or external doors which provide good light and air circulation. Five of five residents interviewed state their apartments are warm in winter and there is adequate ventilation during summer.

**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 3.3 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 🞏

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

The service will be applying its existing infection prevention and control policies and procedures for services delivered to residents staying in their own apartments. Policy and processed are regularly reviewed and updated as required to meet current best known practice (this is confirmed by interview with the infection control co ordinator). Any infection matters related to care in apartments will be considered by the RN/infection control co-ordinator who can seek external advice from Lakes DHB infection specialists. The sighted policies and procedures are suitable for the size and scope of these services. The terms of reference for infection control are clearly documented.

**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.**

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

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**