

Springvale Manor Limited

Current Status: 10 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

Springvale Manor currently provides rest home care for up to 31 residents and dementia care for up to eight residents. On the day of audit there were 12 residents receiving rest home care and eight residents receiving dementia care.

The service is managed by an experienced owner/operator who is supported by a registered nurse manager with experience and post graduate studies in mental health services. All caregivers have either achieved or in process of completing the required dementia care units.

A partial provisional audit was completed to review the service readiness to extend dementia level of care beds from an eight bed to a 20 bed unit. The audit also identified that the staffing/roster levels are appropriate for providing dementia level of care; and staffing levels will be increased in response to the residents increased needs and occupancy.

There are improvements required by the service around; re-location of the nurses station, re-carpeting, security locks, equipment checks, hot food temperature monitoring, medicine management and privacy in communal areas prior to occupation.

HealthCERT Aged Residential Care Audit Report (version 4.0)

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:	Springvale Manor Limited
Certificate name:	Springvale Manor Limited
Designated Auditing Agency:	Health and Disability Auditing New Zealand Limited
Types of audit:	Partial Provisional Audit
Premises audited:	Springvale Manor Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 January 2014 End date: 10 January 2014
Proposed changes to current services (if any):	
To increase the number of dementia care level beds from an eight bed unit to 20 bed unit. There are plans to extend the existing unit utilising the unoccupied rest home beds. The service currently have certification for dementia level of care.	
Total beds occupied across all premises included in the audit on the first day of the audit:	20

Audit Team

Lead Auditor	XXXXX	Hours on site	4	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	4	Total audit hours off site	4	Total audit hours	8
Number of residents interviewed		Number of staff interviewed	2	Number of managers interviewed	2
Number of residents' records reviewed		Number of staff records reviewed	2	Total number of managers (headcount)	2
Number of medication records reviewed	4	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 Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Act.

I confirm that:

a)	I am a delegated authority of Health and Disability Auditing New Zealand Limited	Yes
b)	Health and Disability Auditing New Zealand Limited has in place effective arrangements to avoid or manage any conflicts of interest that may arise	Yes
c)	Health and Disability Auditing New Zealand Limited 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)	Health and Disability Auditing New Zealand Limited has provided all the information that is relevant to the audit	Yes
h)	Health and Disability Auditing New Zealand Limited has finished editing the document.	Yes

Dated Tuesday, 28 January 2014

Executive Summary of Audit

General Overview

Springvale Manor currently provides rest home care for up to 31 residents and dementia care for up to eight residents. On the day of audit there were 12 residents receiving rest home care and eight residents receiving dementia care.

The service is managed by an experienced owner/operator who is supported by a registered nurse manager with experience and post graduate studies in mental health services. All caregivers have either achieved or in process of completing the required dementia care units.

A partial provisional audit was completed to review the services readiness to extend dementia level of care beds from an eight bed to a 20 bed unit. The audit also identified that the staffing/roster levels are appropriate for providing dementia level of care and staffing levels will be increased in response to the residents increased needs and occupancy.

There are improvements required by the service around; re-location of the nurses station, re-carpeting, security locks, equipment checks, hot food temperature monitoring, medicine management and privacy in communal areas prior to occupation.

Outcome 1.1: Consumer Rights

Outcome 1.2: Organisational Management

Springvale Manor Limited is owned and operated by a husband and wife team with considerable experience in owner/management of aged care facilities. They have managed the current facility for seven years. Three directors (including the owner/operators) form the governance and meet three monthly. There is a requirement for a written business plan/quality plan that incorporates a goal to increase the dementia care beds. The manager (owner/operator) is non-clinical and is supported by a registered comprehensive nurse (has been in the role for the last three years) with experience in mental health services. There are relevant care and support policies (purchased from an external consultant) including relevant clinical procedures for the management of rest home and dementia level of care residents.

The service has in place an orientation programme that provides new staff with relevant information for safe work practice. There are skills based competency packages (including medication) and annual appraisals. Twelve caregivers have completed dementia unit standards and advised the four staff in training will complete training by March 2014. Currently there are adequate staffing numbers and the manager confirms staffing levels will be increased to meet the increasing occupancy. An enrolled nurse will commence employment as soon as the annual practicing certificate is received (has completed EN transition). The service has a GP contracted to provide medical services for the residents and is available after hours. Allied health professionals are available by referral. The psychogeriatrician visits three to six monthly. The community mental health nurse visits frequently.

