

Aberleigh Rest Home Limited

CURRENT STATUS: 18-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

This verification audit is undertaken for the purpose of assessing Aberleigh's staged environmental improvements. These improvements included; (i) a new purpose built six-bed psychogeriatric wing, and eight-bed hospital wing, (ii) renovations to the dementia unit, (iii) renovations to a 14 bed rest home wing and (iv) configuration of current 36 rest home beds to provide rest home or hospital level care. The renovations and building have resulted in an increase from 46 to 62 beds.

Aberleigh has an operations manager (new to the role), who has experience working in aged care and dementia care. She is supported by a clinical nurse manager, a stable staff and the management team at Dementia Care NZ. The audit identified the building, staff and processes appropriate for providing hospital, rest home, dementia and psychogeriatric level care. The organisation has human resources and expertise to provide all these services.

The improvements required by the service are related to the completion of the building.

Aberleigh Rest Home

Aberleigh Rest Home Limited

Verification audit - Audit Report

Audit Date: 18-Oct-13

Audit Team

Audit Team	Name	Qualification	Auditor Hours on site	Auditor Hours off site	Auditor Dates on site
Lead Auditor	XXXXXXXX	RN, Health Audit Cert	5.00	2.00	18-Oct-13
Auditor 1					
Auditor 2					
Auditor 3					
Auditor 4					
Auditor 5					
Auditor 6					
Clinical Expert					
Technical Expert					
Consumer Auditor					
Peer Review Auditor	XXXXXXXX			2.00	

Total Audit Hours on site	5.00	Total Audit Hours off site <i>(system generated)</i>	4.00	Total Audit Hours	9.00
Staff Records Reviewed	4 of 31	Client Records Reviewed <i>(numeric)</i>	0 of 0	Number of Client Records Reviewed using Tracer Methodology	0 of 0
Staff Interviewed	0 of 0	Management Interviewed <i>(numeric)</i>	3 of 3	Relatives Interviewed <i>(numeric)</i>	0

Consumers Interviewed	0 of 0	Number of Medication Records Reviewed	0 of 0	GP's Interviewed (aged residential care and residential disability) (numeric)	0
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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 25 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

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
Aberleigh Rest Home	62	35	36	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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

This verification audit is undertaken for the purpose of assessing Aberleigh's staged environmental improvements. These improvements included; (i) a new purpose built six-bed psychogeriatric wing, and eight-bed hospital wing, (ii) renovations to the dementia unit, (iii) renovations to a 14 bed rest home wing and (iv) configuration of current 36 rest home beds to provide rest home or hospital level care. The renovations and building have resulted in an increase from 46 to 62 beds.

Aberleigh has an operations manager (new to the role), who has experience working in aged care and dementia care. She is supported by a clinical nurse manager, a stable staff and the management team at Dementia Care NZ. The audit identified the building, staff and processes appropriate for providing hospital, rest home, dementia and psychogeriatric level care. The organisation has human resources and expertise to provide all these services. The improvements required by the service are related to the completion of the building.

1.1 Consumer Rights

Not applicable

1.2 Organisational Management

Dementia Care NZ is the parent company for Aberleigh Rest Home and has a current charter and business plan and a quality and risk organisational plan that aligns with the business plan (2013/14). The vision and values statement sets out the philosophy of the providers. Aberleigh Rest Home holds regular meetings including (but not limited to); quality, infection control, staff, health and safety and resident/family meetings. The operations manager of Aberleigh reports to the proprietors on a range of issues on a daily and monthly basis. The operations manager is new to the role and is supported by the previous manager at least two days a week. The clinical manager will continue to provide clinical oversight to the hospital and psychogeriatric residents. The organisation provides training days with the clinical managers and senior management team to ensure at least eight hours annually of professional development activities occurs including those related to managing a hospital. There is a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster in place for the new units and some of the staff are already employed.

1.2 Continuum of Service Delivery

Not applicable

1.4 Safe and Appropriate Environment

Aberleigh has policies and procedures for the appropriate disposal of waste and infectious substances. Chemicals are labelled and there is appropriate protective equipment and clothing for staff.

