

# Adriel Rest Home Limited

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Current Status: 16 January 2014

**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

Adriel Rest Home provides care and support for residents with dementia. A partial provisional audit was undertaken to ensure a new building on the current site, that has an additional 21 rooms and is capable of accommodating another 22 residents who require dementia care, meets requirements. The building was found to be completed, minimal furnishing was in place and basic supplies were in storage in the cupboards.

It is expected that the organisational systems and management of residents in the new building will generally mirror what is already happening for the current residents in the original building of this service.

It is expected that the new unit will be occupied on a gradual basis and will commence with several current residents moving across when other new admissions arrive.

A Certificate of Compliance has yet to be issued, external landscaping requires completion to a safe level and the fire evacuation plan requires approval.

# HealthCERT Aged Residential Care Audit Report (version 3.91)

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## 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

<b>Legal entity name:</b>	Adriel Rest Home Limited
<b>Certificate name:</b>	Adriel Rest Home
<b>Designated Auditing Agency:</b>	DAA Group
<b>Types of audit:</b>	Partial Provisional
<b>Premises audited:</b>	Adriel Rest Home, 36 Osborne Road, Amberley, North Canterbury
<b>Services audited:</b>	Rest Home - Dementia
<b>Dates of audit:</b>	<b>Start date:</b> 16 January 2014 <b>End date:</b> 16 January 2014
<b>Proposed changes to current services (if any):</b>	
New building on site. Plan to increase beds by 21 to make total of 42 for this service, however one of the rooms is a double and could be used for a couple should the need arise. This would increase possible capacity to 43.	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	21

## Audit Team

<b>Lead Auditor</b>	XXXXX	<b>Hours on site</b>	4.5	<b>Hours off site</b>	4
<b>Other Auditors</b>		<b>Total hours on site</b>		<b>Total hours off site</b>	
<b>Technical Experts</b>		<b>Total hours on site</b>		<b>Total hours off site</b>	
<b>Consumer Auditors</b>		<b>Total hours on site</b>		<b>Total hours off site</b>	
<b>Peer Reviewer</b>	XXXXX			<b>Hours</b>	1

## Sample Totals

Total audit hours on site	4.5	Total audit hours off site	5	Total audit hours	9.5
Number of residents interviewed	1	Number of staff interviewed	4	Number of managers interviewed	1
Number of residents' records reviewed	1	Number of staff records reviewed	5	Total number of managers (headcount)	1
Number of medication records reviewed	7	Total number of staff (headcount)	21	Number of relatives interviewed	1
Number of residents' records reviewed using tracer methodology				Number of GPs interviewed	1

## Declaration

I, XXXXXX, 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 Friday, 24 January 2014

## Executive Summary of Audit

### General Overview

Adriel Rest Home provides care and support for residents with dementia. A partial provisional audit was undertaken to ensure a new building on the current site, that has an additional 21 rooms and is capable of accommodating another 22 residents who require dementia care, meets requirements. The building was found to be completed, minimal furnishing was in place and basic supplies were in storage in the cupboards.

It is expected that the organisational systems and management of residents in the new building will generally mirror what is already happening for the current residents in the original building of this service.

It is expected that the new unit will be occupied on a gradual basis and will commence with several current residents moving across when other new admissions arrive.

A Certificate of Compliance has yet to be issued, external landscaping requires completion to a safe level and the fire evacuation plan requires approval.

### Outcome 1.1: Consumer Rights

Not applicable

### Outcome 1.2: Organisational Management

The mission, values and philosophy focus on individualisation, value and respect for people with memory loss, while ensuring they have meaningful occupation in a rural homelike environment. The goals and objectives in a Strategic Plan 2013 are inclusive of continuous quality improvement, reputation, staff competency, meeting financial commitments, quality documentation and excellence in dementia care.

