

Millvale Lodge Lindale Limited

Current Status: 18 December 2013

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

Millvale Lodge – Lindale is a newly renovated/converted building that has been built to provide 32 beds in stage one of the project. This includes 16 hospital – psychogeriatric level beds and 16 hospital – geriatric and medical beds. Stage two is yet to be completed and will include a dementia specific rest home unit.

The service is operated by Dementia Care New Zealand that currently operates eight facilities in the North and South Islands. The facility will initially be managed by the current regional clinical manager who is a registered nurse with many years aged care experience.

The facility consists of two separate ‘homes’ (units) and resident rooms and communal areas including bathrooms were assessed as appropriate for providing hospital and psychogeriatric level care. It was also identified that the staffing/roster, equipment and organisational policies/procedures and processes are appropriate for also providing these levels of care.

There are improvements required by the service around the new build and include; providing safe access to the facility, having civil emergency supplies on site, ensuring hot water is at a safe temperature, completing a fire drill with new staff, obtaining a New Zealand Fire department approved evacuation scheme, obtaining a certificate for public use, ensure medication room and sluice room doors are locked, completing the treatment room area, securing the psychogeriatric unit, both internally and externally, landscaping outdoor areas and securing the psychogeriatric unit outdoor area.

Audit Summary as at 18 December 2013

Standards have been assessed and summarised below:

Key

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained

Indicator	Description	Definition
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

Consumer Rights as at 18 December 2013

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Organisational Management as at 18 December 2013

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Continuum of Service Delivery as at 18 December 2013

Includes 13 standards that support an outcome where 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.		Some standards applicable to this service partially attained and of low risk.
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Safe and Appropriate Environment as at 18 December 2013

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure 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.		Some standards applicable to this service partially attained and of low risk.
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Restraint Minimisation and Safe Practice as at 18 December 2013

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Infection Prevention and Control as at 18 December 2013

<p>Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.</p>		<p>Standards applicable to this service fully attained.</p>
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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:	Millvale Lodge Lindale Limited
Certificate name:	Millvale Lodge Lindale Limited
Designated Auditing Agency:	Health and Disability Auditing New Zealand Limited
Types of audit:	Partial Provisional Audit
Premises audited:	Millvale Lodge Lindale
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Geriatric and medical services (excl. psychogeriatric).
Dates of audit:	Start date: 18 December 2013 End date: 18 December 2013
Proposed changes to current services (if any):	
	The service plans to open a new facility in two stages. This audit is for stage one which consists of two separate 'homes' (units), one to provide hospital – psychogeriatric services for up to 16 residents and the other to provide hospital (geriatric and medical) services for up to 16 residents.
Total beds occupied across all premises included in the audit on the first day of the audit:	

Audit Team

Lead Auditor	XXXXX	Hours on site	3	Hours off site	2
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	XXXXX			Hours	2

Sample Totals

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

Declaration

I, XXXXX, Director of Christchurch 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	Not Applicable
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 Tuesday, 7 January 2014

Executive Summary of Audit

General Overview

Millvale Lodge – Lindale is a newly renovated/converted building that has been built to provide 32 beds in stage one of the project. This includes 16 hospital – psychogeriatric level beds and 16 hospital – geriatric and medical beds. Stage two is yet to be completed and will include a dementia specific rest home unit.

The service operated by Dementia Care New Zealand who currently operate eight facilities in the North and South Islands. The facility will initially be managed by the current regional clinical manager who is a registered nurse with many years aged care experience.

The facility consists of two separate 'homes' (units) and resident rooms and communal areas including bathrooms were assessed as appropriate for providing hospital and psychogeriatric level care. It was also identified that the staffing/roster, equipment and organisational policies/procedures and processes are appropriate for also providing these levels of care.

There are improvements required by the service around the new build and include; providing safe access to the facility, having civil emergency supplies on site, ensuring hot water is at a safe temperature, completing a fire drill with new staff, obtaining a New Zealand Fire department approved evacuation scheme, obtaining a certificate for public use, ensure medication room and sluice room doors are locked, completing the treatment room area, securing the psychogeriatric unit, both internally and externally, landscaping outdoor areas and securing the psychogeriatric unit outdoor area.