There is an adequate number of toilets which are easily accessible from communal areas in all wings.

Throughout the facility the rooms are large enough to provide hospital level care, allowing the use of mobility equipment in the rooms and corridors. There is ample space in all areas for residents to be assisted with mobility aids. In the dementia wings, all rooms are spacious and personal space/bed areas are appropriate for the consumer group. In the rest home/hospital wings, rooms have single opening but large enough to allow stretcher if a resident needs to be transferred out of the room /facility therefore these rooms are appropriate for hospital level care.

In the rest home/hospital wing, there are two dining and lounge areas and one separate lounge that are large enough to accommodate rest home and hospital residents and associated equipment. The six bed psychogeriatric wing has two separate lounge areas and the eight-bed hospital has combined lounge-dining areas that is appropriate for the consumer group.

The new wing is in the process of being completed, therefore the certificate for public use has not been signed off. External areas are not fully completed and is not secured yet. There is current and new furniture and equipment available for all areas.

Aberleigh has policies and procedures for effective management of laundry and cleaning practices. Laundry and cleaning processes are monitored for effectiveness. Aberleigh has implemented policies and procedures for civil defence and other emergencies. Emergency lighting and cooking is available in the event of a power failure. There is staff on duty with a current first aid certificate. Fire drills are conducted six monthly and last completed on August 2013. Aberleigh has applied for a new staged fire evacuation scheme and is currently waiting for approval.

All residents room have an external window. There is plenty of natural sunlight throughout the building. There is an appropriate call bell system.

2 *Restraint Minimisation and Safe Practice*

Not applicable

3. *Infection Prevention and Control*

The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the IC team, training and education of staff. Infection control programme includes infection control objectives as part of the quality and risk management plan.

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	0	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:0	PA:0	UA:0	NA: 0		

1.4 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	1	2	0	0	7
Standard 1.4.3	Toilet, shower, and bathing facilities	PA Low	0	0	1	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: 5	PA Neg: 0	PA Low: 3	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 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

Total Standards (of 50) N/A: 38 CI: 0 FA: 9 PA Neg: 0 PA Low: 3 PA Mod: 0 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: 16 PA: 5 UA: 0 N/A: 0

Corrective Action Requests (CAR) Report

Provider Name: Aberleigh Rest Home Limited
 Type of Audit: Verification audit

Date(s) of Audit Report: Start Date:18-Oct-13 End Date: 18-Oct-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	<p>Finding:</p> <p>(i) The building is not yet completed and therefore a Certificate of Public Use (CPU) has not yet been signed off, (ii) Doors into the new psychogeriatric (PG) wing are not yet secured. The operations manager stated that a key pad lock will be installed with the completion of the building work.</p> <p>Action:</p> <p>(i) Ensure a CPU is signed off before opening. (ii) Ensure that entrance and exit to the psychogeriatric unit is secure.</p>	To be completed prior to opening.
1.4.2	1.4.2.6	PA Low	<p>Finding:</p> <p>ARHSS D15.3b. Garden area includes a safe walking path for residents; however fencing around the garden including the gate and safety rails from the door to the front garden has not been completed yet.</p> <p>Action:</p> <p>Ensure a safe garden area prior to the opening.</p>	To be completed prior to the opening.
1.4.3	1.4.3.1	PA Low	<p>Finding:</p> <p>Not all bathroom facilities are completed. The Business Project Manager stated that hot water system will be linked to the tempering valves which is installed throughout the facility and hot water will be monitored at 45 degrees C when the water is on.</p> <p>Action:</p> <p>Ensure that bathroom and toilet facilities are fully operational and hot water temperature is maintained for 45 degrees C.</p>	To be completed prior to the opening.
1.4.7	1.4.7.3	PA Low	<p>Finding:</p> <p>The Business Project Manager stated that he has already applied for the staged evacuation</p>	3 months

			<p>scheme, however this has not been approved by the NZFS yet.</p> <p>Action: Ensure that the fire evacuation scheme is approved by the NZFS.</p>	
1.4.7	1.4.7.5	PA Low	<p>Finding: Installation of the call bell system in the hospital dining / lounge area and in the two bathrooms have not been completed yet.</p> <p>Action: Ensure that call bell system is working in all areas.</p>	To be completed prior to opening.