Outcome 1.3: Continuum of Service Delivery

The medication management system includes, Medication Policy and Procedures that follows recognised standards and guidelines for safe medicine management. Medications are stored in locked cupboards. A lockable medication trolley is required for medication rounds. Controlled drugs are stored in a locked safe in a locked cupboard. There is an improvement required around the management of controlled drugs.

The annual in-service training also includes medication management and annual medication competencies. The RN, EN and caregivers administer

medications.

The service has a main kitchen which is located off the main dining room, that will become the dementia care main dining area. All meals and baking is done on site. There is dietitian review of the menu. Residents likes and dislikes are known. There are nutritious snacks available over 24 hours for dementia care residents. Meals are served directly to the residents in the rest home dining room. Meals will be served directly to the main dementia care dining room. Meals are transported, plated and with heat lids to the smaller dementia unit dining room. There is a fridge and microwave available. There is an improvement required around hot food monitoring.

Outcome 1.4: Safe and Appropriate Environment

The service has in place policies and procedures in place for the management of waste and hazardous. Protective equipment is available. Chemicals in the laundry, cleaning and sluice areas are locked. Secure locks are required for the kitchen and hairdressers room. There is a current building warrant of fitness displayed in the entrance that expires on the 1 June 2014. There is an approved evacuation scheme. There is no changes required to the current evacuation plan and exit doors remain the same. Six monthly fire evacuations are completed. Environmental equipment and hot water temperature monitoring is completed. The hoist and scales are required to be checked. The planned extension of dementia care beds will be the unoccupied rest home beds. There will be two separate levels of care, rest home and dementia care each with their own dining and lounge areas. The front entrance to the dementia care unit has secure keypad exit. Entry is by call bell access. There are adequate numbers of communal toilets and shower for each unit.

There is sufficient space in resident bedrooms 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. The rest home residents have safe access to an external courtyard and gardens. There is a shaded seating area. The dementia care unit has a secure outdoor area with walking path, shade and seating.

Resident rooms, toilets/showers and the lounge/dining areas have call bells. These also show up in other areas of the facility on panels. All external doors are alarmed and connected to the call bell system.

General living areas and resident rooms are appropriately heated and ventilated. The nurses station will be re-located to a bedroom that will provide greater observation of the communal lounge. There are improvements required by the service around; re-location of the nurses station, re-carpeting, security locks, equipment checks and privacy in communal areas prior to occupation.

Outcome 2: Restraint Minimisation and Safe Practice

Outcome 3: Infection Prevention and Control

The infection control manual outlines a comprehensive range of policies, standards and guidelines and procedures includes (but not limited to); hand hygiene, standard precautions, surveillance, outbreak management, training and education of staff.

An infection control programme is in place that is appropriate for the size of the service.

Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
Standards	0	11	0	3	1	0	0
Criteria	0	30	0	4	1	0	0

	UA Negligible	UA Low	UA Moderate	UA High	UA Critical	Not Applicable	Pending	Not Audited
Standards	0	0	0	0	0	0	0	35
Criteria	0	0	0	0	0	0	0	66

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.2.1: Governance	The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	PA Low			
HDS(C)S.2008	Criterion 1.2.1.1	The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.	PA Low	There is no formal written business plan that includes changes to the service this year.	A business/quality plan identifying goals, timeframes and responsibilities for the current services and proposed extension of dementia care services is required	90
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 Moderate			
HDS(C)S.2008	Criterion 1.3.12.1	A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration,	PA Moderate	i)An open multipurpose trolley is used to transport and administer medications in the rest home dining. A	(i)Ensure a designated lockable medication trolley is provided for the safe storage of medications during administration rounds in the	Prior to occupancy

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
		review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.		designated lockable medication trolley is to be provided for the safe storage of medications during administration rounds in the rest home and dementia unit dining areas. ii) Controlled drugs are signed as administered by one caregiver. iii) There is no evidence of weekly controlled drugs check in the controlled drug register	rest home and dementia unit dining areas. Since the draft report the manager has advised that this has been purchased; (ii) Ensure two caregivers (one deemed competent) sign for the administration of controlled drugs as per the MOH medication guidelines 2011, iii) Ensure weekly controlled drugs are entered into the controlled drugs register.	
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	There is no documented evidence of hot food temperature monitoring	Ensure hot food temperature monitoring occurs. Since the draft report the manager has advised that a probe has been purchased and temperature monitoring has commenced.	90
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 hoist has not had an annual check for function and safety. The floor scales have not been calibrated	Ensure equipment is included in the preventative maintenance plan. Advised the manager has sourced an external contractor to complete a check on the sling hoist. Calibration of the floor scales is scheduled within the next seven days.	90

