

Tui House Limited

Current Status: 22 November 2013

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 and NZS8134.3:2008) on the audit date(s) specified.

General overview

Tui House currently has 54 beds including 23 designated rest home and 31 that can be used for rest home or geriatric beds. On the day of the audit, there are 44 rest home residents and nine hospital residents in the existing facility. The audit verifies an additional 24 as rest home beds in a purpose built building separate to the existing building (same site). The newly purpose-built rest home is completed and ready for residents to move into. The general manager and clinical nurse manager are registered nurses who both have experience in hospital and rest home care. There are policies and procedures in place and staff being recruited to start as soon as the service opens.

An improvement is required to the Certificate for Public Use.

HealthCERT Aged Residential Care Audit Report (version 3.91)

Introduction

This report records the results of an audit against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) of an aged residential care service provider. The audit has been conducted by an auditing agency designated under the Health and Disability Services (Safety) Act 2001 for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

It is important that auditors restrict their editing to the content controls in the document and do not delete any content controls or any text outside the content controls.

Audit Report

Legal entity name:	Tui House Limited
Certificate name:	Tui House
Designated Auditing Agency:	Health Audit NZ Limited
Types of audit:	Verification
Premises audited:	2-4 Trentham Road, Papakura, Auckland.
Services audited:	Rest Home, Medical, Geriatric
Dates of audit:	Start date: 22 November 2013 End date: 22 November 2013
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	53

Audit Team

Lead Auditor	XXXXXX	Hours on site	8	Hours off site	6
Other Auditors		Total hours on site		Total hours off site	
Technical Experts		Total hours on site		Total hours off site	
Consumer Auditors		Total hours on site		Total hours off site	
Peer Reviewer	XXXXXX			Hours	1

Sample Totals

Total audit hours on site	8	Total audit hours off site	7	Total audit hours	15
Number of residents interviewed		Number of staff interviewed	1	Number of managers interviewed	3
Number of residents' records reviewed	1	Number of staff records reviewed	2	Total number of managers (headcount)	3
Number of medication records reviewed		Total number of staff (headcount)	4	Number of relatives interviewed	
Number of residents' records reviewed using tracer methodology				Number of GPs interviewed	

Declaration

I, XXXXXX, Director of Auckland hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of the Designated Auditing Agency named on page one of this report (the DAA), an auditing agency designated under section 32 of the Act.

I confirm that:

a)	I am a delegated authority of the DAA	Yes
b)	the DAA has in place effective arrangements to avoid or manage any conflicts of interest that may arise	Yes
c)	the DAA has developed the audit summary in this audit report in consultation with the provider	Yes
d)	this audit report has been approved by the lead auditor named above	Yes
e)	the peer reviewer named above has completed the peer review process in accordance with the DAA Handbook	Yes
f)	if this audit was unannounced, no member of the audit team has disclosed the timing of the audit to the provider	Yes
g)	the DAA has provided all the information that is relevant to the audit	Yes
h)	the DAA has finished editing the document.	Yes

Dated Thursday, 28 November 2013

Executive Summary of Audit

General Overview

Tui House currently has 54 beds including 23 designated rest home and 31 that can be used for rest home or geriatric beds. On the day of the audit, there are 44 rest home residents and nine hospital residents in the existing facility. The audit verifies an additional 24 as rest home beds in a purpose built building separate to the existing building (same site). The newly purpose-built rest home is completed and ready for residents to move into. The general manager and clinical nurse manager are registered nurses who both have experience in hospital and rest home care. There are policies and procedures in place and staff being recruited to start as soon as the service opens. An improvement is required to the Certificate for Public Use.

Outcome 1.1: Consumer Rights

Outcome 1.2: Organisational Management

Tui House currently has 54 beds including 23 designated rest home and 31 swing beds. The current business plan includes goals around existing hospital and rest home level care including the addition of the 24 new rest home resident beds. The mission, vision and goals of the organisation are displayed. There is a policy on staff numbers and skill mix that aligns with contractual requirements and includes skill mixes and there will always be at least two caregivers on duty 24 hours a day for the new rest home with staffing increased as numbers and acuity increases.

