

Kaylex Care Limited

Current Status: 10 December 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

Eastcare Residential Home is proposing the reallocation and reconfiguration of existing beds to enhance their current delivery of dementia services. Currently the service is approved for a maximum of 34 dementia beds across two separate units (that is, 15 in one unit and 19 in another) plus 15 rest home level beds. On the day of audit there are 29 dementia level care residents, 14 in one unit and 15 in the other and 13 rest home level care residents.

The proposal involves moving the allocated (maximum capacity) 15 rest home beds to a wing that is currently designated for secure care and allocating the rest home rooms and space as a secure area for a maximum 15 residents with dementia. This means that the two secure wings will neighbour each other. Enabling co-location of the two dementia wings will provide greater options for mobility around the units for wandering residents. The maximum capacity for dementia beds will drop by four.

There are currently 13 rest home level care residents in the facility and until building works can be carried out to enlarge the size of dining and recreational spaces the recommendation is that the maximum capacity in the reallocated area should be limited to 15.

A number of minor alterations to the current spaces occupied by rest home level care residents are required, as suggested by the dementia specialist who inspected the facility and made recommendations regarding the reallocation of space. These require implementation to enhance the day to day experience of the residents with dementia (eg, painting service doors the same colour as the wall, removing mirrors above hand basins and ensuring safe and accessible external areas). Additional to this are requirements related to the modifying the area that rest home residents will move into. These include ensuring there are sufficient toilets for residents and visitors in the proposed rest home area, and also to provide a separate short, safe access way into and out of the reconfigured rest home wing for residents and their visitors.

There have been a number of visits to the site and meetings with a dementia specialist, Waikato District Health Board (DHB) planning and funding managers and staff from Waikato DHB Mental Health Services for Older People (MHSOP). All of whom are in agreement with the proposal.

The service provider has a documented transition/change management plan which includes consultation and communication with all stakeholders, including effected families, keeping staff informed and updated about the plan and progress, and implementing a graduated or staged transfer (eg, so that only one or a few residents shift rooms at a time to assist their orientation and transition to the new areas). There are plans to continue using the educational and support services provided by the dementia specialist as this plan progresses.

The timeframe for implementation of the project is dependent on the time taken to complete the building remedial work that is indicated from this audit and gaining approval from the Ministry of Health. The service provider would like to commence building work as soon as possible and begin transferring residents in January 2014.

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:	Kaylex Care Ltd		
Certificate name:	Eastcare Residential Home		
Designated Auditing Agency:	DAA Group		
Types of audit:	Verification		
Premises audited:	194 Nixon Street Hamilton		
Services audited:	Rest Home - dedicated Dementia and Rest Home		
Dates of audit:	Start date: 10 December 2013	End date: 10 December 2013	
Proposed changes to current services (if any):			
	Reconfiguration of Services		
Total beds occupied across all premises included in the audit on the first day of the audit:			

Audit Team

Lead Auditor	XXXXXX	Hours on site	4	Hours off site	4
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	4	Total audit hours off site	5	Total audit hours	9
Number of residents interviewed		Number of staff interviewed	2	Number of managers interviewed	2
Number of residents' records reviewed		Number of staff records reviewed	7	Total number of managers (headcount)	2
Number of medication records reviewed		Total number of staff (headcount)	40	Number of relatives interviewed	
Number of residents' records reviewed using tracer methodology				Number of GPs interviewed	

Declaration

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

Dated

Executive Summary of Audit

General Overview

Eastcare Residential Home is proposing the reallocation and reconfiguration of existing beds to enhance their current delivery of dementia services. Currently the service is approved for a maximum of 34 dementia beds across two separate units (that is, 15 in one unit and 19 in another) plus 15 rest home level beds. On the day of audit there are 29 dementia level care residents, 14 in one unit and 15 in the other and 13 rest home level care residents.

The proposal involves moving the allocated (maximum capacity) 15 rest home beds to a wing that is currently designated for secure care and allocating the rest home rooms and space as a secure area for a maximum 15 residents with dementia. This means that the two secure wings will neighbour each other. Enabling co-location of the two dementia wings will provide greater options for mobility around the units for wandering residents. The maximum capacity for dementia beds will drop by four.

Initially the proposal was to increase the rest home level care beds by four to 19. However on the day of audit the four corrective actions identified, related to accommodating that many rest home level care residents within the space provided. There are currently 13 rest home level care residents in the facility and until building works can be carried out to enlarge the size of dining and recreational spaces the recommendation is that the maximum capacity in the reallocated area should be limited to 15.