Continuous Improvement (CI) Report

Provider Name: Aberleigh Rest Home Limited

Type of Audit: Verification audit

Date(s) of Audit Report: Start Date:18-Oct-13 End Date: 18-Oct-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 Ma V CQ SQ STQ Ma L

How is achievement of this standard met or not met?

Attainment: FA

Dementia Care NZ Ltd is the proprietors of Aberleigh.

This verification audit is undertaken for the purpose of assessing Aberleigh's staged environmental improvements. These improvements included; (i) a new purpose built six-bed psychogeriatric wing, and eight-bed hospital wing, (ii) renovations to the dementia unit, (iii) renovations to a 14 bed rest home wing and (iv) configuration of current rest home beds to provide rest home or hospital level care. The renovations and building have resulted in an increase from 46 to 62 beds. The service and facility is appropriate for providing care at four service levels (rest home, hospital, dementia and psychogeriatric care). As part of the organisations business planning that have determined that adding psychogeriatric services will assist with 'aging in place' and will continue to align with their vision: 'to create a loving, warm, and homely atmosphere where each person is supported to experience each moment richly'.

Dementia Care NZ is the parent company for Aberleigh and has a current charter and business plan and a quality and risk organisational plan that aligns with the business plan (2013/14). The vision and values statement sets out the philosophy of the providers. Aberleigh holds regular meetings.

The new operations manager at Aberleigh was appointed in June 2013. She had previously been employed by Aberleigh as a caregiver and subsequently promoted to the operations co-ordinator and more recently to the operations manager position (she is supported by the previous operations manager (now Business Project Manager for DCNZ) that visits at least 2x weekly. Peer support and mentorship was provided to her prior the appointment of her new role and this continues. This is evidenced in the review of her file including completed orientation documents appropriate to the current role. The operations manager reports to the proprietors on a range of issues on a daily and monthly basis.

There is a clinical manager who has been in her role since September 2012 and was previously employed as a RN by the service, prior to that she was employed as a PM manager at two of DCNZ's Christchurch facilities. She has a team of five RNs and 23 caregivers.

The Business Project Manager stated that the aim for the opening is 4 November 2013. Currently, there are no psychogeriatric services in Blenheim and adding this new service means residents would have a better continuum of care as otherwise they need to leave Blenheim.

ARC E2.1, ARHSS D5.1 The philosophy of the service also includes providing safe and therapeutic care for residents with dementia that enhances their quality of life and minimises risks associated with their confused states.

ARC, D17.3di (rest home), D17.4b (hospital), ARHSS D17.5 the operations manager has maintained at least eight hours annually of professional development activities related to managing a hospital. She completed an orientation programme that was appropriate for the service and she is mentored by the quality system manager who visits the site on a monthly basis. She has also attended the operations managers training days which is a two day training programme that was provided by the owners.

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 MaI V CQ SQ STQ Ma L

How is achievement of this standard met or not met?	Attainment: FA
There are 23 caregivers, 18 have completed the required dementia standards, and five caregivers are in the process of completing. Advised by the operations manager that staff that has completed training will commence work in the new psychogeriatric unit. The Staffing Levels policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery.	
There is an RN on during the day seven days a week.	
Operations Manager- Mon - Saturday/ 5.5 hours a day.	

Clinical Manager (RN) - Mon - Fri Full time .

Cook - 9.75 hours a day.

Meal assistant- 2.75 hours a day

Rest home-

Koromiko wing - 14 bed capacity

1x Caregivers 0700 - 1500, 7.00-12.30, 4.30-20.00, 15.00-23.00 and 23.00 -7.00am.