Outcome 1.3: Continuum of Service Delivery

Policies and procedures are present that provide guidance for staff on food safety practices. There is a cook employed to start as soon as the new rest home beds open and a fully operational kitchen with equipment installed including kitchen whizz, larger chiller, freezer, cutlery and crockery. There is a four week rotating menu (sighted) which has been reviewed by a dietitian in February 2013. There is a white board already in place that is not visible from the servery or door and this will be used to document any allergies, instructions, special diets.

Outcome 1.4: Safe and Appropriate Environment

The new building has a final commercial checklist with pass documented (Auckland Council) and the owner states that the CPU will be available on 25/11/13. The building has been purpose built for a rest home with intention of seeking approval for hospital beds in the future. All rooms are large and airy including bedrooms which can accommodate extra mobility aids and furniture. There are three units in the new building, two of which are accessible from the outside courtyard that connects the old and new buildings and one by stairs (gate at top) to the main lounge. The main area includes individual bedrooms, two large lounge/dining/activity rooms, a dirty utility room, kitchen and office. Chemicals are stored in a locked cupboard and waste is taken off-site twice a week by a contractor, as is laundry apart from personal items, which are washed and dried on the premise. Appropriate training, information, and equipment for responding to emergencies is provided. There are landscaped outdoor areas with a small courtyard and large deck areas. The two large lounge areas are suitable for activities, dining and relaxation. An improvement is required to the Certificate of Public Use.

Outcome 2: Restraint Minimisation and Safe Practice

Outcome 3: Infection Prevention and Control

Tui House has an implemented infection control programme that will be rolled out in the new rest home area. The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme. These are current and comply with standards legislation and guidelines for infection control practises. The general manager (registered nurse) is the infection control coordinator and has had training in 2013 through the DHB. The building has been built with infection control in mind. This includes easy to clean surfaces, floor coverings and equipment, as per the policies.

Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
Standards	0	10	0	1	0	0	0
Criteria	0	24	0	1	0	0	0

	UA Negligible	UA Low	UA Moderate	UA High	UA Critical	Not Applicable	Pending	Not Audited
Standards	0	0	0	0	0	0	0	39
Criteria	0	0	0	0	0	0	0	76

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.4.2: Facility Specifications	Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	PA Low			
HDS(C)S.2008	Criterion 1.4.2.1	All buildings, plant, and equipment comply with legislation.	PA Low	The CPU is not yet provided to the service.	Ensure that there is a CPU prior to occupancy.	Prior to occupancy

Continuous Improvement (CI) Report

Code	Name	Description	Attainment	Finding

NZS 8134.1:2008: 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 (HDS(C)S.2008:1.2.1)

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

Attainment and Risk: FA

Evidence:

Tui House Limited is governed by the owner/general manager/director who is an experienced registered nurse with a current APC - sighted (referred to in the report as general manager - GM). Tui House is one of two age care facilities owned by the GM.

Tui House currently has 54 beds including 23 designated rest home and 31 swing beds. On the day of the audit, there are 44 rest home residents and nine hospital residents. The audit verifies an additional 24 as rest home beds in a purpose built building separate to the existing building (same site). The newly purpose-built rest home building verified through this audit is completed including furnishings, call bells etc and ready for residents to move into. The building is expected to open as soon as the report is finalised. The service intends to eventually convert nine to 18 of the rest home rooms in the new building to hospital beds in 2014.

The GM develops the annual business plan 2013-14 and goals with the support of the management team. The current business plan is sighted and includes goals around existing hospital and rest home level care including the addition of the 24 new rest home resident beds. It also has a goal around transitioning nine rest home beds in mid to late 2014 to hospital beds.

The management team consists of the facility manager and the clinical nurse manager. The general manager is 'hands on' and is onsite five days per week Monday to Friday.

The mission, vision and goals of the organisation are displayed in the new rest home area and included in the information booklet. They are also documented on the facility web site, which has been updated with information about the new rest home beds already on site. The mission statement is already on the wall in the dining/lounge area in the new facility. New information resources have been developed to reflect the planned changes in service capacity – information folders sighted.

Organisational performance is monitored frequently through fortnightly meetings with the management team (minutes sighted for November 2013).