Also required, are a number of minor alterations to the current spaces occupied by rest home level care residents, as suggested by the dementia specialist who inspected the facility and made recommendations regarding the reallocation of space. These require implementation to enhance the day to day experience of the residents with dementia (eg, painting service doors the same colour as the wall, removing mirrors above hand basins and ensuring safe and accessible external areas). Additional to this are requirements related to the modifying the area that rest home residents will move into. These include ensuring there are sufficient toilets for residents and visitors in the proposed rest home area, and also to provide a separate short, safe access way into and out of the reconfigured rest home wing for residents and their visitors.

There have been a number of visits to the site and meetings with a dementia specialist, Waikato District Health Board (DHB) planning and funding managers and staff from Waikato DHB Mental Health Services for Older People (MHSOP). All of whom are in agreement with the proposal.

The service provider has a documented transition/change management plan which includes consultation and communication with all stakeholders, including effected families, keeping staff informed and updated about the plan and progress, and implementing a graduated or staged transfer (eg, so that only one or a few residents shift rooms at a time to assist their orientation and transition to the new areas). There are plans to continue using the educational and support services provided by the dementia specialist as this plan progresses.

The timeframe for implementation of the project is dependent on the time taken to complete the building remedial work that is indicated from this audit and gaining approval from the Ministry of Health. The service provider would like to commence building work as soon as possible and begin transferring residents in January 2014.

Outcome 1.1: Consumer Rights

Not audited

Outcome 1.2: Organisational Management

There will be no anticipated changes to the governance or staffing of services as a result of this proposed change. There have been some changes in staffing since the

surveillance audit in August 2013. A new clinical manager has been appointed and is due to commence duties in February 2014. There is an addition to the activities team with the creation of a mobility assistant role. This role aims to promote physical independence and increase resident mobility.

It is planned that staffing levels will remain the same for each unit and the doors between the two secure units will be opened at peak staffing times (eg, 9.00 – 3.00pm) to provide more space and options for residents. The doors would be closed at other times.

Outcome 1.3: Continuum of Service Delivery

There is evidence that each consumers nutritional and fluid needs are being met and that the provider meets the requirements of this standard and regulations related safe food handling. It is not anticipated that the way food services are delivered will be impacted by the proposed reconfiguration of services.

Outcome 1.4: Safe and Appropriate Environment

The facility is being maintained in a good condition and is fit for purpose. Staff manage waste and hazardous substances according to policy. Consumers are provided with pleasant and adequately sized personal space. Cleaning and laundry services are effective and it is not anticipated these services will change as a result of the reconfiguration. The organisation has established emergency systems and plans in place. Fire drills occur six monthly. The internal environment is maintained at a comfortable temperature via heating and air conditioning.

There are four corrective actions to implement before the change and reconfiguration of service delivery can commence. These relate to ensuring there are sufficient toilets in the proposed rest home wing; creating additional dining and recreational space by remodelling one or two bedrooms into quiet lounges or visitor areas; creating safe and suitable access in and out of the rest home area to the road or car park and enhancing the safety and aesthetics of the external areas; and carrying out the interior fit out of the new dementia wing as recommended by the dementia specialist.

Outcome 2: Restraint Minimisation and Safe Practice

Not audited

Outcome 3: Infection Prevention and Control

The proposed change/reconfiguration of service delivery will not impact on the current approach to infection prevention and control policies and procedures or the systems that are already in place. There is a low rate of infection and when infections occur the service manages these well.

Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
Standards	0	9	0	3	0	0	0
Criteria	0	20	0	4	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	38
Criteria	0	0	0	0	0	0	0	77

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 1.4.2.4	The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.	PA Low	The environment is generally safe, but currently access to Tui wing is via reception in the main home. All this area will become a secure area once the reconfiguration occurs, so there needs to be a separate/independent and suitable entry/access for rest home level residents and their families.	Create a safe and readily accessible entry point for residents and their visitors, to and from the wing which will be designated as the rest home.	Prior to occupancy

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Criterion 1.4.2.6	Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	The external areas around Tui wing (which is currently designated and designed for secure care), are grassed without pavements and only contain 'safe' and suitable planting and outside furniture. This requires some modification to make it more attractive for use by rest home level care residents. The area outside the existing rest home wing (kakapo) which will be accessible to dementia care residents requires modification to make it safer and more secure.	Upgrade and modify the external areas of Tui wing (the wing which is currently designed for dementia care) to make this area more appropriate and suitable for rest home level care residents. There is also a requirement to carry out the minor modifications required to the external areas which all dementia residents will be able to access (eg, adding height to fences, replacement of wrought iron gates with solid panel gates and fixed furniture).	Prior to occupancy
HDS(C)S.2008	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.	PA Low			
HDS(C)S.2008	Criterion 1.4.3.1	There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close	PA Low	There are only three toilets in Tui and two of these are situated with the two wet area showers. Additionally	Ensure there are sufficient toilets including a toilet for visitors for rest home level care residents.	Prior to occupancy