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Criterion 1.4.2.4	The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.	PA Low	<p>i) Carpet in the main corridor in the proposed dementia care extension is worn and poses a slip, trip and fall hazard.</p> <p>(ii) The location of the nurses' station does not provide any staff observation of resident communal areas in the proposed dementia care extension.</p> <p>(iii) There is also a keypad on the entry door to the dementia care dining room, which is already within the secure unit. This lock will limit the freedom of movement of residents within the secure environment.</p> <p>(iv) With the extension of the dementia unit, the unit has gained another lounge and another dining room. The lounge and the dining room are secured by glass doors from the rest home dining and lounge rooms. Privacy is not ensured as the glass doors are clear and not frosted.</p> <p>(v) The new planned nurse's office and hairdressers rooms do not yet have locks installed.</p>	<p>i) Ensure carpet is replaced in the corridor,</p> <p>(ii). Ensure staff observation is maintained in communal areas,</p> <p>(iii) remove the keypad lock off the dining room door.</p> <p>(iv) Ensure the glass doors between the two units allow for privacy.</p> <p>(v) Ensure the new planned nurses office and hairdresser's rooms can be locked. Since the draft report, the manager has advised that locks have been fitted as required to the hairdressing salon and kitchen. The lock has also been removed from the dining room door. They have fitted a lock to room 32 and this will become their nurses' station with the window for observation being in place</p>	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: PA Low

Evidence:

Springvale Manor Limited is the proprietor of Springvale Manor. Three directors, including the wife and husband owner/operators are the governing body for Springvale Manor Limited. The directors meet three monthly. The manager is able to describe the company financial and business goals. However, there is no formal written business/quality plan in place to view on the day of audit. The company vision statement is visible on the wall at the front entrance and in the information brochures that are readily available. Risk management systems are in place for incident/accident, hazard identification, emergency and evacuation situations. The quality assurance programme, policies and procedures are purchased from an external quality consultant. Springvale Manor provides rest home care for up to 32 residents and up to eight dementia level residents in the existing dementia wing. On the day of audit there were 12 rest home residents and eight dementia care residents. The purpose of this partial provisional audit was to verify the appropriateness of extending the existing dementia care unit from eight to 20 beds.

The owner/operators have had considerable experience owning and managing aged care facilities in Auckland prior to purchasing Springvale Manor seven years ago. The manager (owner/operator) has previously been an active committee member of the care association of New Zealand (CANZ). The manager (non-clinical) is supported by a registered nurse (RN) who has been with the service for three years. The manager (owner/operator) has attended at least eight of education annually including the CANZ conference and DHB seminars. The RN has completed postgraduate studies in mental health and worked in Australia and Wanganui DHB prior to her employment at Springvale Manor.

Springvale Manor holds staff meetings monthly that includes discussion and information on (but not limited to); infection control, health and safety, internal audits and resident care or concerns. Resident/family meetings are held. There is an internal audit schedule that include audits on clinical services, support services, environmental and recreation

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: PA Low

Evidence:

The manager is able to describe the company financial and business goals on the day of audit. The company vision statement is visible on the wall at the front entrance and in the information brochures that are readily available

Finding:
There is no formal written business plan that includes changes to the service this year.
Corrective Action:
A business/quality plan identifying goals, timeframes and responsibilities for the current services and proposed extension of dementia care services is required
Timeframe (days): 90 (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:
D19.1a; a review of the documentation, policies and procedures and from discussion with staff identified that the service operational management strategies, QI programme which includes culturally appropriate care, to minimise risk of unwanted events and enhance quality. The organisation provides rest home and dementia level of care. The service holds contracts for intermediate care and respite care (rest home and dementia). There are relevant care and support policies including relevant clinical procedures for the management of rest home and dementia care residents. The RN provides oversight in the absence of the manager. The RN works 24 hours a week from Monday to Thursday and provides on call. An agency RN is contracted to provide clinical cover for the RN during

annual leave or extended periods of absence. An enrolled nurse (EN) will be employed three days a week (Friday, Saturday and Sunday) and public holidays. The EN has been working as a caregiver at the facility for the last three years and has just completed the EN transition and awaiting her annual practicing certificate from nursing council.