A clinical coordinator relieves when the owner manager is absent. Both are registered nurses, have suitable qualifications and experience to ensure effective management of the service and are committed to ongoing professional development.

Human resources processes meet requirements with relevant recruitment processes, a two stepped orientation programme, a three month interim review process and an annual performance appraisal process in place. Ongoing internal and external training opportunities are made available to all staff.

Staff rosters show there is sufficient staff with the required levels of expertise to ensure the safety of residents scheduled for duties. Plans are in place to manage the anticipated gradual increase in the number of residents with the opening of the new building.

### Outcome 1.3: Continuum of Service Delivery

Medicines are being managed according to documented policies and procedures. All medicines are stored safely, staff who administer medicines have a

current medication competency, and medicine records are being maintained according to recommended guidelines. An observed medicine round was undertaken as expected.

A rotating six weekly menu with winter and a summer options has been reviewed by a registered dietitian. Preferred choices and special dietary needs are catered for. Adriel Rest Home also provides a local Meals on Wheels service and the kitchen in the new building will be used for this purpose, as well as for preparing and cooking the meals for residents in that building. The new kitchen is spacious, modern and well equipped. Although the manager plans to run both kitchens, the process of getting the new kitchen registered with the Food Safety Authority has commenced. Staff have undertaken safe food handling training and food is stored and disposed of in a safe manner.

The formatting of the documentation of activities goals of residents has been changed and all residents have had an evaluation of these. Evaluations of progress with activities goals are to continue every six months with monthly reviews. This addresses an area identified as requiring improvement at the previous surveillance audit.

#### **Outcome 1.4: Safe and Appropriate Environment**

The new building that will house an additional 22 residents is complete; however a Certificate of Public Use/Certificate of Compliance is yet to be issued. Similarly approval of the fire evacuation scheme has not yet occurred. The external area still requires levelling and landscaping and a boundary fence requires completion. These are areas requiring attention prior to occupancy.

It is intended that most systems, such as the management of waste, the availability of personal protective equipment, security systems, emergency management and cleaning and laundry, for example, will be managed in the new building as they are currently occurring at Adriel Rest Home.

The new building is spacious, modern and provides a safe and accessible environment for residents with dementia. There are two wings of ten and eleven rooms with one of the rooms being larger, having an ensuite and able to accommodate a couple. There are adequate toilet and shower facilities. A call system is operational, windows have safety latches on them and the building is light throughout. Fire exit signs and fire doors are in place.

#### **Outcome 2: Restraint Minimisation and Safe Practice**

Not applicable

#### **Outcome 3: Infection Prevention and Control**

An infection control programme that was approved by the manager in March 2013 is currently being implemented by the manager and the clinical coordinator. Plans for an enrolled nurse to take on the role of infection control officer are in place and a process of delegation of duties and training has commenced. The infection control programme is underpinned by up to date policies and procedures which guide processes towards the prevention and control of infections.

## Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
<b>Standards</b>	0	14	0	2	0	0	0
<b>Criteria</b>	0	33	0	3	0	0	0

	UA Negligible	UA Low	UA Moderate	UA High	UA Critical	Not Applicable	Pending	Not Audited
<b>Standards</b>	0	0	0	0	0	0	0	34
<b>Criteria</b>	0	0	0	0	0	0	0	65

## Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.4.2: Facility Specifications	Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	PA Low			
HDS(C)S.2008	Criterion 1.4.2.1	All buildings, plant, and equipment comply with legislation.	PA Low	The new building ready to take up to an additional 22 residents at Adriel Rest Home is completed, however it does not yet have a Certificate of Compliance, nor a Certificate of Public Use.	That a Certificate of Public Use/Certificate of Compliance is issued for the new building at Adriel Rest Home prior to occupation.	30