DT/ DT assistant 10.00-4.30

Kowhai Wing (hospital/rest home)

14 bed capacity

RN - 06.45-15.15, 15.00-23.15 and 23.00-7.00

1x Caregivers -07.00-15.00, 07.00-12.30, 10.00-13.30, 15.00-23.00 and 4.30-20.00

DT/ DT assistant- 13.30-16.30

Dementia - 20 beds capacity

Rata /Mata wings

1xCaregivers 7.00-15.00, 7.00-12.30, 07.00-13.00, 15.00-23.00, 16.30-20.00 and 23.00-07.00

DT/DT Assistant -13.30-16.30

Psychogeriatric and hospital care

Ngaio wing- 6 bed PG unit and an eight bed hospital unit

RN - -06.45-15.15, 15.00-23.15` and 23.00-07.00 (based in the PG unit)

1xCaregivers - 07.00-15.00, 07.00-12.30, 7.00-13.00, 15.00-23.00, 16.30-20.00, 17.00-21.00 and 23.00-07.00

DT/DT assistant 13.30-16.30

The Business Project Manager advised that current RNs employed by the service will be rostered for the new wing, additional RN requirements will be facilitated from the other sites of the organisation as required.

The organisation has developed a programme called 'best friends' which comprises four x one hour sessions for all staff. The programme is part of the annual education plan and includes promoting the approach that care staff are the residents 'best friend'. The education package includes role playing, and discussions to promote empathy, understanding dementia, communication with dementia residents and providing activities that are meaningful and resident focused. The programme is tied to the vision and values of the organisation. This is mandatory for all staff. This year the training has further extended with the introduction of ' come into my world' training which is across three sessions. Non-violent crisis intervention training is also provided for staff annually to enable them to safely manage residents with challenging behaviours.

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 1.4 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
Aberleigh has policies and procedures for the appropriate disposal of waste and infectious substances. All incidents involving infectious material are reported through the incident reporting process. Chemicals are labelled and there is appropriate protective equipment and clothing for staff.	

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 building is in the process of being completed (near completion), therefore the Certificate of Public Use (CPU) has not been signed off. External areas are not fully completed and the PG area is not secured yet.

ARHSS D15.3d The Business Project Manager stated that some of the furniture is newly bought including high-low beds and stored in the storage room and other equipment that previously owned also is kept in the storage. The new and old furniture and equipment will be used in the new wings.

Each of the lounge areas are designed and furnished so that space and seating arrangements provide for individual and group activities.

ARC D15.3; ARHSS D15.3e: The following equipment is available, pressure relieving mattresses, shower chairs, two hoists, oxygen concentrator, lifting aids. Interviews with the operations manager confirmed that can access medical equipment as needed. There is a modified weighing scale but the clinical manager stated that she has already requested to upgrade existing weighing equipment, which is currently under consideration.

E3.3e: ARHSS D15.2e: There are quiet, low stimulus areas that provide privacy when required in both the dementia unit and psychogeriatric unit.

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

Audit Evidence

Attainment: PA

Risk level for PA/UA:

The new wing and part of the dementia wing are still under construction. The new wing has a 14-bed capacity including six -bed psychogeriatric and eight-bed hospital level care. This two wings are connected each other with a door between them that will be secure when building completed. During the tour of the facility, it is observed that bathroom fittings, carpeting, electrical work, drug room, nursing station, and paintings are not fully completed.

Finding Statement

(i) The building is not yet completed and therefore a CPU has not yet been signed off, (ii) Doors into the new PG wing are not yet secured. The operations manager stated that a key pad lock will be installed with the completion of the building work.

Corrective Action Required:

(i) Ensure a CPU is signed off before opening. (ii) Ensure that entrance and exit to the psychogeriatric unit is secure.

Timeframe:

To be completed prior to opening.

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: PA

Risk level for PA/UA: Low

There is an accessible outdoor area, but this is not yet completed off the psychogeriatric unit

Finding Statement

ARHSS D15.3b. Garden area includes a safe walking path for residents; however fencing around the garden including the gate and safety rails from the door to the front garden has not been completed yet.

Corrective Action Required:

Ensure a safe garden area prior to the opening.

Timeframe:

To be completed prior to the opening.