The general manager is a registered nurse with over 15 years' experience in aged care having owned the two facilities for the last nine years. She has completed training in aged care related topics including the care of the hospital based resident through the DHB and the local hospice in 2013.

The clinical nurse manager has over five years' experience in aged care including hospital and rest home. She has completed an NZQA 8086 audit course and has almost completed the InterRAI training. She was the previous clinical nurse manager from 2010-January 2013 and had six months after that working for another aged care hospital/rest home facility. She has been re-employed as the clinical nurse manager in September 2013. A clinical nurse manager was employed from January 2013 to the beginning of April 2013. The general manager (registered nurse) became the acting clinical nurse manager in the interim and states that there was always another registered nurse on site 24 hours a day. The general manager states that she is able to provide cover for the clinical nurse manager at any time as she is surplus to the roster.

Day to day operations are the responsibility of the facility manager. The facility manager has 15 years' experience as a caregiver and has been in the role since 2008.

The GM, clinical nurse manager and the facility manager have experience relevant to aged care and maintain at least eight hours annually of professional development activities related to the aged care sector (confirmed through review of the three manager files). This includes attendance at the 2012 Aged Related Residential Care Quality Forum and attendance at forums facilitated through the DHB.

All facility and clinical nurse manager files confirm that each has a relevant and current job description that confirms key responsibilities and tasks. The current

organisational chart is sighted and confirms authorities and reporting lines throughout the organisation.
Relevant ARC requirements are met.

Criterion 1.2.1.1 (HDS(C)S.2008:1.2.1.1)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.2.1.3 (HDS(C)S.2008:1.2.1.3)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.2.8: Service Provider Availability (HDS(C)S.2008:1.2.8)

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

Attainment and Risk: FA

Evidence:

There is a policy on staff numbers and skill mix that aligns with contractual requirements and includes skill mixes. The policy and schedule is based on the safe indicators for aged care and the roster is determined using this as a guide.

There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support including the new rest home building.

Current staffing: The facility employs three managers. This includes the clinical nurse manager, the facility manager with the GM on site during work hours.

There are currently seven registered nurses, one activities coordinator, two cooks with kitchen hands seven days a week for all meals, one full time maintenance staff (on call), laundry/cleaner – one on PM and AM shifts seven days a week and 20 care givers. Some of these staff will work in the new rest home and others are currently being recruited (interviews completed).

The layout of the facility is considered.

The clinical nurse manager, GM or senior registered nurse are on call after business hours and will continue to be when the new building opens.

Staffing for 24 bed new rest home building: Staffing is independent from the existing building. AM: two caregivers full shift and one cleaner. PM and night: two caregivers full shift. There is also a full time cook seven days a week for the new facility only – employed already and additional to existing staffing.

The roster sighted confirms that there will always be two caregivers in the new building 24 hours a day with the ability to access support at any time from the existing building through staff wearing pagers, by phone (connected) and through the call bell system which is able to be seen at both sites.

Staffing for the existing rest home/hospital residents in neighbouring building (53 current residents) is as follows: AM/PM - four caregivers on each shift (full shift (two on each shift until numbers increase); night – two caregivers.

The new rosters are sighted (one for the existing building and one for the new building) and confirms that staff are rostered as per policy. There is also a staffing rationale for the future around staffing if 18 beds in the new facility became hospital beds and this includes having a registered nurse on site at all time. The office is also the base if needed for the clinical nurse specialist.

Total number of staff will increase noting that the GM has already advertised and interviewed potential caregivers.

ARC requirements are met.

Criterion 1.2.8.1 (HDS(C)S.2008:1.2.8.1)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

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 (HDS(C)S.2008:1.3.13)

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

Attainment and Risk: FA

Evidence:

Policies and procedures are present that provide guidance for staff on food safety practices. There are two cooks trained in food safety (certificates sighted for both cooks). They are currently cooking in the existing site. There is a new cook who has been appointed for the new building (separate kitchen) who will start when the report is approved. There is a four week rotating menu (sighted) which has been reviewed by a dietitian in February 2013 and the summary report sighted. The same menus will be used on the new rest home site.