Outcome 1.1: Consumer Rights

Outcome 1.2: Organisational Management

Dementia Care NZ is the parent company for Millvale Lodge – Lindale and has a current charter and business plan and a quality and risk organisational plan that aligns with the business plan (July 13- June 14). The vision and values statement sets out the philosophy of the providers. The clinical manager of Millvale Lodge – Lindale will report to the proprietors on a range of issues on a weekly basis as facilitated in other homes operated by Dementia Care New Zealand. The clinical manager is an experienced manager, has been in the role of regional clinical manager with the organisation for the past four months, and has been with the organisation for in a clinical manager role since 2007. During a temporary absence of the clinical manager, a manager from another Dementia Care New Zealand service locally will provide oversight.

The organisation provides hospital and/or psychogeriatric level care in six of their facilities. There are relevant care and support policies including relevant clinical procedures for the management of hospital and psychogeriatric level residents. The service is currently negotiating to contract a local GP and the organisation contracts a physiotherapist (who will visit two weekly) and a dietitian (who will visit monthly). At an organisational level, there are regional clinical managers who provide clinical support. Allied health professionals are accessed on an as required basis.

The organisation has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice including (but not limited to) clinical procedures and manual handling/hoist use. Advised that new staff employed will have a site-specific orientation that includes fire evacuation and emergency procedures and all will complete relevant competencies prior to commencement. Several staff currently employed within the wider organisation will be transferring to work at Millvale Lodge – Lindale.

The staffing Levels policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. Draft rosters have been developed that show staff coverage across the psychogeriatric and hospital units. Staffing will increase as occupancy increases. There is an RN on 24/7.

Outcome 1.3: Continuum of Service Delivery

The service will implement the medication management system used at other local services connected to the organisation. The current system includes medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accord with the current guidelines. The service will use the robotic system. Controlled drugs will be stored in a locked safe in a locked cupboard in the treatment room. A controlled drug register will be maintained.

Advised that registered nurses will be responsible for administration of medications and each of the four registered nurses who have been employed already works for the organisation and has had a medication competency assessment. There is a policy/procedure in place that includes self-management of medications. This policy requires a locked drawer. Improvements are required around ensuring that the treatment room will be completed and the following will be installed; a) a treatment bench and area will be maintained behind the locked door. Medications, dressings and sterile/clean equipment will be kept in the area, b) the controlled drug safe installed in the locked cupboard, c) hand basin installed in the room, d) medication trolley stored. Provide photos of the area to the DHB on completion prior to occupancy.

The service has a central kitchen, which is not yet completed. Until the kitchen is completed (if this does not occur prior to occupation), meals will be cooked at Millvale Waikanae and transported in hot boxes to Millvale Lodge – Lindale. There is an appropriate transportation of food policy. There is an improvement required prior to occupation to complete serveries in both the psychogeriatric unit and hospital unit. The serveries will have an oven, which requires a key to operate, a microwave, a hot water dispenser (behind a locked door) and a dishwasher. A cook from an existing service has been employed and the cook has completed food safety certificates. There is a dietitian contracted who reviews and advises on menus 12 monthly and more often if necessary. This was last completed July 2013. The service also has access to a dietitian monthly for review of resident nutritional status and needs and notes are included in resident files. The chiller is already operational in the kitchen to ensure snacks will be available on site 24 hours per day.

Outcome 1.4: Safe and Appropriate Environment

The service has in place management of waste and hazardous materials policy and relevant procedures to support the safe disposal of waste and hazardous substances.

The new building consists of two homes (units) – one for hospital level care and one for psychogeriatric level care. Both have a large lounge/dining area and each has one smaller lounge. There are 16 single rooms in each wing and many have toilet or full ensembles. There are large communal disabled size bathrooms available in each wing, sufficient to meet resident's needs. The hospital unit has a large decked area and the psychogeriatric unit has a 2000 square metre garden. Hallways are wide, hallways and bedrooms are carpeted, and wet areas have non-slip vinyl.

The laundry is not yet completed. It is large with a clean and dirty entrance. Laundry and cleaning will be done by caregivers. If the laundry is not operational by the time of occupation then laundry will be transported to Millvale Waikanae for completion.