The RN is supported by a team of caregivers designated to work in the rest home or dementia care unit. The caregivers are observed interacting with the residents in both areas. Caregivers are involved in activities in the dementia care unit and observed taking residents for walks outside.

The service contracts a home general practitioner (GP) who visits monthly or sooner if required. The home GP is available 24/7. Residents have the choice to retain their own GP. The psychogeriatrician visits the dementia care residents every three to six months. The community mental health nurses visit more frequently and liaises closely with the mental health service. The RN has a good working relationship with the mental health allied health professionals and is knowledgeable of the referral system and associated services. All existing residents are assessed for the level of care being provided. The RN communicates with the needs assessment team regarding any level of care concerns or needs for higher level of care.

Allied health professionals are accessed on an as required basis such as hospice nurses, district nurses and wound care nurses.

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

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

Evidence:

The owner/operator business partner maintains the human resources files for management and contracts at a secure off-site office. Human resource manual policies and procedures include - training and supervision, staff training, performance management and appraisals policy and procedures. There are job descriptions available for all positions in the policy manual. Staff are given a job description and employment contract on commencement of employment. A current copy of the RN practising certificate is sighted. The RN has maintained the required education hours and certificates of attendance is sighted on the RN file. Education includes medication, infection control, attendance at mandatory education days at the Whanganui DHB.

The RN has completed InterRAI training and is completing interRAI assessments as the resident's six monthly care plan evaluations become due. The service has in place an orientation programme that provides new staff with relevant information for safe work practice including (but not limited to) clinical procedures, health and safety and infection control. Three staff files viewed contained skills based competencies and annual appraisals. One file is for a newly employed kitchen hand on orientation.

The two yearly education plan for 2012/2013 includes compulsory attendance sessions such as cultural safety, resident rights and advocacy, open disclosure, emergency training and security, challenging behaviour, pain management, restraint minimisation, health and safety and infection control. The 2014 education plan is currently being developed. The manager maintains individual training records.

The manager, RN and diversional therapist (DT) are Careerforce assessors. Twelve caregivers have the dementia unit standards required and another four are in training and will complete their units in March 2014. All caregivers working in both units will be dementia care trained.

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): <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.

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

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

Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.

ARC D17.1; D17.3a; D17.3 b; D17.3c; D17.3e; D17.3f; D17.3g; D17.4a; D17.4c; D17.4d; E4.5 a; E4.5 b; E4.5c ARHSS D17.1; D17.3; D17.4; D17.6; D17.8

Attainment and Risk: FA

Evidence:

The current rosters in place show adequate staff coverage across the rest home and existing eight-bed dementia unit. The manager is on-site full time. There is an RN on during the day 8am – 2pm Monday to Thursday and on call. An EN is to be employed Friday, Saturday and Sunday morning shift as soon as the annual practicing certificate is received. There are two caregivers on the morning shift (8am-4pm) in the rest home and the dementia care unit, two caregivers on the afternoon shift (4pm to midnight) in the rest home and dementia care unit, three caregivers on the night shift (midnight to 8am) to cover both units with one caregiver based in the dementia unit at all times with ready access to assistance if required. It is proposed care staff will be increased or reconfigured to meet the increase in dementia care residents and their specific needs. The manager and RN will monitor the staffing levels as needs increase. It is proposed to employ a carer to assist with the showering and grooming in both units. There is a qualified diversional therapist employed currently provides activities for residents in both areas. Activities occur from 8-10am in the dementia unit and 11-3.30pm in the rest home. The dementia senior caregiver working morning shifts is also a diversional therapist who will be employed as an activity person in the dementia unit two days a week. The caregivers carry out activities with the residents in the dementia unit as observed on the day of the audit.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

Outcome 1.3: Continuum of Service Delivery

Consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.

Standard 1.3.12: 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 Moderate

Evidence:

D 16.5 and D19.2. There are medication management policies and procedures in place recognised standards and guidelines for safe medicine management. There is one main medication room in the RN/caregiver nurses' station. The nurse's station is lockable when not attended. The medication packs and pharmaceutical supplies are in a locked cupboard.