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	Landscaping has not yet commenced. On inspection there is uneven ground, mounds of soil, and a partially constructed boundary fence evident around the new building. Lawns are not yet laid.	Prior to occupation the ground is level, accessible areas are of a surface suitable for people to walk on safely and the fences are completed to ensure the security of residents.	30
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 1.4.7.3	Where required by legislation there is an approved evacuation plan.	PA Low	The fire evacuation plan that has been developed has not yet been approved by the fire service.	The fire evacuation plan is approved prior to occupation.	30

## 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:**

The mission statement of this service refers to unconditional love and care for those with memory loss. Five values the home is built on note the individualisation of care, staff that are flexible, the rural environment, the security provided and the homelike atmosphere. Independence, meaning and contribution with reference to the body, mind, heart and spirit are used to describe the philosophy of the service and this is demonstrated on the multiple aspects of the 'Spark of Life' programme currently integrated into the services delivered at Adriel.

Organisational goals that are described in the Business and Strategic Plan (2013) reflect the vision for Adriel Rest Home of being recognised as an innovative leader in specialised dementia care in New Zealand. The goals include where they want to be regarding certification of their services and continuous quality improvement, their reputation, staff competency levels, documentation and intended areas of excellence.

The owner/manager who is responsible for the overall management of the service is a registered nurse and has completed a Bachelor of Nursing degree. She has been in this role for more than ten years at this facility and at times has taken on temporary management roles in other facilities. With a strong commitment to training the owner/manager is a facilitator for the 'Spark of Life' programme, is maintaining her professional development requirements for her practising certificate and is involved with supporting the training of support workers throughout the region.

### 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 1.2.2: 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:**

The clinical coordinator, who is a registered nurse and responsible for most of the day to day operational matters, manages this facility when the owner/manager is absent. An enrolled nurse, with support from the owner/manager and/or the clinical co-ordinator, also assists with the management of this service.

**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:**

<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> <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

<b>Attainment and Risk:</b> FA
<b>Evidence:</b> Professional qualifications are checked and records of these are maintained. Current practising certificates for the two registered nurses and the enrolled nurse are sighted in their personal files. GP practising certificates are checked on-line. Any other professional services are accessed either as a private arrangement for the resident(s) by family, or are undertaken at the local pharmacy or GP practice.  There is evidence that good employment practice is in place. Comprehensive policies and procedures on recruitment, development, training and retainment that were last reviewed March 2013 are in place (same sighted). Five of five personal files, two of which are those for staff who have been employed for approximately three months, include evidence of initial interviews, reference checks, police checks, orientation records and records of ongoing training and completed performance appraisals. The two newest staff are about to complete the required interim assessment. Most staff have been working in this facility for a number of years.  A two stage staff orientation package is being implemented with an induction day(s) and a three month orientation. Checklists have been created for each and records are maintained in staff files. The orientation and initial three month review processes and the performance appraisal processes are identifying training needs for individual and these are documented accordingly. The status of individual staff training is being maintained electronically and a current record is sighted. Staff are provided with first aid training opportunities at least every two years and other core training topics are identified as health and safety, (for which a checklist is also completed during orientation), medication competency, food and safety, Aged Care Education (ACE) core training, ACE dementia training and ACE advanced. Other training topics are provided when required and may be introduced at staff meetings such as for continence management. Support partners (care/support workers) are encouraged to undertake their national certificates. The manager informs that staff working in the new building will come under the same human resource processes as current staff.

**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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>

<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> <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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> <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.

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

### 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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> (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