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
		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.		there is no visitor's toilet in Tui wing. Visitors currently access the visitor's toilet in the adjoining rest home. There is a need to ensure there are sufficient toilets in the wing proposed for rest home level care.		
HDS(C)S.2008	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.	PA Low			
HDS(C)S.2008	Criterion 1.4.5.1	Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.	PA Low	Each wing has its own lounge and dining room and these are located within easy walking distance from the resident's bedrooms. The two dining rooms and lounges in Kahikatea and Pukeko wing will stay as separate areas with clear and separate demarcation between lounge and dining rooms. The lounge and dining areas in Tui wing are not as spacious or provide enough seating for 15 rest home level care residents (there are only 14 armchairs and	Ensure there is adequate seating and space for entertainment, relaxation. Recreation and dining in the area proposed for rest home level care.	Prior to occupancy

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
				14 dining room chairs). This requires improvement. The provider has undertaken to convert one or two existing bedrooms into a separate quiet lounge.		

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:

There will be no anticipated impact or change to the governance as a result of the proposed reconfiguration of service delivery.

There is a new clinical manager appointed since the previous surveillance audit in August 2013 who is due to commence duties in February 2014. This person is a registered mental health nurse with a masters degree in dementia studies (UK), certificate in management health and social care, and is a qualified 'dementia care mapper'. The person has been previously employed by Waikato DHB as an RN for mental health of older people services and is currently employed as a dementia educator with Canterbury DHB. The facility manager has been in the role for almost 12 months and continues to attend regular nursing/clinical education and study days in subjects related to care of older people and managing a care facility, including leadership training.

The requirements of the Age Related Residential Care Contract A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.3d; D17.4b; D17.5; 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): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

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

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: <p>There are no proposed changes to the number of staff employed and allocated for each shift. Rosters sighted and interview with the owner and the facility manager confirm there is an appropriate numbers of skilled and experienced staff on all shifts for the current number of residents (eg, 29 dementia and 13 rest home level care residents) and to meet the minimum requirements of ARC D17.1 and D17.3 (a-g) and E4.5 (a-b).</p> <p>The RN facility manager is on site Monday to Friday 7am to 3pm, and the clinical nurse manager is expected to be on site Monday to Friday 8am to 4pm . There is also RN education co-ordinator who works 7am-3pm Monday and Tuesday. Two ENs are on site morning and afternoon shift. There is a new position of mobility therapist which has been allocated since the previous audit. This person works with individual and groups opf residents to promote mobility and increase physical indepence and is available on site Mon to Friday 9am to 3pm The RN manager is rostered on call after hours. Two healthcare assistants are rostered on in each of the dementia units 7am to 2.30 or 3.3.00pm and from 3pm-11pm. There is one healthcare assistant allocated to rest home residents each morning and afternoon shift. There are three healthcare assistants on night shift from 10.45 pm to 7am and one other from 12 to 8am who covers each area. There are two activities co-ordinators on site Monday to Friday from 9am to 1pm and 9am to 5pm.</p> <p>Auxiliary staff (eg, cooks, cleaners and laundry staff) are allocated sufficient hours to complete their duties. A maintenance person and gardener are also employed. Only care staff who have completed, or are in the process of completing qualifications in dementia care, are rostered to work in the dementia units (confirmed by sighting a list of all care staff with dates they have completed NZQA unit standards 23920-23923).</p>

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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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: <p>There is no anticipated change or impact on the provision of nutrition, fluid or safe food services as a result of the proposed reconfiguration of service delivery.</p> <p>The bain marie system currently in use to deliver meals to the existing secure wing (eg, Tui wing) will continue when this area becomes designated rest home. There is a requirement in standard 1.4.5 to improve the dining area in ways that provides more space and atmosphere more conducive and appropriate for independent rest home residents.</p> <p>An individual dietary assessment of each resident is completed on admission which identifies individual needs and preferences. Residents weights are recorded on admission and then monitored.. Summer and winter menus are reviewed two yearly by an approved dietitian. Morning and afternoon teas are prepared in the kitchen and snacks are available over 24 hours.</p> <p>All aspects of food requirements are within legislative requirements. All ARC contract requirements are met.</p>