The hospital wing has corridors that allow residents to pass each other safely. There is sufficient space to allow the safe use of mobility equipment. Safety rails are appropriately located around the hallways and in the bathrooms. Access to the outside is appropriate for mobility equipment.

Residents rooms are single and are of sufficient space to allow care to be provided and for the safe use and manoeuvring of mobility aids and staff.

The service plans to install a 10000-litre water tank for emergency supplies.

Resident rooms, toilets/showers and the lounge/dining areas have call bells. These also show up in other areas of the facility on panels.

Security policy is in place and a daily security check is documented.

There are improvements required by the service around providing safe access to the facility, having civil emergency supplies on site, ensuring hot water is at

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.3.12: Medicine Management	Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Low			
HDS(C)S.2008	Criterion 1.3.12.1	A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.	PA Low	The treatment room in the hospital is not yet completed and the cupboard where the medication trolley will be stored in the psychogeriatric unit is not yet complete.	Complete the treatment room in the hospital unit and ensure the following will be installed; a) a treatment bench and area. Medications, dressings and sterile/clean equipment will be kept in the area, b) the controlled drug safe installed in the locked cupboard, c) hand basin installed in the room, d) medication trolley stored. Ensure the treatment room is locked and that the cupboard in the psychogeriatric unit where the medication trolley will be kept is locked. Provide photos of the area to the DHB on completion prior to occupancy.	Prior to occupancy
HDS(C)S.2008	Standard 1.3.13: Nutrition, Safe Food, And Fluid Management	A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	PA Low			
HDS(C)S.2008	Criterion 1.3.13.5	All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.	PA Low	The kitchenette in each unit is not yet completed.	The kitchenettes require completing prior to occupation and photos should be sent to the DHB.	Prior to occupancy

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	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.	PA Low			
HDS(C)S.2008	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.	PA Low	The sluice rooms are not yet completed or secured. The locked cupboard for chemicals is also not yet completed.	Ensure the sluice room is completed and the locked chemical cupboard is installed.	Prior to occupancy
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	(i) Hot water temperatures are not yet settled at a safe temperature; (ii) There is not yet a certificate for public use; (iii) The psychogeriatric unit is not yet secure; (iv) The entrance areas are not yet completed and safe.	(i) Ensure hot water is at a safe temperature; (ii) Obtain a certificate for public use; (iii) Secure the psychogeriatric unit, both internally and externally; (iv) Ensure the entrance to each unit is completed and safe.	Prior to occupancy
HDS(C)S.2008	Criterion 1.4.2.6	Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	Outdoor areas are yet to be completed and landscaped and the outdoor area for the psychogeriatric unit is not yet secure.	Complete and landscape outdoor areas and secure the psychogeriatric unit outdoor area.	Prior to occupancy

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.4.7: Essential, Emergency, And Security Systems	Consumers receive an appropriate and timely response during emergency and security situations.	PA Low			
HDS(C)S.2008	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.	PA Low	(i)There is not yet a civil defence kit. (ii) Staff have not had a fire drill.	(i)Ensure a civil defence kit is obtained. (ii) Ensure staff complete a fire drill.	Prior to occupancy
HDS(C)S.2008	Criterion 1.4.7.3	Where required by legislation there is an approved evacuation plan.	PA Low	There is not yet a fire service approved evacuation scheme.	Obtain an approved fire service approved evacuation scheme.	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:

Dementia Care NZ Ltd is the proprietors of Millvale Lodge- Lindale. At the completion of stage one (the stage being audit) the service will provide 16 hospital (medical and geriatric) beds and 16 psychogeriatric beds in two separate units. The purpose of this partial provisional audit was to verify the appropriateness of the service to provide these levels of care. The current business plan includes the development of this facility and the service and will align with the Dementia Care New Zealand 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 Millvale Lodge- Lindale and has a current charter and business plan and a quality and risk organisational plan that aligns with the business plan (July 2013- June 2014). The vision and values statement sets out the philosophy of the providers. The manager of Millvale Lodge- Lindale will report to the proprietors on a range of issues on a monthly basis. The current regional manager will manage the service while occupancy is increasing and then an operations manager and permanent clinical manager will be appointed. A team of experienced staff - registered nurses, caregivers and the management team of Dementia Care NZ, will support them. The regional clinical manager has worked in aged care since 2003. She has been a clinical manager with Dementia Care New Zealand since 2007 and became the regional clinical manager four months ago.