<b>Attainment and Risk:</b> FA
<b>Evidence:</b> <p>As noted in 1.2.7 records show that support partners are provided with related training opportunities, which at times may be personalised according to individual needs.</p> <p>The 2013 business plan includes a section on how service provider levels and skill mixes are delegated to ensure safe service delivery. The staffing section of the staffing, recruitment, development, training and retention policy document provides further details on how residents' safety will be maintained with regard to staffing.</p> <p>According to the manager the new building will be occupied gradually and staff numbers will be consistently reviewed to ensure resident safety. A number of current staff are planning to increase their hours (confirmed during interview with one staff person) and these people will be used in the first instance when the new building opens. An advertisement for local distribution is currently being compiled to ensure others are sufficiently trained for when resident numbers increase. For example the enrolled nurse will pick up additional hours from her current half time role, which is already flexible. There is a definite plan for an additional person to work the night shift, which will see three people in the complex from 11pm until 7am the next morning, with as always, a designated registered nurse on call.</p> <p>The roster is sighted and shows that there are three support partners (one of whom needs to be experienced), a kitchen worker, a diversional therapist (qualified), a registered or an enrolled nurse and the owner manager on the morning duties between Monday to Friday, At weekends the combination includes three support partners, one activities person and one kitchen person. The staff with current first aid certificates are identifiable with an asterisk. A cleaner works for three hours Monday to Friday and support workers pick up basic cleaning at weekends. An authorised person is available to provide guidance for one of the support partners.</p> <p>The afternoon shifts show two support partners work 3pm to 11pm, one person does a 4.30pm to 9pm shift and another does 5.30 to 6.30 pm. These number are consistent over seven days every week.</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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> <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 1.3.8: Evaluation (HDS(C)S.2008:1.3.8)**

Consumers' service delivery plans are evaluated in a comprehensive and timely manner.

ARC D16.3c; D16.3d; D16.4a ARHSS D16.3c; D16.4a

<b>Attainment and Risk:</b> FA
<b>Evidence:</b> <p>Shortcomings around the need for activity goals to be realistic for individuals and for the evaluation of activities goals to be documented were identified at the surveillance audit. These issues have been addressed. The owner manager and the clinical coordinator have gone through each resident's file and in consultation with the diversional therapist evaluated their goals. Changes have been made. Although these are not yet typed up, a sample template for the evaluation of activities goals that is based on the interRAI framework has been developed (same sighted) and enables the reader to view the degree of achievement and the progress towards meeting the desired outcome easily. Evaluations are to be undertaken six monthly on these templates, which have headings on columns for goals/objectives, interventions required and for evaluations of the goal/objectives. Optional categories for activities goals to be considered against are comprehensive. Monthly reviews of participation will continue and will assist in the evaluation process of goals/objectives.</p>

### Criterion 1.3.8.3 (HDS(C)S.2008:1.3.8.3)

Where progress is different from expected, the service responds by initiating changes to the service delivery plan.

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

### 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

<b>Attainment and Risk:</b> FA
<b>Evidence:</b> <p>Medicines are being managed in accordance with the organisation's medicine management policies and procedure. All medicines are stored in a locked clinic room near the kitchen and a mobile medicine trolley is used for medicine rounds. Blister packaging is being used and these are checked off by a registered or an enrolled nurse when they arrive from the pharmacy and any unused medicines are returned to the pharmacy. Seven of seven medication charts reviewed show discontinued medicines are being signed off and that reviews are occurring at three monthly timeframes. Feedback from the GP doing medical reviews of residents on the day of audit is positive with comments that he is always aware of what is happening for the resident(s), that the clinical coordinator is excellent at keeping him informed and he is confident that he is consulted about any medical related concerns about any client. A lunch time medicine round is observed and there is no evidence of practice not being consistent with expectations. All medicines are being signed for in the relevant section of the medication record once swallowed and sample signatures are evident on each signing page. There are not currently any controlled medicines in use at this facility</p> <p>All staff are encouraged to undertake their medication competency and copies of these are evident in the staff files sighted and in the master staff training schedule. Only staff with a current competency are permitted to administer medicines. The registered nurses do a competency assessment with one another before they undertake those for the support partners.</p> <p>There is no self-administration of medicines in this facility as all residents have a level of dementia.</p> <p>Staff give residents the courtesy of explanations about their medicines (observed), despite their probable limited ability to understand.</p> <p>The medicine room in the new building is spacious and purpose built. This room comes off the staff room for additional security. Medicine systems, as are currently in use, will be used in the new building with current plans being to run both areas as separate systems.</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.