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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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
<p>Evidence:</p> <p>It is not anticipated that the proposed reconfiguration of services will make any difference to the current processes for managing waste and hazardous substances. There are clearly described policies and procedures for the safe and appropriate disposal of waste, infectious or hazardous substances which comply with local government and legislative requirements and the requirements of this standard and the ARC contract clause D19.3.v.</p> <p>Visual inspection on the day of audit reveals that chemicals are stored securely and that there is safe disposal of body waste and contaminated or potentially infectious products. There is a sluice room in each of three designated wings and these are maintained as clean and functional. Personal protective equipment is available and seen to be used on the day of audit.</p> <p>Staff demonstrate awareness of safety issues around managing waste and hazardous substances and are provided with ongoing information, education and support by the organisation and external suppliers (Eco lab Ltd).</p>

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 building is well maintained, in good repair and fit for purpose. There is a current building warrant of fitness. It is not anticipated that any changes will be made to the main structure of the buildings or in ways that would require a building consent/code of compliance certificate or changes to the evacuation plan.

Electrical testing and tagging is completed by a certified electrician annually, most recently 7 February 2013. All fire safety equipment is checked monthly. Calibrations of scales and medical equipment occur annually. There are no hoists on site. The facility's van has a current warrant of fitness and registration.

There is a requirement in criterion 1.4.2.4 to create a safe and readily accessible entry point for residents and their visitors, to and from the wing which will be designated as the rest home.

There is a requirement to upgrade and modify the external areas of Tui wing (the wing which is currently designed for dementia care) to make these more appropriate and suitable for rest home level care residents. There is also a requirement to carry out the minor modifications required to the external areas which all dementia residents will be able to access (eg, adding height to fences, replacement of wrought iron gates with solid panel gates and fixed furniture).

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

All buildings, plant, and equipment comply with legislation.

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 1.4.2.4 (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: PA Low
Evidence: The environment is generally safe, but currently access to Tui wing is via reception in the main home. All this area will become a secure area once the reconfiguration occurs, so there needs to be a separate/independent and suitable entry/access for rest home level residents and their families.
Finding: The environment is generally safe, but currently access to Tui wing is via reception in the main home. All this area will become a secure area once the reconfiguration occurs, so there needs to be a separate/independent and suitable entry/access for rest home level residents and their families.
Corrective Action: Create a safe and readily accessible entry point for residents and their visitors, to and from the wing which will be designated as the rest home.
Timeframe (days): Prior to occupancy (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

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

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

Attainment and Risk: PA Low
Evidence: The external areas around Tui wing (which is currently designated and designed for secure care), are grassed without pavements and only contain 'safe' and suitable planting and outside furniture. This requires some modification to make it more attractive for use by rest home level care residents. The area outside the existing rest home wing (kakapo) which will be accessible to dementia care residents requires modification to make it safer and more secure.
Finding: The external areas around Tui wing (which is currently designated and designed for secure care), are grassed without pavements and only contain 'safe' and suitable planting and outside furniture. This requires some modification to make it more attractive for use by rest home level care residents. The area outside the existing rest home wing (kakapo) which will be accessible to dementia care residents requires modification to make it safer and more secure.
Corrective Action: Upgrade and modify the external areas of Tui wing (the wing which is currently designed for dementia care) to make this area more appropriate and suitable for rest home level care residents. There is also a requirement to carry out the minor modifications required to the external areas which all dementia residents will be able to access (eg, adding height to fences, replacement of wrought iron gates with solid panel gates and fixed furniture).
Timeframe (days): Prior to occupancy (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: PA Low

Evidence:

The current toilet/ bathing/shower facilities have been sufficient because the current residents in Tui wing are routinely supported with toileting and showering by staff in a planned and organised way 24 hours a day 7 days a week. This is not the case with more independent rest home level care residents who choose when and how they shower and when they use the toilet. Consequently there is a need to ensure there are sufficient toilets in Tui wing for the number of residents, and to provide visitors and staff ready and easy access to toilets. There have been no issues with maintaining consumer privacy when attending to personal hygiene needs. Hot water temperature monitoring occurs.

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: PA Low

Evidence:

There are only three toilets in Tui and two of these are situated with the two wet area showers. Additionally there is no visitor's toilet in Tui wing. Visitors currently access the visitor's toilet in the adjoining rest home. There is a need to ensure there are sufficient toilets in the wing proposed for rest home level care.