There is a new kitchen that is fully operational in the new facility. This includes a large chiller and freezer and temperatures are already beginning to be monitored.

There is a white board already in place, that is not visible from the servery or door and this will be used to document any allergies, instructions, special diets. There is a nutritional and dietary assessment completed for existing residents that documents needs or food preferences/dislikes (sighted for one resident in the existing rest home) and the same forms will be used in the new rest home area as confirmed by the GM.

There is a dishwasher and gas hob/electric oven and zip. There is sufficient benchspace for preparation of food and the servery allows food to be served directly to staff in the dining area.

The pantry is ready with shelving to allow all food to be off the floor. Crockery and utensils are already purchased and ready for use.

The facility manager states that temperatures or food are tested prior to food service in the existing building and the practice is intended to transition into the new facility.

Existing staff have had training around nutrition and food safety in February 2013 (training records sighted).

ARC contract requirements are met.

Criterion 1.3.13.1 (HDS(C)S.2008:1.3.13.1)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.3.13.2 (HDS(C)S.2008:1.3.13.2)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.3.13.5 (HDS(C)S.2008:1.3.13.5)

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

Attainment and Risk: FA
Evidence:
Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

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.

Standard 1.4.1: Management Of Waste And Hazardous Substances (HDS(C)S.2008:1.4.1)

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

Attainment and Risk: FA

Evidence:

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. Staff in the existing rest home/hospital are trained in waste management and the GM has completed infection control training last in February 2013 for registered nurses and in November 2012 for caregivers. Some existing staff will also work in the new rest home area with the 24 residents.

The incident reporting process includes investigation of these types of incidents including any incidents related to waste management. There is appropriate protective equipment and clothing for staff including aprons, gloves, goggles.

Waste is collected by an independent contractor twice a week.

There are sharps containers, which are collected when full by the pharmacy.

Chemicals are stored securely in the new building in a locked cupboard in a locked laundry room. Appropriate policies related to safety of chemicals are documented along with product safety charts in the laundry room.

The service uses Applied Products which are stored in appropriate containers supplied by the company – all labelled.

Education on chemicals and hazardous substances occurs at orientation and is included in the in-service training schedule – last provided for existing staff in March 2012 as per policy.

ARC requirements are met.

Criterion 1.4.1.1 (HDS(C)S.2008:1.4.1.1)

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.

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.4.1.6 (HDS(C)S.2008:1.4.1.6)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.4.2: Facility Specifications (HDS(C)S.2008:1.4.2)

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

Attainment and Risk: PA Low

Evidence:

The existing building holds a current warrant of fitness – expiry date 13 Nov 2014. The new building has a final commercial checklist with pass documented (Auckland Council) and the owner states that the CPU will be available on 25/11/13.

There are three units in the new building, two of which are accessible from the outside courtyard that connects the old and new buildings and one by stairs (gate at top) to the main lounge. The new building also houses nine bedrooms with ensuites that enter into a communal lounge and the others are up a carpeted ramp that leads from the main lounge/dining area to a hallway with bedrooms off this.

The new rest home and plant have been built to comply to legislation. The GM has purchased and installed all new equipment/furnishings for the new rest home area. The rest home rooms have adequate personal space for the level of care and are spacious enough to allow for any additional equipment including hoists, emergency stretcher, more than one or two caregivers at any time (noting that the intention of the service is to transition some beds to hospital level in 2014 as approved). All bedrooms have one and a half doors that allow easy access into rooms.

There is a small courtyard off the main large dining/lounge area and a large deck area off the dining room/lounge and other large lounge rooms.

Pathing to external exits are completed.

All areas are accessible to indoor and outdoor areas including for residents with mobility aids including wheelchairs.

In the kitchen to the dining room/lounge there is a step marked with a hazard yellow and black strip and has a sign stating that it is not accessible to residents. The builder has confirmed that he is in the process of making a ramp into the kitchen to add even more safety features.

All railings are up in key areas.

The facility has a vehicle to transport residents currently and will hire other vehicles including a van when needed.

In the facility, residents are able to bring in their own possessions and are able to adorn their room as desired.