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

**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.

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

**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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> <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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> <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

<b>Attainment and Risk:</b> FA
<b>Evidence:</b> Adriel Rest Home provides meals as per a six weekly rotating menu with winter and summer variations. This has been reviewed by a registered dietitian from the local District Health Board (September 2013) with recommendations made being implemented. Produce is fresh with most home grown or home-made and this is a factor

commented on in the dietitian's report, which also notes there is plenty of variety in the menu and states that the service provides a 'quality meal service'. Theme days are included in the menu with examples being birthdays, St Patrick's Day, Valentine's Day and barbecues.

On admission a form of food preferences and allergies or sensitivities is completed and a copy held in the resident file and another in the kitchen (folder sighted). A laminated card with the resident's name goes with each plate when staff are distributing meals to ensure residents receive the correct meal (process sighted). One resident states that "you cannot complain about the meals here" and a family member notes that the meals are good and he is happy to eat here while his family member is receiving respite care.

Food in the form of home baking, sandwiches, fruit and crackers and cheese is available over twenty four hours. The manager informs that additional snacks are provided according to behavioural indicators, when a person asks or when a staff person who knows them well asks them if they would like something or is aware they may not have eaten well earlier.

Adriel Rest Home has been providing a local 'Meals on Wheels' service since it was accepted for the contract in December 2013. The manager informs that they are currently preparing the documentation for registration with the Food Safety Authority of the kitchen in their new building and the Meals on Wheels food will be prepared from this kitchen once the council approves compliance.

Food is being stored safely with dry goods stored off the floor level, dates are written on left over and perishable goods, fridge and freezer temperatures are recorded and attention to details such as hand washing is made. As noted most goods are accessed internally through the owner/manager, or are purchased and delivered. A small number of items only may be purchased from local shops. Food waste is disposed of through the ordinary rubbish disposal system and a fat collection unit has been installed as part of the installation of the new kitchen. The new kitchen is purpose built for the commercial processing of food and is spacious with modern appliances. All staff, not just kitchen staff, have undertaken food handling safety training.

#### **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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> <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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> <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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> <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

**Evidence:**

There are policies and procedures that describe the management of the different types of waste from Adriel Rest Home, including for the management of chemical spills. General waste is collected by the local rubbish collection contractors, however recycling is removed by the owner. Food waste is composted (as appropriate) or disposed of in the general waste. A pandemic kit has been put together and a separate one is already in a cupboard in the new building. In the original building, protective clothing and equipment is available for staff use (sighted in use). Examples of these include goggles, a face shield, plastic aprons, gloves and hand sanitiser. The manager informs that there will be no differences in the availability of protective clothing and equipment between the two buildings. Hand sanitiser is observed to already be in disposal units throughout the new building and some items of protective clothing, such as gloves and aprons, are in cupboards in the new building.

### 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):** *(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:**

<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> <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

<b>Attainment and Risk:</b> PA Low
<p><b>Evidence:</b></p> <p>A new building has been constructed on the same site as the current Adriel Rest Home. This building has two wings with ten rooms down one end and eleven down the other. It is spacious and has been built with an awareness of the needs of people with dementia and of the staff caring for this type of resident. Entry to the building and toilet and shower facilities are fully accessible for any person with deteriorating mobility. A pathway has been built around the outside of the building and there is a large patio area where outdoor seating is to be placed. There are plans to build a lockable gate that connects with the pathway and the external environment of the original facility, although this is not yet in place.</p> <p>A safety fence around the outside of the property is yet to be completed, mounds of soil have not yet been levelled and the landscaping not yet started. Hence the external environment poses a safety risk for any resident in the meantime and will require further progress prior to occupation of the facility.</p> <p>The manager is waiting on an appointment date for the building inspector to visit, which means the building has yet to be granted a Certificate of Compliance. The manager informs that once occupied ongoing compliance requirements, such as hot water temperature checks and electrical appliance checks, will be undertaken and brought into line with those already in place for the original building.</p>

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

All buildings, plant, and equipment comply with legislation.