The RN checks the four weekly Webster packs on arrival at the facility. Caregivers and the RN are responsible for the administration of medications. The RN educates and orientates caregivers to medications. Annual medication education and competencies including insulin are completed annually (sighted in two caregiver personnel files). The RN attends mandatory training days at the Whanganui DHB, which includes medication. The Whanganui hospice provide resources for palliative/end of life care as required.

There is a policy/procedure in place that includes self-management of medications. There is one self-medicating resident in the rest home. The resident is assessed three monthly by the GP as competent to self-medicate.

Medications are stored safely in the resident room. The controlled drugs metal container is bolted to the bottom shelf within the locked cupboard. This is an improvement since the previous audit. There is no evidence of weekly controlled drugs check in the controlled drug register. The pharmacy complete six monthly stocktake of controlled drugs. The medication fridge temperature is monitored.

Four medication charts sampled all had photograph identification and allergies noted. The GP had reviewed the medication chart at least three monthly. Staff have signed the signing administration register. All prn medications are dated and timed. Controlled drugs are signed as administered by one caregiver. Two caregivers (one deemed competent) are required to sign for the administration of controlled drugs as per the MOH medication guidelines 2011.

Currently medications for the eight-dementia residents is kept in a locked cupboard in the dementia unit. An open multipurpose trolley is used to transport and administer medications in the rest home dining. A designated lockable medication trolley is to be provided for the safe storage of medications during administration rounds in the rest home and dementia unit dining areas

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 Moderate

Evidence:

There is one main medication room in the RN/Caregiver nurses' station. The nurse's station is lockable when not attended. The medication packs and

pharmaceutical supplies are in a locked cupboard. Currently medications for the eight-dementia residents is kept in a locked cupboard in the dementia unit. The signing out of controlled drugs from the controlled safe is entered into the register by two persons, one of whom it medication competent. The pharmacy complete six monthly stocktake of controlled drugs.

Finding:

i)An open multipurpose trolley is used to transport and administer medications in the rest home dining. A designated lockable medication trolley is to be provided for the safe storage of medications during administration rounds in the rest home and dementia unit dining areas. ii) Controlled drugs are signed as administered by one caregiver. iii) There is no evidence of weekly controlled drugs check in the controlled drug register

Corrective Action:

(i)Ensure a designated lockable medication trolley is provided for the safe storage of medications during administration rounds in the rest home and dementia unit dining areas. Since the draft report the manager has advised that this has been purchased; (ii) Ensure two caregivers (one deemed competent) sign for the administration of controlled drugs as per the MOH medication guidelines 2011, iii) Ensure weekly controlled drugs are entered into the controlled drugs register.

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: <p>The kitchen is situated off the large dining area currently used for the rest home residents. The dining room will become the main dining room for the dementia care residents. The smaller dining room in the existing eight-bed dementia unit will remain for those residents who prefer a smaller and quieter area for dining. The meals are currently plated and transported by trolley with heat lids. There is a four weekly menu in place that has been reviewed by a dietitian. Diet profiles are completed for all new residents and forwarded to the cook. The qualified cook (interviewed) states she is informed of any dietary changes. Resident likes and dislikes are known. Normal and pureed meals and alternative choices are offered. There are additional nutritious snacks available 24 hours for all residents including (but not limited to); jellies, puddings, biscuits, yoghurts, sandwiches. The kitchen is well equipped with adequate storage. There are fridge and freezer temperature monitoring recordings. There is no evidence of hot food temperature monitoring. The cooks have completed food safety certificates October 2012.</p> <p>There is a kitchen service manual, which covers all aspects of food preparation, kitchen management, food safety, kitchen cleaning, and kitchen</p>

procedures.

D19.2 staff have been trained in safe food handling

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

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

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

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

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

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

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

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

Attainment and Risk: PA Low
Evidence: There are fridge and freezer temperature monitoring recordings
Finding: There is no documented evidence of hot food temperature monitoring
Corrective Action: Ensure hot food temperature monitoring occurs. Since the draft report the manager has advised that a probe has been purchased and temperature monitoring has commenced.
Timeframe (days): 90 <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: 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. Staff training is provided to the staff by the manager and infection control co-ordinator. Currently chemicals are stored safely. 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. Protective equipment was sighted in the sluice, laundry and cleaners room

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

Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.

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

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

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

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

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

Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.