Consideration is given to residents when purchasing new furniture/equipment.

Relevant persons are consulted when selecting furniture, equipment, floor surface coverings and these are selected so that they can be cleaned appropriately.

The general manager is tasked with ensuring appropriate purchase of equipment e.g. beds, chairs etc.

An improvement is required to the Certificate of Public Use.

ARC requirements are met.

Criterion 1.4.2.1 (HDS(C)S.2008:1.4.2.1)

All buildings, plant, and equipment comply with legislation.

Attainment and Risk: PA Low

Evidence:

There is a letter from the Council confirming approval of a full commercial pass.

Finding: The CPU is not yet provided to the service.
Corrective Action: Ensure that there is a CPU prior to occupancy.
Timeframe (days): Prior to occupancy (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.2.4 (HDS(C)S.2008:1.4.2.4)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.2.6 (HDS(C)S.2008:1.4.2.6)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.3: Toilet, Shower, And Bathing Facilities (HDS(C)S.2008:1.4.3)

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

Attainment and Risk: FA

Evidence:

There are three units in the new building, two of which are accessible from the outside concrete pad and one by stairs (gate at top) to the main lounge. Each has a large toilet and shower area with hand washing basins included. In the 20 bed area, there are eight toilets/showers including three communal shower/toilets (five shared ensuites). All are close to or adjoining resident rooms. There are locks on the toilet/shower doors. Handrails are appropriately placed to support the resident using toilet and shower facilities. All bedrooms are for individual residents and staff sighted on the day of the audit are respectful and ensure that resident privacy and dignity is maintained (all knocked on doors to personal bedrooms and shower/toilets when entering during the tour).

Criterion 1.4.3.1 (HDS(C)S.2008:1.4.3.1)

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.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.4.4: Personal Space/Bed Areas (HDS(C)S.2008:1.4.4)

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

Attainment and Risk: FA

Evidence:

All bedrooms are single and provide adequate space for the residents to move about safely with the use of mobility aids. Resident bedrooms are able to be personalised and large enough to include any extra equipment such as a hoist, emergency stretcher, extra caregivers etc. Bedrooms viewed are carpeted or have half non slip lino/carpet and have appropriate fixtures and furnishings that include a bed, chest of drawers, wardrobe. Sixteen of the beds in the new rest home area are hospital beds, that also operate as high/lo beds. ARC requirements are met.

Criterion 1.4.4.1 (HDS(C)S.2008:1.4.4.1)

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 manoeuvre with the assistance of their aid within their personal space/bed area.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining (HDS(C)S.2008:1.4.5)

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

Attainment and Risk: FA

Evidence:

The communal dining and main lounge room are spacious with good natural light and there is a second lounge that is equally large and spacious. There are several seating areas throughout the facility including a courtyard and external deck with shade and seating. Seating is appropriate and placement

allows for group or individual activities to take place. There is a resident phone to be put in noting that residents when they enter the facility will be able to use the office phone in the meantime. The facility manager states that residents will have the option of having their own phone in their room if they wish. The two large lounge/dining areas allow for lounge suites and lazyboys/fallout chairs in the future, if required. The second lounge could also have its own dining area, if required. Both rooms will allow for large group activities as will the large deck area that has deck furniture and shade. ARC requirements are met.

Criterion 1.4.5.1 (HDS(C)S.2008:1.4.5.1)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.6: Cleaning And Laundry Services (HDS(C)S.2008:1.4.6)

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

Attainment and Risk: FA

Evidence:

The linen is to be laundered off site at a contracted service as soon as the new 24 bed facility opens. Arrangements have already been made and only personal laundry will be done in the existing building and in the new facility which has its own dirty utility room with washing machine and tub (there is room to also install a sluice). The dryer is in an alcove from the hallway behind the office and is vented through the floor.

The dirty linen is put into linen bags (blue for soiled and white for other) which are suspended from laundry holders with lids and collected from the external laundry door. Clean laundry is delivered to the clean entry door for distributing to the linen storage areas and resident rooms. The night staff do any ironing required.

There is a cleaner employed seven days a week for the new building (note that there is an existing cleaner in the existing building).