<b>Attainment and Risk:</b> PA Low
<p><b>Evidence:</b></p> <p>A building on the site of the Adriel Rest Home that is intended to house and up to an additional 22 residents is completed and is currently sitting as a shell with a small number of furniture items. The manager informs that she has spoken with the local council about obtaining a Certificate of Compliance. This has not yet been issued.</p>

<b>Finding:</b>
The new building ready to take up to an additional 22 residents at Adriel Rest Home is completed, however it does not yet have a Certificate of Compliance, nor a Certificate of Public Use.
<b>Corrective Action:</b>
That a Certificate of Public Use/Certificate of Compliance is issued for the new building at Adriel Rest Home prior to occupation.
<b>Timeframe (days):</b> 30 (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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> (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.

<b>Attainment and Risk:</b> PA Low
<b>Evidence:</b>
Paths around the new building at Adriel Rest Home and a concrete patio have been constructed and a car park in the front is under construction on the day of this partial provisional audit. A fence between the road and the facility is also partially built. There is still uneven ground and mounds of soil around the external areas, which have the potential to be a safety risk for people with dementia who want to access the outdoors.
<b>Finding:</b>
Landscaping has not yet commenced. On inspection there is uneven ground, mounds of soil, and a partially constructed boundary fence evident around the new building. Lawns are not yet laid.
<b>Corrective Action:</b>
Prior to occupation the ground is level, accessible areas are of a surface suitable for people to walk on safely and the fences are completed to ensure the security of

residents.

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

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

Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.

ARC E3.3d ARHSS D15.3c

**Attainment and Risk:** FA

**Evidence:**

There are adequate toilet and shower facilities for 22 residents. Two accessible toilets/showers are in each of the two wings as well as a separate toilet in each of the two wings. An ensuite shower/toilet is attached to a double room in one of the wings that is suitable for couples. Each toilet and shower area has handrails and all are in close proximity to the bedrooms and the communal areas. All rooms have non-slip vinyl on the floors.

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

There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.

ARC E3.3b; E3.3c ARHSS D15.2e; D16.6b.ii

**Attainment and Risk:** FA

**Evidence:**

All personal rooms are spacious with ample room for personal belongings, any equipment that may be necessary and for people to move around easily. Every effort has been made to position the rooms in an individual manner and all except one have a constructed space for a memory box near the doorway, as per the philosophy of 'Spark of Life'. Non-slip vinyl is on the floor and each has a non-slip and non-trip mat beside the bed. This latter may be exchanged for a sensor (alarm mat connected to the call bell system), should this be necessary.

#### 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 large dining area beside the kitchen with a server that can be dropped as a barrier between the two. A tea/coffee making bar where people may be assisted to make their own drink is built into the dining room and this can also be closed off as required.

The dining area opens into a large three sectioned communal lounge, which has a gas fire in the middle. The design of the partitions enable privacy and choices for

residents and visitors and enables people to move away from the television area should they choose as the television is at one end of the room. The patio comes off the side of one of the sections of the 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:** 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:**

A separate laundry with commercial washing machines and dryers is in a discreet area and is key pad lockable. The dryers vent externally. The laundry set-up shows clear dirty and clean areas, which will enable staff to maintain the dirty to clean flow for laundry to be managed with ease.

A separate key pad lockable cleaning cupboard, which has room for a cleaning trolley, is already set up and stocked with cleaning products. There is also a small sluice room area with additional cupboard space.

The manager informs that the laundry and cleaning processes will occur as per the documented procedures as they currently do and that the laundry will be done separately in each building. The monitoring of cleaning and laundry services, which are part of the internal audit system and infection control reviews, will be undertaken as currently occurs.

**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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> <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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> <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

<b>Attainment and Risk:</b> PA Low
<b>Evidence:</b> Support partners are provided with training in fire safety and emergency management during their orientation and during multi-topic staff training days throughout the year. Information is also reportedly provided at the monthly staff meetings when necessary, such as when changes are made. The manager informs a trial evacuation will be

undertaken once the new building begins to be occupied, as per the fire service requirements.

A fire evacuation plan has been developed and is currently with the fire service. Not all fire doors close as tightly as expected and fire service approval of the evacuation plan is yet to be granted. Confirmation that the evacuation plan is approved is required prior to occupation.

In the event of main supplies failing, the manager informs the situation will be addressed in a similar manner to the current facility. A replica of the civil defence kit at the original Adriel Rest Home building has been put together and is in a key pad lockable cupboard that is in a central part of the building and is easily accessible. The new building has a gas fire in the communal area. This service uses gas for some of the cooking and has portable outdoor barbecues. The manager has a well on her nearby property, which is able to provide water should water supplies be cut.

All rooms and communal areas have call bells in them. These are able to be activated by a pull string and digital displays down each corridor, in the office and near the staff room provide direction. These are operational when tested. The usual security systems currently in place at Adriel Rest Home are being replicated in the new building. Windows have security latches, doors are locked and windows are closed at nightfall, there is a sign-in book for visitors and individual assessments regarding personal security requirements are undertaken for each resident at the time of admission. The new building is entered using a swipe card at a second entrance door that is able to be activated once inside the main front door, otherwise a bell is used for visitors to alert staff and be given entry.

#### **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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> <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.

<b>Attainment and Risk:</b> PA Low
<b>Evidence:</b> A fire evacuation plan has been developed and follows similar principals to the current facility. This plan has yet to be formally approved by the fire service as some fire doors do not close as tightly as the fire service requires.

<b>Finding:</b> The fire evacuation plan that has been developed has not yet been approved by the fire service.
<b>Corrective Action:</b> The fire evacuation plan is approved prior to occupation.
<b>Timeframe (days):</b> 30 (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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> (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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> (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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>
<b>Corrective Action:</b>
<b>Timeframe (days):</b> <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

<b>Attainment and Risk:</b> FA
<b>Evidence:</b> All personal bedrooms and communal areas in the new building have a window to the outside. These are able to be opened, although have security latches in-situ for safety purposes.  Solar tubes are fitted into the ceilings of the internal toilet and shower areas and provide natural light. A gas fire has been installed in the main communal lounge area and thermal ceiling heating is in place throughout the building.

**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.

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
<b>Finding:</b>

**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

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**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:**

Infection control policies and procedures have been reviewed within the past twelve months and the owner/manager's approval of the infection control programme was last signed off in March 2013. The infection control documentation notes the role of the infection control committee, which the manager informs is also the quality team. There are three monthly quality team meetings and infection control is discussed under its own heading. The role of the infection control officer and the commitment and responsibilities of the manager and of all other staff are clearly defined within the infection control documentation. Staff are updated on any infection control concerns and information at their monthly staff meetings, which are minuted and made available for staff not able to attend.

The owner/manager and the clinical coordinator are currently jointly responsible for managing infection prevention and control as infection control officers. A plan is being implemented of transferring the associated responsibilities to an enrolled nurse, who is scheduled to attend upcoming training in the city and is already undertaking some infection control related tasks under the guidance of the registered nurses.

Efforts are made to prevent the spread of infectious diseases by providing the option of influenza immunisation to residents and to staff, educating staff to remain at home when unwell and placing a notice on the front door asking people not to visit if they have been unwell. Infection prevention and control policies and procedures, such as for hand-washing, also assist with the prevention of the spread of disease.

### **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.

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

### **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.

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

**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.

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