ARC D4.1b; D15.1; D15.2a; D15.2e; D15.3; D20.2; D20.3; D20.4; E3.2; E3.3e; E3.4a; E3.4c; E3.4d ARHSS D4.1c; D15.1; D15.2a; D15.2e; D15.2g; D15.3a; D15.3b; D15.3c; D15.3e; D15.3f; D15.3g; D15.3h; D15.3i; D20.2; D20.3; D20.4

Attainment and Risk: PA Low

Evidence:

The manager co-ordinates the daily maintenance programme and contacts contractors as required to carry out large repairs and maintenance. A director carries out minor repairs and maintenance as requested. There is a current building warrant of fitness displayed in the entrance that expires 22 June 2014. The manager completes hot water temperature monitoring.

There is currently an existing homely, eight-bed dementia care unit with safe external access to the outdoors with walking path and a shaded seating area. There are plans to develop the grounds further with raised garden beds. There is safe fencing and secure gates. The grounds are currently large enough for the increase in dementia residents.

The service propose to extend the number of dementia beds to 20 within the existing building. With the extension of the dementia unit, the unit has gained another lounge and another dining room. The lounge and the dining room are secured by glass doors from the rest home dining and lounge room. Currently there are two rest home residents in the dementia extension. Once this extension has been approved, the two rest home residents will be shifted to the rest home wing and the new extension will be secured. Keypad locks have been set up ready to be activated.

Corrective actions required prior to occupancy of the extended dementia care area are; re-location of nurses' station, hoist and scales check, re-carpeting of the corridor, security locks on the hairdressers room, nurses' station (new), and ensure privacy between the rest home and dementia glass windows of the joining dining and lounge doors.

Since the draft report, the manager has advised that locks have been fitted as required to the hairdressing salon and kitchen. The lock has also been removed from the dining room door.

They have fitted a lock to room 32 and this will become their nurses' station with the window for observation being in place.

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

All buildings, plant, and equipment comply with legislation.

Attainment and Risk: PA Low

Evidence:

There is adequate equipment available for the delivery of care for rest home and dementia care residents. Equipment includes; full sling hoist, two electric hospital beds, sensor mats, wheelchairs, walking frames, blood pressure machines and floor weighing scales

Finding:

The hoist has not had an annual check for function and safety. The floor scales have not been calibrated

Corrective Action:

Ensure equipment is included in the preventative maintenance plan. Advised the manager has sourced an external contractor to complete a check on the sling hoist. Calibration of the floor scales is scheduled within the next seven days.

Timeframe (days): 90 (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

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

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

Attainment and Risk: PA Low

Evidence:

The floor coverings in the existing and proposed dementia bedrooms, communal lounges and dining areas are well maintained. The main corridor in the existing dementia unit has been re-carpeted due to wear and tear. The carpet in the dementia extension corridor needs addressing. The manager has a quote to re-carpet the corridor. The carpet contractor has the carpet in store and is booked to re-carpet the area as soon as time permits. Letter of quote and confirmation of contract sighted.

With the changes to the environment, the nurse's station is located within the unit, near the front entrance. The door is locked when not attended. The location of the nurses' station does not provide any staff observation of resident communal areas in the proposed dementia care extension. Advised that the nurse's station is to be re-located to a bedroom next to the large resident lounge. There is an existing (covered) window that would allow for observation of residents in the lounge area while staff are completing documentation or receiving handover.

There is also a keypad on the entry door to the dementia care dining room, which is already within the secure unit. This keypad will need to be removed to ensure free access by residents within the unit. The facility kitchen is within the dementia unit, the door to the unit has a top locking latch. The hairdresser room has been located within the proposed area for increased dementia beds. This is not yet secure.

Finding:

i) Carpet in the main corridor in the proposed dementia care extension is worn and poses a slip, trip and fall hazard. (ii) The location of the nurses' station does not provide any staff observation of resident communal areas in the proposed dementia care extension. (iii) There is also a keypad on the entry door to the dementia care dining room, which is already within the secure unit. This lock will limit the freedom of movement of residents within the secure environment. (iv) With the extension of the dementia unit, the unit has gained another lounge and another dining room. The lounge and the dining room are secured by glass doors from the rest home dining and lounge rooms. Privacy is not ensured as the glass doors are clear and not frosted. (v) The new planned nurse's office and hairdressers rooms do not yet have locks installed.