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

Standard 1.2.2: Service Management (HDS(C)S.2008:1.2.2)

The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.

ARC D3.1; D19.1a; E3.3a ARHSS D3.1; D4.1a; D19.1a

Attainment and Risk: FA
Evidence: <p>During a temporary absence of the operations manager (once this position has been filled, the clinical manager assumes the role. While the regional clinical manager is filling the manager role, support will be provided from managers at Millvale Levin or Millvale Waikanae in her absence and further support will be provided by the Dementia Care NZ management team.</p> <p>D19.1a; A review of the policies and procedures and from discussion with management identified that the service operational management strategies and a quality improvement programme which includes culturally appropriate care, to minimise risk of unwanted events and enhance quality.</p> <p>The organisation provides hospital and psychogeriatric level care in six of their facilities. There are relevant care and support policies including relevant clinical procedures for the management of hospital and psychogeriatric level residents. Millvale Lodge- Lindale is currently in negotiation with a local GP practice to provide a house GP. There is an organisation wide physiotherapist (who will visit two weekly and as necessary) and a dietitian (visits monthly). At an organisational level there is are two regional clinical managers that provide clinical support and leadership. Allied health professionals will be accessed on an as required basis.</p>

Criterion 1.2.2.1 (HDS(C)S.2008:1.2.2.1)

During a temporary absence a suitably qualified and/or experienced person performs the manager's role.

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 1.2.7: Human Resource Management (HDS(C)S.2008:1.2.7)

Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.

ARC D17.6; D17.7; D17.8; E4.5d; E4.5e; E4.5f; E4.5g; E4.5h ARHSS D17.7, D17.9, D17.10, D17.11

Attainment and Risk: FA
<p>Evidence:</p> <p>The human resource manual policies and procedures include - training and supervision, staff training, ACE programme, maintaining training records, performance management and appraisals policy and procedures. There are job descriptions available for all positions and staff already employed have employment contracts. A copy of practising certificates has been sighted for all current registered nurses</p> <p>Currently the service has employed four registered nurses, five caregivers, a cook and a diversional therapist. All these staff are currently employed at other Dementia Care NZ sites, have been involved in on-going education, and have completed an orientation.</p> <p>The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice including (but not limited to) clinical procedures and manual handling/hoist use. Advised that staff working in the hospital unit will be re-orientated to key clinical and manual handling procedures. Prior to occupation a site orientation including a fire drill and emergency procedures specific to the site will be held for staff transferring from other sites and all newly employed staff will complete a full orientation.</p> <p>Competency packages are in place for registered nurses and caregivers.</p> <p>An education coordinator is employed to oversee the organisation's education programme for all homes and is available to facilitate sessions. The education coordinator manages a spreadsheet of all staff and records all completed orientations, competencies and education attended.</p> <p>The education coordinator develops the annual education plan in conjunction with the operations manager (sighted for 2013 and 2014). There are essential/compulsory attendance sessions. Other topics are added to the plan as required following feedback from audits, complaints, incidents/accidents, infection, health and safety issues and quality improvement initiatives.</p> <p>The annual training programme well exceeds eight hours annually.</p> <p>The five caregivers already employed have completed ACE dementia standards and the service has a plan to ensure any newly employed caregivers commence Ace dementia standards within six months of employment and complete these within 12 months.</p>

Criterion 1.2.7.2 (HDS(C)S.2008:1.2.7.2)

Professional qualifications are validated, including evidence of registration and scope of practice for 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>

Criterion 1.2.7.3 (HDS(C)S.2008:1.2.7.3)

The appointment of appropriate service providers to safely meet the needs of consumers.

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 1.2.7.4 (HDS(C)S.2008:1.2.7.4)

New service providers receive an orientation/induction programme that covers the essential components of the service provided.

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 1.2.7.5 (HDS(C)S.2008:1.2.7.5)

A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to 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 1.2.8: 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:

The staffing Levels policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. Rosters are in place and show staff coverage across both units. There will an RN on during 24 hours day seven days a week.
The service has developed a draft roster for the opening of Millvale Lodge- Lindale.
Initially there will be a registered nurse on duty 24 hours per day and a caregiver in each unit 24 hours per day (from the first resident). The clinical manager will support them five days per week.
As the units (homes) increase in occupancy staffing will increase with the propose roster to include;
A registered nurse 24 hours per day and the clinical manager five days per week plus on call.
In each unit:
A caregiver- 7 am to 3 pm, a caregiver 8 am to 3 pm, a caregiver 7 am to 12pm, a caregiver 3pm to 12am, a caregiver 5 pm to 8.30pm, a caregiver 12am to 8am.
The psychogeriatric unit will have a trained diversional therapist 10.30 am to 5.30 pm and the hospital will have a diversional therapist 1.30 pm to 5.30 pm.
A cook will support them. Caregivers will be responsible for laundry (once this is done on site) and cleaning in keeping with a home like environment.

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 1.3.12: Medicine Management (HDS(C)S.2008:1.3.12)

Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.

ARC D1.1g; D15.3c; D16.5e.i.2; D18.2; D19.2d ARHSS D1.1g; D15.3g; D16.5i.i.2; D18.2; D19.2d

Attainment and Risk: PA Low
Evidence: <p>The organisation has a medication management system that includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accordance with the current guidelines. The service will use the robotic system. Controlled drugs (CD) will be stored in a locked safe in a locked cupboard in the locked treatment room once this is completed. A CD register is available and will be maintained.</p> <p>Discussions with the management team identified that the main treatment room will be in the hospital unit and will be completed and the following will be installed; a) a treatment bench and area. Medications, dressings and sterile/clean equipment will be kept in the area, b) the controlled drug safe installed in the locked cupboard, c) hand basin installed in the room, d) medication trolley stored. The service will provide photos of the area to the DHB on completion prior to occupancy.</p> <p>The service will use the same pharmacy they use for the Millvale Waikanae service and the owner reports they are in the final stages of finalising a contract with the pharmacy. Two medication trolleys have been purchased. The second medication trolley will be stored in an area to be locked in the psychogeriatric unit.</p> <p>The clinical manager assesses registered nurses (who are already employed within the wider organisation) as competent to undertake medication administration. The medication competency assessment includes both a written paper and observation from the clinical manager or RN. The annual in-service training also includes specific training around medication management. Advised that registered nurses will be responsible for medication administration.</p> <p>There is a policy/procedure in place that includes self-management of medications. This policy requires a locked drawer.</p>

Criterion 1.3.12.1 (HDS(C)S.2008:1.3.12.1)

A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.

Attainment and Risk: PA Low
Evidence: The organisation has a medication management system that includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accordance with the current guidelines. The service will use the robotic system. Controlled drugs will be stored in a locked safe in a locked cupboard in the locked treatment room once this is completed. A CD register is available and will be maintained. Discussions with the management team identified that the main treatment room will be in the hospital unit.
Finding: The treatment room in the hospital is not yet completed and the cupboard where the medication trolley will be stored in the psychogeriatric unit is not yet complete.
Corrective Action: Complete the treatment room in the hospital unit and ensure the following will be installed; a) a treatment bench and area. Medications, dressings and sterile/clean equipment will be kept in the area, b) the controlled drug safe installed in the locked cupboard, c) hand basin installed in the room, d) medication trolley stored. Ensure the treatment room is locked and that the cupboard in the psychogeriatric unit where the medication trolley will be kept is locked. Provide photos of the area to the DHB on completion 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 1.3.12.3 (HDS(C)S.2008:1.3.12.3)

Service providers responsible for medicine management are competent to perform the function for each stage they manage.

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 1.3.12.5 (HDS(C)S.2008:1.3.12.5)

The facilitation of safe self-administration of medicines by consumers where appropriate.

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 1.3.12.6 (HDS(C)S.2008:1.3.12.6)

Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with 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>

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: PA Low
Evidence: The service has a large central kitchen in the hospital unit. Food will eventually be provided to the kitchenettes in each unit via insulated trolleys. One cook (who has completed food safety training has been employed from another Dementia Care New Zealand facility. Staff also complete food safety as part of the annual in-service

programme.

A nutrition and dietetic assessment will be undertaken on each resident on admission, a copy provided to the cook and updated as required by the RN's. There is a kitchen service manual, which covers all aspects of food preparation, kitchen management, food safety, kitchen cleaning, and kitchen procedures. Special diets will be catered for. There is a dietitian contracted who reviews and advises on menus 12 monthly at an organisational level and more often if necessary. This was last completed July 2013. The service also has access to a dietitian monthly for review of resident nutritional status and needs and notes are included in resident files.

At the time of the audit, the kitchen is unfinished. Prior to the kitchen being completed all food will be cooked at Millvale Waikanae and transported in hot boxes to Millvale Lodge- Lindale. A comprehensive policy has been developed around the transportation of food. There is a large working chiller in the kitchen where snacks and similar can be stored so that snacks are available on site 24 hours per day.

Each unit will have a kitchenette that has a hot water dispenser (already installed). These will be behind locked cupboards. The kitchenettes will also have an oven that requires a key to operate, a microwave, a dishwasher and a fridge (already purchased). The kitchenettes require completing prior to occupation and photos should be sent to the DHB.

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

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: PA Low

Evidence:

The service has a large central kitchen in the hospital unit. Food will eventually be provided to the kitchenettes in each unit via insulated trolleys. One cook (who has completed food safety training has been employed from another Dementia Care New Zealand facility. Food safety is also completed by staff as part of the annual in-service programme.

At the time of the audit, the kitchen is unfinished. Prior to the kitchen being completed all food will be cooked at Millvale Waikanae and transported in hot boxes to Millvale Lodge- Lindale. A comprehensive policy has been developed around the transportation of food. There is a large working chiller in the kitchen where snacks and similar can be stored so that snacks are available on site 24 hours per day.

Each unit will have a kitchenette that has a hot water dispenser (already installed). These will be behind locked cupboards. The kitchenettes will also have an oven that requires a key to operate, a microwave, a dishwasher and a fridge (already purchased). The kitchenettes require completing prior to occupation and photos should be sent to the DHB.

Finding:

The kitchenette in each unit is not yet completed.

Corrective Action:

The kitchenettes require completing prior to occupation and photos should be sent to the DHB.

Timeframe (days): Prior to occupancy (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: PA Low

Evidence:

The service has in place management of waste and hazardous materials policy and relevant procedures to support the safe disposal of waste and hazardous substances. These include, (but are not limited to): a) sharps procedure and b) cleaning/chemicals procedures and c) exposure to blood or other body fluid contamination policy. Annual training will be provided to the staff by the laboratory, and at other services this has included, Infection control and waste management. There is a sluice that can be entered from both the hospital and psychogeriatric units. These are not yet completed or secured and this will be completed prior to occupancy. chemicals will be in a locked cupboard.. This will also be completed prior to occupancy. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals are labelled and there is appropriate protective equipment and clothing for staff.

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: PA Low

Evidence:

The service has in place management of waste and hazardous materials policy and relevant procedures to support the safe disposal of waste and hazardous substances. These include, (but are not limited to): a) sharps procedure and b) cleaning/chemicals procedures and c) exposure to blood or other body fluid contamination policy. Annual training will be provided to the staff by laboratory, and at other services this has included, Infection control and waste management. There is an entrance into the sluice in both the hospital and psychogeriatric units.

Finding:

The sluice rooms are not yet completed or secured. The locked cupboard for chemicals is also not yet completed.

Corrective Action:

Ensure the sluice room is completed and the locked chemical cupboard is installed.

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

Criterion 1.4.1.6 (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: <p>The facility consists of two separate units (homes). There is a separate entrance for each of the homes and these are not yet completed and require completing with safe access prior to occupation.</p> <p>The hospital home has 16 single rooms all of which are large and easily able to cater for the needs of hospital level residents. All rooms have a hand basin and seven rooms have a large full ensuite with shower and toilet. A further eight rooms have a large ensuite toilet. There is a large disabled size bathroom that could cater for a resident in a shower trolley (as could some of the full ensuites) and a separate disabled size toilet. The hospital home is currently having a large deck outdoor area completed and this requires completing prior to occupation. The hospital home has a very large lounge/dining room with a kitchenette (link 1.3.13.5) and a second smaller lounge.</p> <p>The psychogeriatric unit also has 16 single rooms. At the time of the audit four of these were fully completed, eight are nearing completion with surfaces prepared for wall and floor coverings ready to be installed and four rooms are still being built. The builders report these are close to completion. All rooms have a hand basin and seven have ensuite toilets. There are also two large disabled bathrooms. The entrance from the hospital will have a keypad lock on both sides. This requires completion.</p> <p>There is a large lounge and dining area and a smaller separate quiet area. There is a kitchenette in the dining area (link 1.3.13.5). All areas are large enough to cater for the needs of psychogeriatric residents including equipment such as hoists and at least two caregivers. There is a 2000 square metre outdoor area and this is yet to be landscaped or secured.</p> <p>All required equipment and furniture has been ordered (documentation sighted) including (but not limited to): hoists, a hospital bed for each room with some low beds, dining tables and chairs and lounge chairs including lazy boys and fall out chairs.</p> <p>The hot water has been installed and is turned on. This is currently fluctuating in temperature and plumbers and electricians were working on this during the audit. Hot water temperatures are required to be at a safe level prior to occupation.</p> <p>Both units have a combination of carpet and vinyl flooring and there is non-slip vinyl in wet areas.</p>

There is not yet a certificate for public use and this will be required prior to occupancy.

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:

The facility consists of two separate units (homes). There is a separate entrance for each of the homes and these are not yet completed and require completing with safe access prior to occupation.

The hospital home has 16 single rooms all of which are large and easily able to cater for the needs of hospital level residents. All rooms have a hand basin and seven rooms have a large full ensuite with shower and toilet. A further eight rooms have a large ensuite toilet. There is a large disabled size bathroom that could cater for a resident in a shower trolley (as could some of the full ensuites) and a separate disabled size toilet. The hospital home is currently having a large deck outdoor area completed and this requires completing prior to occupation. The hospital home has a very large lounge/dining room with a kitchenette (link 1.3.13.5) and a second smaller lounge.

The psychogeriatric unit also has 16 single rooms. At the time of the audit four of these were fully completed, eight are nearing completion with surfaces prepared for wall and floor coverings ready to be installed and four rooms are still being built. The builders report these are close to completion. All rooms have a hand basin and most have ensuites. There is also a large disabled bathroom. The entrance from the hospital will have a keypad lock on both sides. This requires completion. There is a large lounge and dining area and a smaller separate quiet area. There is a kitchenette in the dining area (link 1.3.13.5). All areas are large enough to cater for the needs of psychogeriatric residents including equipment such as hoists and at least two caregivers. There is a 2000 square metre outdoor area and this is yet to be landscaped or secured.

All required equipment and furniture has been ordered (documentation sighted) including (but not limited to): hoists, a hospital bed for each room with some low beds, dining tables and chairs and lounge chairs including lazy boys and fall out chairs.

Finding:

(i) Hot water temperatures are not yet settled at a safe temperature; (ii) There is not yet a certificate for public use; (iii) The psychogeriatric unit is not yet secure; (iv) The entrance areas are not yet completed and safe.

Corrective Action:

(i) Ensure hot water is at a safe temperature; (ii) Obtain a certificate for public use; (iii) Secure the psychogeriatric unit, both internally and externally; (iv) Ensure the entrance to each unit is completed and safe.

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: PA Low
Evidence: The hospital home is currently having a large deck outdoor area completed. There is a 2000 square metre outdoor area for the psychogeriatric unit.
Finding: Outdoor areas are yet to be completed and landscaped and the outdoor area for the psychogeriatric unit is not yet secure.
Corrective Action: Complete and landscape outdoor areas and secure the psychogeriatric unit outdoor area.
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: FA
Evidence: In the hospital unit, all rooms have a hand basin and seven rooms have a large full ensuite with shower and toilet. A further eight rooms have a large ensuite toilet. There is a large disabled size bathroom that could cater for a resident in a shower trolley (as could some of the full ensuites) and a separate disabled size toilet. In the psychogeriatric unit, seven rooms have ensuite toilets and all rooms have a hand basin. There are two large disabled bathrooms. There is also a visitor/staff toilet.

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: Residents rooms are of sufficient space to allow care to be provided and for the safe use and manoeuvring of mobility aids and staff. Doors into resident rooms are wide enough to allow the movement of lazy boy chairs.

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 maneuvers 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:

There is a combined dining area and lounge area in each home (unit) that can accommodate hospital residents and mobility aids. There is also a separate smaller lounge/quiet room in each home.

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 service has in place policies and procedures for effective management of cleaning and linen practices. The laundry is located in the service area with dirty/clean entrance/exit and effective separation of dirty laundry. Soiled laundry will be sorted into different coloured bags or buckets to identify type of treatment required (these have been purchased). The storage of soiled linen policy includes transportation of linen around the facility. Laundry and cleaning audits are available and will be

completed on a regular basis. Caregivers will complete laundry tasks. The laundry is not yet completed and is unlikely to be completed prior to occupation. Once residents are at the facility all laundry will be taken off site until the laundry is completed. There is a comprehensive transportation of laundry policy.

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: PA Low

Evidence:

The service intends to provide staff training to implement its policies and procedures for civil defence, equipment and other emergencies (link 1.2.7). Fire safety and evacuation training is to be provided to staff during their orientation phase and at appropriate intervals.
A fire service approved evacuation plan is to be obtained prior to occupancy.
D19.6: There are emergency management plans in place to ensure health, civil defence and other emergencies are included. A civil defence kit is also to be provided prior to occupancy. The service is installing a 10,000-litre water tank for emergency use.
Resident rooms, toilets/showers and the lounge/dining areas have call bells. These also show up in other areas of the facility on panels and are operational.
The service policies and procedures require that contractors are appropriately identified and a contractor's folder is available. A security policy is in place and a daily security check will be documented. The entrance door to the hospital unit will only be secure at night as per security procedures.

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: PA Low

Evidence:

The service intends to provide staff training to implement its policies and procedures for civil defence, equipment and other emergencies (link 1.2.7). Fire safety and evacuation training is to be provided to staff during their orientation phase and at appropriate intervals.
D19.6: There are emergency management plans in place to ensure health, civil defence and other emergencies are included. All resident rooms, toilets and showers and the lounge/dining areas have call bells. These also show up in other areas of the facility on panels and are operational.
The service policies and procedures require that contractors are appropriately identified and a contractor's folder is available. A security policy is in place and a daily security check will be documented. The door to the hospital unit will only be secure at night as per security procedures.
All staff that have been employed so far have a current first aid certificate and management is aware of the need to have first aid trained staff on duty at all times.

Finding:

(i) There is not yet a civil defence kit. (ii) Staff have not had a fire drill.

Corrective Action:

(i) Ensure a civil defence kit is obtained. (ii) Ensure staff complete a fire drill.

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

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

Where required by legislation there is an approved evacuation plan.

Attainment and Risk: PA Low
Evidence: A draft fire procedure has been developed. There is not yet a fire service approved evacuation scheme.
Finding: There is not yet a fire service approved evacuation scheme.
Corrective Action: Obtain an approved fire service approved evacuation scheme.
Timeframe (days): Prior to occupancy (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.7.4 (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): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

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:

General living areas and resident rooms are appropriately heated and ventilated. The entire facility has air conditioning. Residents have access to natural light in their rooms via at least one external window and there is adequate external light in communal areas.

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:

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: FA
Evidence: The documented infection control (IC) programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The infection programme will be reviewed annually and this is completed at an organisational level with ICNs across the organisations. The IC programme plan and IC programme description are available. There is a job description for the IC nurse and clearly defined guidelines and responsibilities for the infection control committee at service and organisational level.

There is a documented infection control programme that is linked into the objectives of the quality and risk management plan for 2013-2043. The IC programme includes six objectives that include performance indicators and evaluation. The facility has access to professional advice within the organisation, from GP's and from an IC consultant at the DHB.

The facility has adequate signage that will be placed at the entrances asking visitors not to enter if they have contracted or been in contact with infectious diseases. Hand hygiene notices are in use around the facility. There is a staff health policy and staff infection and work restriction guidelines. The outbreak management policy reflects current good practice with input from an IC consultant.

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>

Criterion 3.1.3 (HDS(IPC)S.2008:3.1.3)

The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.

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 3.1.9 (HDS(IPC)S.2008:3.1.9)

Service providers and/or consumers and visitors suffering from, or exposed to and susceptible to, infectious diseases should be prevented from exposing others while infectious.

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>