Finding:

There are only three toilets in Tui and two of these are situated with the two wet area showers. Additionally there is no visitor's toilet in Tui wing. Visitors currently access the visitor's toilet in the adjoining rest home. There is a need to ensure there are sufficient toilets in the wing proposed for rest home level care.

Corrective Action:

Ensure there are sufficient toilets including a toilet for visitors for rest home level care residents.

Timeframe (days): Prior to occupancy (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:

There is no anticipated impact on personal space or bed areas as a result of the proposed service reconfiguration. All rooms have a single occupant in them. The rooms are spacious, contain a bed and easy chair, wardrobe and dressing table. They have enough room for the resident to move around safely with or without a mobility aid. The provider meets the requirement of ARC E3.3b; E3.3c.

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: PA Low

Evidence:

Each wing has its own lounge and dining room and these are located within easy walking distance from the resident's bedrooms. The two dining rooms and lounges in Kahikatea and Pukeko wing will stay as separate areas with clear and separate demarcation between lounge and dining rooms. The lounge and dining areas in Tui wing are not as spacious or provide enough seating for 15 rest home level care residents (there are only 14 armchairs and 14 dining room chairs) This requires improvement. The provider has undertaken to convert one or two existing bedrooms into a separate quiet lounge.

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: PA Low
Evidence: Each wing has its own lounge and dining room and these are located within easy walking distance from the resident's bedrooms. The two dining rooms and lounges in Kahikatea and Pukeko wing will stay as separate areas with clear and separate demarcation between lounge and dining rooms. The lounge and dining areas in Tui wing (which is intended to be used for the rest home) are not as spacious or provide enough seating for 15 rest home level care residents (there are only 14 armchairs and 14 dining room chairs). This requires improvement. The provider has undertaken to convert one or two existing bedrooms into a separate quiet lounge.
Finding: Each wing has its own lounge and dining room and these are located within easy walking distance from the resident's bedrooms. The two dining rooms and lounges in Kahikatea and Pukeko wing will stay as separate areas with clear and separate demarcation between lounge and dining rooms. The lounge and dining areas in Tui wing are not as spacious or provide enough seating for 15 rest home level care residents (there are only 14 armchairs and 14 dining room chairs). This requires improvement. The provider has undertaken to convert one or two existing bedrooms into a separate quiet lounge.
Corrective Action: Ensure there is adequate seating and space for entertainment, relaxation. Recreation and dining in the area proposed for rest home level care.
Timeframe (days): Prior to occupancy (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 proposed reconfiguration will not impact on the current systems for cleaning and laundry. There are sufficient numbers and hours of work dedicated to cleaning and laundry staff. The service continues to conduct regular reviews and internal audits of cleaning and laundry services to ensure these are effective and the best they can be. (confirmed by interview with the owner, the facility manager, staff and observations on the day of audit).

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: The proposed changes are intended to improve outcomes for residents who are assessed as requiring secure care. The reconfiguration (eg, repositioning both secure units beside each other) will create larger, more spacious areas and extend the interior and exterior walking routes - when the doors are open between both units. It is

expected this will reduce resident agitation.

The service has experience in and a reputation locally for safely managing residents who require more supervision. Staff use sensor beams in the bedrooms of residents who are wandering risks and sensor mats.

Fire drills are conducted six monthly. NZ Fire services have advised the changes will not require any changes to the evacuation plan.

There are clearly documented emergency plans and emergency and security systems are well established and known by staff. Staff receive extensive information on emergency procedures at orientation and there is ongoing training about civil defence processes and keeping residents safe during emergencies. There is a registered nurse (RN) on call twenty-four hours a day, seven days a week (24/7), and all care staff have current first aid certificates (confirmed by review of staff training records and interview with the owner and the facility manager). There are fully equipped civil defence supplies on site (sighted). The provider meets the requirement of ARC D15.3e; D19.6.

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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>

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

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 proposal to reconfigure areas in the facility will not impact on this standard. All consumer areas are provided with sufficiently sized windows and opening doors for ventilation. (Visual inspection of all bedrooms reveals there is at least one opening window). The home is heated by heat pumps in all communal areas and electric heaters in bedrooms.

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

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

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

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: FA

Evidence:

The proposed change/reconfiguration of service delivery will not impact on the current approach to infection prevention and control or the systems that are already in place. Infection prevention and control policies and procedures reflect current good practice and reference current legislation. There is a low rate of infection and when infections occur the service manages these well.

The ARC requirements of D5.4e and D19.2a 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): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i>