Corrective Action:

i) Ensure carpet is replaced in the corridor, (ii). Ensure staff observation is maintained in communal areas, (iii) remove the keypad lock off the dining room door. (iv) Ensure the glass doors between the two units allow for privacy. (v) Ensure the new planned nurses office and hairdresser's rooms can be locked. Since the draft report, the manager has advised that locks have been fitted as required to the hairdressing salon and kitchen. The lock has also been removed from the dining room door. They have fitted a lock to room 32 and this will become their nurses' station with the window for observation being in place

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

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

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

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

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

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

ARC E3.3d ARHSS D15.3c

Attainment and Risk: FA
Evidence: The dementia extension has gained 12 extra residents rooms (originally rest home rooms). There are three communal toilets and shower rooms within the unit. These are large enough for two staff and mobility equipment if required. The floor coverings are of an easy clean surface. There are handrails appropriately placed in the communal toilet/showers and ensuites.

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

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. Bedrooms viewed are personalised. All bedrooms in the dementia care area are single with hand basins.

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

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:

Advised that due to the smaller number of rest home residents the conservatory area has become the rest home dining room. Residents are observed comfortably seated for the evening meal with adequate space around the tables for ease of movement. The area is light with doors that open out onto the courtyard.

The existing dining room has become the main dining area for the dementia care residents. There are key padded double doors between the two dining areas with glass windows at the top of the doors (link 1.4.2.4.) The rest home residents have a spacious lounge for the small group with a garden outlook. There is a seating alcove and conservatory area available as alternative space for individual or quieter activities.

In the dementia extension, the residents have a large spacious lounge that has a garden outlook. Activities will take place in a number of areas throughout the facility. There are keypad double doors between the rest home and dementia care lounges. Advised that the doors will be opened to provide a larger space for supervised entertainment that both consumer groups can attend (if appropriate).

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 now located within the dementia care bed extension (was initially at the end of a rest home wing). The laundry is locked at all times. Dirty linen is transported via covered trolleys. The cleaner's room is within the locked laundry area. Chemicals are stored in a locked cupboard. A cleaner is employed Monday to Friday who also carries out laundry duties twice a week. A dedicated laundry person is employed three days a week. Personal protective equipment is available in the laundry, cleaning and sluice areas. There is internal laundry and cleaning audits completed. The staff have attended infection control, laundry and chemical safety training

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

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

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

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

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

Attainment and Risk: FA

Evidence:

Staff have received training on emergency management and security. There is a disaster management file readily available with policies and procedures for civil defence, equipment and other emergencies. Fire safety and evacuation training is provided to staff during their orientation phase and on-going. There are six monthly fire evacuations. There is no changes required to the current evacuation plan and exit doors remain the same.

Resident rooms, toilets/showers and the lounge/dining areas all have call bells. The calls show up on a main panel.

The front entrance to the dementia care unit includes a call bell access. Staff only know of the code and visitors, allied health professionals, contractors and other persons will need to see staff before being able to exit the building. The front door is alarmed 24/7 with all other exit doors alarmed after hours. The door alarm (tested) is distinguishable from the call bell sound and staff are observed attending the alarm promptly.

D19.6: There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence equipment is available including water, batteries, three days of food and alternative cooking sources (electric oven, gas hobs and barbeque

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

Where required by legislation there is an approved evacuation plan.

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

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

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

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

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

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

Attainment and Risk: FA
Evidence:
Finding:

Corrective Action:

Timeframe (days): (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. Residents have access to natural light in their rooms. There is at least one external window in the lounges and rest home dining/conservatory area. The glass in the double doors between the two dining rooms allows for natural light into the dementia dining room. While the lighting is satisfactory, the manager advised that they intend to install a solar light in the dementia unit dining room anyway.

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

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

Attainment and Risk: FA

Evidence:

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

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

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

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

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

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

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

ARC D5.4e ARHSS D5.4e

Attainment and Risk: FA
Evidence: The infection control manual outlines a comprehensive range of policies, standards and guidelines and procedures includes (but not limited to); hand hygiene, standard precautions, surveillance, outbreak management, training and education of staff. An infection control programme is in place. There have been no outbreaks since the previous audit that includes staff education, infection control objectives as part of the quality and risk management plan. The RN is the infection control co-ordinator and

is responsible for the collation of data for surveillance of infections

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>

Criterion 3.5.7 (HDS(IPC)S.2008:3.5.7)

Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.

Attainment and Risk: Not Audited
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>