The environment is clean and tidy on the day of audit.

All chemicals for cleaning and laundry are secured in a cupboard (locked) in the locked laundry room.

ARC requirements are met.

Criterion 1.4.6.2 (HDS(C)S.2008:1.4.6.2)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.4.6.3 (HDS(C)S.2008:1.4.6.3)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.4.7: Essential, Emergency, And Security Systems (HDS(C)S.2008:1.4.7)

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

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

Attainment and Risk: FA

Evidence:

Appropriate training, information, and equipment for responding to emergencies is provided. As the new rest home building has not yet been opened, staff have not completed a fire drill or training around the amended fire evacuation procedure however this is planned for the 27/11/13. The amended fire evacuation plan is dated 6/11/13 and signed off by the NZFS.

All key staff hold a current first aid certificate and the roster includes a staff member with first aid certificate on duty in the new building. The call bell system is available in

all areas with visual display panels that light up in the new and existing facility.

The facility is secured during the hours of darkness.

There are two 500 litre tanks underground to supply water in the event of an emergency.

There is a pandemic plan and emergency plans for disasters.

There is a comprehensive civil defence manual and a civil defense plan.

The civil defence kit is accessible in a storage unit, that will be used for the new building and another is in the existing building.

The facility is also monitored by a security firm over night who complete three spot checks overnight. There are cameras in the new and existing facility that monitor communal areas.

Call bells are in all areas including the two large lounge and dining areas, shower/toilet and bedrooms. The call bells display is located in the main lounge and on pagers carried by staff. It is also displayed in the old building. The contractors installing the final call bell on the day of the audit confirmed that in the future, the call bell system can be easily added to to include a red sign when three bells are rung in an emergency. The GM confirms that this will be added prior to any hospital beds being agreed to.

The office has a large window that looks into the lounge areas.

There is a sign in book for visitors.

ARC requirements are met.

Criterion 1.4.7.1 (HDS(C)S.2008:1.4.7.1)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.7.3 (HDS(C)S.2008:1.4.7.3)

Where required by legislation there is an approved evacuation plan.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.7.4 (HDS(C)S.2008:1.4.7.4)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.7.5 (HDS(C)S.2008:1.4.7.5)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.4.7.6 (HDS(C)S.2008:1.4.7.6)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 1.4.8: Natural Light, Ventilation, And Heating (HDS(C)S.2008:1.4.8)

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

Attainment and Risk: FA
Evidence: The facility is light and airy. There is underfloor heating throughout and oil heaters. There are also four heat boxes in the new facility that can be adjusted thermostatic controls. Smoking is only allowed outside away from residents' rooms and communal areas noting that the service is trying to become

smokefree.

All rooms have an individual window/s with one room retaining the original stained glass window.

ARC requirements are met.

Criterion 1.4.8.1 (HDS(C)S.2008:1.4.8.1)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Criterion 1.4.8.2 (HDS(C)S.2008:1.4.8.2)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

NZS 8134.3:2008: Health and Disability Services (Infection Prevention and Control) Standards

Standard 3.1: Infection control management (HDS(IPC)S.2008:3.1)

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

ARC D5.4e ARHSS D5.4e

Attainment and Risk: Not Audited
Evidence:

Criterion 3.1.1 (HDS(IPC)S.2008:3.1.1)

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

Attainment and Risk: FA
Evidence:
Finding:
Corrective Action:
Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

Standard 3.3: Policies and procedures (HDS(IPC)S.2008:3.3)

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

Attainment and Risk: Not Audited

Evidence:

The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme. These are current and comply with standards legislation and guidelines for infection control practises. The GM is the infection control coordinator and has had training in 2013 through the DHB.
The building has been built with infection control in mind. This includes easy to clean surfaces, floor coverings and equipment.
The GM, clinical nurse manager and facility manager confirm that they monitor staff to ensure that they do not stay at work if sick and all state that the existing programme is reviewed annually and this will continue with inclusion of data from the new rest home beds.
Documented policies cover all aspects of the infection control programme including building and renovation of buildings.
ARC requirements are met.

Criterion 3.3.1 (HDS(IPC)S.2008:3.3.1)

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*