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:** PA Low

In the new wing, four rooms that are not ensuited (two from psychogeriatric unit and two from the hospital) the rest of the rooms have ensuite bathrooms and toilets. There is one common bathroom facility in each site. Aberleigh has an adequate number of toilets which are easily accessible from communal areas in all wings.

The previous renovations to the dementia unit have resulted in four rooms gaining single ensuites and two new resident rooms with ensuites. There are also communal bathrooms in the dementia unit.

The rest home/hospital has a number of ensuites and communal mobility bathrooms that allow for the use of mobility equipment

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

There is an adequate number of toilets and bathroom facilities but these are still under construction in the new PG/hospital wing.

Finding Statement

Not all bathroom facilities are completed. The Business Project Manager stated that hot water system will be linked to the tempering valves which is installed throughout the facility and hot water will be monitored at 45 degrees C when the water is on.

Corrective Action Required:

Ensure that bathroom and toilet facilities are fully operational and hot water temperature is maintained for 45 degrees C.

Timeframe:

To be completed prior to the opening.

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

In the new wings, all rooms are large enough to provide hospital and psychogeriatric level care, allowing the use of mobility equipment in the rooms and corridors. There is ample space in all areas for residents to be assisted with mobility aids.
In the dementia unit, all rooms are spacious and personal space/bed areas are appropriate for the consumer group.
In the rest home/hospital wings, rooms have single opening doors but they are large enough to allow a stretcher if a resident needs to be transferred out of the facility. The rooms are all large enough to provide hospital level care.

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

In the rest home/hospital wing, there are two dining and lounge areas and one separate lounge that is large enough to accommodate rest home and hospital residents and associated equipment.
The new six-bed psychogeriatric wing has one lounge /dining area and a separate lounge that is large enough to accommodate residents with mobility equipment. The new eight-bed hospital wing also has a dining lounge area that has not been furnished yet but is large enough to accommodate eight residents.
E3.4b: There is adequate space to allow maximum freedom of movement while promoting safety for those that wander. Dementia wing has an open plan dining and lounge area that suitable for the consumer group.

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
Aberleigh has policies and procedures for effective management of laundry and cleaning practices. Laundry and cleaning processes are monitored for effectiveness. There are two sluice rooms in the facility, one is located in the dementia wing and the other one is in the rest home/ hospital. The new wing does not have a sluice room but the operations manager advised that dirty linens will be transferred to the rest home/ hospital sluice room. There is a secure area for storage of cleaning chemicals in the locked laundry. Chemicals are labelled. Material Safety data sheets are available.	

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

Aberleigh has implemented policies and procedures for civil defence and other emergencies. Emergency lighting and cooking is available in the event of a power failure. There is always staff on duty with a current first aid certificate. Fire drills are conducted six monthly and last completed in August 2013. Aberleigh has already applied for a new staged fire evacuation scheme, but this has not been approved by the NZFS yet. Implementation of the call bell system has not been completed in the new wing yet.

D19.6: There are emergency management plans in place to ensure health, civil defence and other emergencies.

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: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

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

Audit Evidence

Attainment: PA

Risk level for PA/UA: Low

The current building has an approved fire evacuation plan.

Finding Statement

The Business Project Manager stated that he has already applied for the staged evacuation scheme, however this has not been approved by the NZFS yet.

Corrective Action Required:

Ensure that the fire evacuation scheme is approved by the NZFS.

Timeframe:

3 months

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

Audit Evidence

Attainment: FA

Risk level for PA/UA:

Finding Statement

Corrective Action Required:

Timeframe:

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

Audit Evidence

Attainment: PA

Risk level for PA/UA: Low

Call bell system is installed and is working in most of areas of the new built.

Finding Statement

Installation of the call bell system in the hospital dining / lounge area and in the two bathrooms have not been completed yet.

Corrective Action Required:

Ensure that call bell system is working in all areas.

Timeframe:

To be completed prior to opening.

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

All residents' room have an external window. There is plenty of natural sunlight throughout the building. The new wing has heating ducks and air conditioning units

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
TD 19.2a: The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the IC team, training and education of staff. Infection control programme includes infection control objectives as part of the quality and risk management plan.	

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: