

Ativas Limited

Current Status: 30 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

Cairfield House is currently a 69 bed rest home with 57 residents on the day of the audit. A partial provisional audit has been undertaken to assess the service's readiness to provide hospital level care for up to 25 residents.

The service was purchased by the current owners in October 2012. Since the previous audit, the service has undergone a restructure of management. The previous assistant manager who has 22 years' experience in aged care and has been the assistant manager for eight years took over the manager role in August 2013. She is supported by a newly appointed clinical manager who is a registered nurse with 10 years' experience in aged care and has been a clinical supervisor/registered nurse at the facility since September 2013.

There is a draft roster that supports hospital level care.

The audit identifies that the building is suitable for hospital level care with 25 of the rooms in Kauri wing and Manuka wing, lounges and dining areas able to accommodate hospital level equipment. There are policies and processes appropriate for providing hospital level care.

Improvements required at the previous audit around completing assessments, care planning and transcribing of medications have been addressed. Improvements continue to be required around signing and dating assessments, medication administration and fridge/freezer temperatures.

Further improvements are required to aspects of medication management, job descriptions for the registered nurse role for hospital level care, the 2014 training plan, an orientation programme relating to hospital level care, employing sufficient registered nurse and have 24 hour registered nurse cover, hoist servicing and hot water temperatures.

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:	Ativas Limited
Certificate name:	Ativas Limited
Designated Auditing Agency:	Health and Disability Auditing New Zealand Limited
Types of audit:	Partial Provisional Audit
Premises audited:	Cairnfield House
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 30 January 2014 End date: 30 January 2014
Proposed changes to current services (if any):	
	This audit has assessed the service as able to cater for up to 25 hospital level residents.
Total beds occupied across all premises included in the audit on the first day of the audit:	57

Audit Team

Lead Auditor	XXXXX	Hours on site	4	Hours off site	2.5
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	1

Sample Totals

Total audit hours on site	4	Total audit hours off site	3.5	Total audit hours	7.5
Number of residents interviewed		Number of staff interviewed	4	Number of managers interviewed	2
Number of residents' records reviewed	5	Number of staff records reviewed	5	Total number of managers (headcount)	2
Number of medication records reviewed	10	Total number of staff (headcount)	38	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 Thursday, 13 February 2014

Executive Summary of Audit

General Overview

Cairnfield House is currently a 69 bed rest home with 57 residents on the day of the audit. A partial provisional audit has been undertaken to assess the service's readiness to provide hospital level care for up to 25 residents.

The service was purchased by the current owners in October 2012. Since the previous audit, the service has undergone a restructure of management. The previous assistant manager who has 22 years' experience in aged care and has been the assistant manager for eight years took over the manager role in August 2013. She is supported by a newly appointed clinical manager who is a registered nurse with 10 years' experience in aged care and has been a clinical supervisor/registered nurse at the facility since September 2013.

There is a draft roster that supports hospital level care.

The audit identifies that the building is suitable for hospital level care with 25 of the rooms in Kauri wing and Manuka wing, lounges and dining areas able to accommodate hospital level equipment. There are policies and processes appropriate for providing hospital level care.

Improvements required at the previous audit around completing assessments, care planning and transcribing of medications have been addressed.

Improvements continue to be required around signing and dating assessments, medication administration and fridge/freezer temperatures.

Further improvements are required to aspects of medication management, job descriptions for the registered nurse role for hospital level care, the 2014 training plan, an orientation programme relating to hospital level care, employing sufficient registered nurse and have 24 hour registered nurse cover, hoist servicing and hot water temperatures.

Outcome 1.1: Consumer Rights

Outcome 1.2: Organisational Management

Cairnfield House has a current business/quality plan, which documents current goals for the service including the move to provide hospital level care. The business plan and goals are formally reviewed annually and informally reviewed regularly between the manager and the owners.

The manager is experienced and is supported by a newly appointed clinical manager. In the absence of the manager, the clinical manager fills the management role, supported by the administration manager and the owners.

There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice around rest home level care and an in-service education programme that exceeded eight hours annually in 2013. Improvements are required around updating the orientation programme for hospital level care, completing development of the 2014 training plan and having job descriptions relevant to hospital level care for registered nurses. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support for rest home level care with registered nurses on site each day. A draft roster has been developed for when there are hospital level residents, includes 24 hour registered nurse cover, and increased caregiver cover. There is an improvement required to employ sufficient registered nurses to provide 24 hour cover and have 24 hour nursing cover prior to accepting hospital level residents.

Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes appropriate for both hospital and rest home level care.

Outcome 1.3: Continuum of Service Delivery

All residents have an initial assessment and a review of files shows these are signed and dated. All files sampled also contain comprehensive risk assessments that are used to formulate care plans. The service has commenced using InterRAI. All care plans are up to date and individualised and reflect residents current needs.

The medication management system includes the medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accord with the guideline: Safe Management of Medicines. Resident medication files reviewed indicate that all residents have a medication chart that includes a photo and has been reviewed three monthly by a doctor. Medication is administered from a medication trolley by competent caregivers, enrolled nurses and registered nurses. Since the previous audit, transcribing has ceased. However, there continues to be improvements required around administration of medication. There are also improvements required around using storing medications securely, dating eye drops when opened and correct prescribing of as required medications.

There are food service policies in place and the kitchen staff have all attended food handling training and a food safety course or are booked to do so. The kitchen contains appropriate cooking and storage equipment. There is a preparation area and receiving area. Diets are modified as required.

An improvement is required around fridge temperatures.

Outcome 1.4: Safe and Appropriate Environment

Chemicals are stored in a locked cupboard. Appropriate policies are available and education on hazardous substances occurs at orientation and is included in the in-service education schedule. There is personal protective equipment.

The building holds a current warrant of fitness.

The 25 rooms in Kauri wing and Manuka wing were assessed as part of this audit to establish if they are able to be hospital rooms and all rooms are large enough to cater for hospital level residents and their associated carers and equipment.

They all have the ability to have a hospital bed in the room and for residents to be transferred between rooms in a hospital bed. The service has purchased appropriate equipment to allow them to commence providing hospital level care. Other equipment will be purchased on an as needs basis to enable the service to cater for hospital level residents. There is an improvement required around having the hoist serviced regularly and another around the monitoring of hot water temperatures.

There are two lounges and a large dining area. All are used for activities and there is ample room for fallout chairs. There are chairs in corridors that allow residents to rest when navigating hallways and hallways that allow equipment and residents to move easily and safely.

There are outdoor areas that are easily accessible for residents with ramps and paths and an internal courtyard.

Cleaning and laundry services are monitored throughout the internal auditing system and the laundry has a clean/dirty flow with soiled linen transported from the sluice room in covered bins. Staff receive training at orientation and through the in-service programme.

Appropriate training, information, and equipment for responding to emergencies is provided. Staff have completed six monthly fire drills and these are planned to continue. There is a fire evacuation plan approved by the New Zealand Fire Service. There is a staff member on each duty that has a current first aid certificate. The facility is secured during the hours of darkness.

The facility is light, warm and airy. Smoking is only allowed outside away from residents' rooms and communal areas.

Call bells are currently installed in all areas.

Outcome 2: Restraint Minimisation and Safe Practice

Outcome 3: Infection Prevention and Control

Cairfield House has an implemented infection control programme. The infection control programme its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service and is linked into the quality system. Infection control is incorporated into the quality/staff meetings and minutes are available for staff.

The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme.

Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
Standards	0	11	0	5	1	0	0
Criteria	0	29	0	7	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	33
Criteria	0	0	0	0	0	0	0	64

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.2.7: Human Resource Management	Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	PA Low			
HDS(C)S.2008	Criterion 1.2.7.3	The appointment of appropriate service providers to safely meet the needs of consumers.	PA Low	The registered nurse job description is currently being update to reflect hospital level care. It is not yet	Complete the registered nurse job description to relate to hospital level care.	Prior to occupancy

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
				completed.		
HDS(C)S.2008	Criterion 1.2.7.4	New service providers receive an orientation/induction programme that covers the essential components of the service provided.	PA Low	The orientation programme has not been updated to include hospital level care and a full registered nurse orientation.	Update the orientation programme to make it relevant for hospital level care and include a registered nurse orientation.	Prior to occupancy
HDS(C)S.2008	Criterion 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.	PA Low	The training plan for 2014 is also still being completed.	Complete and implement the training plan for 2014.	60
HDS(C)S.2008	Standard 1.2.8: Service Provider Availability	Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	PA Low			
HDS(C)S.2008	Criterion 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.	PA Low	There are not yet sufficient registered nurses employed to provide 24 hour registered nursing cover.	Employ staff to have 24 registered nursing cover prior to admitting any hospital level residents.	Prior to occupancy
HDS(C)S.2008	Standard 1.3.4: Assessment	Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	PA Low			
HDS(C)S.2008	Criterion 1.3.4.2	The needs, outcomes, and/or goals of consumers are	PA Low	Three of five mini nutritional assessments had not	Ensure all assessments are signed and dated.	90

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
		identified via the assessment process and are documented to serve as the basis for service delivery planning.		been signed or dated when completed.		
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, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.	PA Moderate	(i) Six of 10 medication charts sighted has regular non-packaged medications that have not always been documented as administered at the required times. (ii) Six of ten medication charts have as required medications charted that do not document an indication for use. (iii) Two of two eye drops currently in use have not been dated when opened. (iv) During the audit an unlocked cupboard containing medications was sighted in the Manuka wing dining room.	(i) Ensure medications are administered as prescribed. (ii) Ensure as required medications document indications for use (iii) Ensure eye drops are dated when they are opened. (iv) Ensure medications are stored securely.	30
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	PA Low			

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
		service is a component of service delivery.				
HDS(C)S.2008	Criterion 1.3.13.5	All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.	PA Low	The island fridge temperature has consistently been recorded as too warm with no corrective action undertaken.	Ensure the fridges are at the correct temperature and that corrective actions are undertaken when readings are outside the safe range.	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	(i)The hoist has not been serviced in the past year. (ii) Records show hot water temperatures are consistently above 45 degrees Celsius (with a maximum recording of 47 degrees).	(i)Ensure the hoist is serviced regularly. (ii) Ensure hot water temperatures are maintained at 45 degrees Celsius or below.	90

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:

Cairnfield House is currently a 69 bed rest home with 57 residents on the day of the audit. A partial provisional audit has been undertaken to assess the service's readiness to provide hospital level care for up to 25 residents.

The service was purchased by the current owners in October 2012. Since the previous audit, the service has undergone a restructure of management. The previous assistant manager who has 22 years' experience in aged care and has been the assistant manager for eight years took over the manager role in August 2013. She is supported by a newly appointed clinical manager who is a registered nurse with 10 years' experience in aged care and has been a clinical supervisor/registered nurse at the facility since September 2013. The new organisational structure is documented in the organisational chart and there are relevant job descriptions for the manager and the clinical manager.

ARC, D17.3di (rest home): The manager has maintained at least eight hours annually of professional development activities related to managing an aged care facility.

Cairnfield House is privately owned. The manager reports to the owners who are on site regularly.

The organisation has a written business/quality plan for 2014. The quality management system identifies the vision, mission and objectives. The objectives include the plan to cater for hospital level residents.

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:

During a temporary absence of the manager, the clinical manager manages the service. She is supported by the administration manager and the owners. The clinical manager is an experienced registered nurse who has been working at the service since September 2013. The service has policies, procedures, processes and systems that support the provision of clinical care and support including care planning. These include policies related to management of residents requiring hospital level care e.g. wound management.

D19.1a; A review of the documentation, policies and procedures and from discussion with staff identified that the service operational management strategies, quality improvement programme which includes culturally appropriate care, to minimise risk of unwanted events and enhance quality.

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: PA Low
Evidence: <p>There is a human resources policy that establishes the requirements for vetting of qualifications and the maintenance of practising certificates for registered nursing staff. Relevant checks are completed to validate individual qualifications and experience. A record of practising certificates is maintained for two registered nurses (currently including the clinical manager) and other health professionals including an enrolled nurse, the pharmacist, GP's and the podiatrist.</p> <p>Human resources policies are in place. A comprehensive orientation programme is in place that includes the assessment of initial competencies. The orientation programme has not been updated to include hospital level care and a full registered nurse orientation. The job description for the registered nurses relating to hospital level care is still being completed. The training plan for 2014 is also still being completed. These are areas requiring improvement. An in-service education programme is in place. The annual training plan for 2013 covered a wide range of subjects and exceeds the required eight hours annually. Competencies appropriate for hospital level care including manual handling and hoist competencies for all staff and syringe driver competencies for registered nurses have implemented.</p> <p>Discussions with the manager and the clinical manager and a review of documentation demonstrates a commitment to the education of staff that is implemented into practice.</p> <p>D17.7d: There are implemented competencies for registered nurses related to specialised procedure or treatment including medication competencies. Five of five staff files reviewed indicates that all staff have a signed contract, orientation (for rest home level care), training completed and evidence of recruitment.</p> <p>The manager and clinical manager report that further training will be provided around the needs of hospital level care residents as the need for training is identified.</p>

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

Professional qualifications are validated, including evidence of registration and scope of practice for service providers.

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

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: PA Low
Evidence: There are position descriptions for all current positions including the manager and new clinical manager position.
Finding: The registered nurse job description is currently being updated to reflect hospital level care. It is not yet completed.
Corrective Action: Complete the registered nurse job description to relate to hospital level care.
Timeframe (days): Prior to occupancy (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

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: PA Low
Evidence: A comprehensive orientation programme is in place that includes the assessment of initial competencies
Finding: The orientation programme has not been updated to include hospital level care and a full registered nurse orientation.

Corrective Action:

Update the orientation programme to make it relevant for hospital level care and include a registered nurse orientation.

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

Criterion 1.2.7.5 (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: PA Low

Evidence:

An in-service education programme is in place. The annual training plan for 2013 covered a wide range of subjects and exceeds the required eight hours annually. Competencies appropriate for hospital level care including manual handling and hoist competencies for all staff and syringe driver competencies for registered nurses have implemented.

Finding:

The training plan for 2014 is also still being completed.

Corrective Action:

Complete and implement the training plan for 2014.

Timeframe (days): 60 (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

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

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

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

Attainment and Risk: PA Low

Evidence:

The staffing and skill mix policy includes a section on staffing levels rationale and is based on Ministry of Health guidelines. It is sufficiently detailed to ensure that there is appropriate staff to safely meet the needs of residents. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support for the rest home residents, and a draft roster been developed for the hospital residents. The draft roster includes increased caregiver hours on both morning and afternoon shifts and 24 hour registered nurse cover. The service currently has two registered nurses employed (including the clinical manager). There is improvement required to employ staff to have 24 registered nursing cover prior to admitting any hospital level residents.

The service contracts with allied health professionals on an as required basis. Letters were sighted concerning the ability of currently contracted physiotherapist, podiatrist, GP and dietitian to cater for the increased needs when the service has hospital level residents and all are able to provide this.

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: PA Low
Evidence: The staffing and skill mix policy includes a section on staffing levels rationale and is based on Ministry of Health guidelines. It is sufficiently detailed to ensure that there is appropriate staff to safely meet the needs of residents. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support for the rest home residents, and a draft roster been developed for the hospital residents. The draft roster includes increased caregiver hours on both morning and afternoon shifts and 24 hour registered nurse cover. The service currently has two registered nurses employed (including the clinical manager). The service contracts with allied health professionals on an as required basis. Letters were sighted concerning the ability of currently contracted physiotherapist, podiatrist, GP and dietitian to cater for the increased needs when the service has hospital level residents and all are able to provide this.
Finding: There are not yet sufficient registered nurses employed to provide 24 hour registered nursing cover.
Corrective Action: Employ staff to have 24 registered nursing cover prior to admitting any hospital level residents.
Timeframe (days): Prior to occupancy (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Outcome 1.3: 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 1.3.4: Assessment (HDS(C)S.2008:1.3.4)

Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.

ARC D16.2; E4.2 ARHSS D16.2; D16.3d; D16.5g.ii

Attainment and Risk: PA Low
Evidence: The previous audit identified that the initial assessments were not always signed and dated. Each of the five files sampled for this audit had an initial care plan that was signed and dated. However, three of five mini nutritional assessments had not been signed or dated and improvement continues to be required around signing and dating assessments. The previous audit also identified that appropriate risk assessments were not always completed and reviewed. The service has commenced using InterRAI and of the five files, sampled two had comprehensive InterRAI assessments. The other three files each contained a mini nutritional assessment, a mobility assessment, a skin assessment, a communication assessment, a pain assessment, an elimination assessment, a nutrition assessment, a sleeping assessment, a personal hygiene assessment, a personal hygiene and grooming assessment and a falls assessment. The two files sampled for residents with behaviours that challenge also have a behaviour assessment. Except for mini nutritional assessments where this could not be verified, all assessments were current and had been reviewed six monthly where the resident had been at the service for six months. The completion and reviewing of assessments shortfall has been addressed.

Criterion 1.3.4.2 (HDS(C)S.2008:1.3.4.2)

The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.

Attainment and Risk: PA Low

Evidence:

The previous audit identified that the initial assessments were not always signed and dated. The previous audit also identified that appropriate risk assessments were not always completed and reviewed. The service has commenced using InterRAI and of the five files, sampled two had comprehensive InterRAI assessments. The other three files each contained a mini nutritional assessment, a mobility assessment, a skin assessment, a communication assessment, a pain assessment, an elimination assessment, a nutrition assessment, a sleeping assessment, a personal hygiene assessment, a personal hygiene and grooming assessment and a falls assessment. The two files sampled for residents with behaviours that challenge also have a behaviour assessment. Except for mini nutritional assessments where this could not be verified, all assessments were current and had been reviewed six monthly where the resident had been at the service for six months. The completion and reviewing of assessments shortfall has been addressed.

Finding:

Three of five mini nutritional assessments had not been signed or dated when completed.

Corrective Action:

Ensure all assessments are signed and dated.

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

Standard 1.3.5: Planning (HDS(C)S.2008:1.3.5)

Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.

ARC D16.3b; D16.3f; D16.3g; D16.3h; D16.3i; D16.3j; D16.3k; E4.3 ARHSS D16.3b; D16.3d; D16.3e; D16.3f; D16.3g

Attainment and Risk: FA

Evidence:

The previous audit identified that a number of needs were not identified in care plans and care plans do not always reflect all client needs. Five care plans were sampled for this audit and all needs identified are comprehensively addressed in care plans. Examples include challenging behaviour, mental health issues, diabetes, mobility, toileting regimes, falls risk management, fluid restriction, depression, pain management and weight management. The previous shortfall has been addressed.

Criterion 1.3.5.2 (HDS(C)S.2008:1.3.5.2)

Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.

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 1.3.12: 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:

The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accord with the guideline: Safe Management of Medicines. A lockable medication trolley is used to administer medication and kept in the nurse's office when not being used. During the audit an unlocked cupboard containing medications was sighted in the Manuka wing dining room. This is an area requiring improvement. It is noted that the cupboard was locked during the audit and that once the Manuka wing nurses office is functioning medications will be stored in the office which is locked. Controlled drugs are stored in a locked safe in the locked nurse's office and are checked out by two staff when they are to be administered and the controlled drug register updated accordingly. Controlled dug weekly stocktakes have occurred. The registered nurses, enrolled nurses and medication competent caregivers administer medications. The service uses four weekly robotic sachets. Medication charts have photo ID's and allergies documented. There is no evidence of transcribing and this is an improvement since the previous audit.

Six of 10 medication charts sighted has regular non-packaged medications that have not always been documented as administered at the required times. This previously identified shortfall continues to require improvement.

There is a self-administered medicines policy and procedure. There were two residents self-medicating on the day of audit and both have a current competency assessment.

Ten of ten medication charts reviewed identified that the GP had seen the reviewed the resident three monthly and the medication chart was signed.

Medication profiles are legible and up to date. Six of ten medication charts have as required medications charted that do not document an indication for use. This is an area requiring improvement.

Two of two eye drops currently in use have not been dated when opened. This is a further area requiring improvement.

There are no expected changes to the medication administration system when hospital level residents are brought into the service, as medication will continue to be administered from the medication trolley.

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
<p>Evidence:</p> <p>The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accord with the guideline: Safe Management of Medicines. A lockable medication trolley is used to administer medication and kept in the nurse's office when not being used.</p> <p>Controlled drugs are stored in a locked safe in the locked nurse's office and are checked out by two staff when they are to be administered and the controlled drug register updated accordingly. Controlled drug weekly stocktakes have occurred. The service uses four weekly robotic sachets. Medication charts have photo ID's and allergies documented. There is no evidence of transcribing and this is an improvement since the previous audit.</p> <p>Ten of ten medication charts reviewed identified that the GP had seen the reviewed the resident three monthly and the medication chart was signed. Medication profiles are legible and up to date.</p> <p>There are no expected changes to the medication administration system when hospital level residents are brought into the service, as medication will continue to be administered from the medication trolley.</p>
<p>Finding:</p> <p>(i) Six of 10 medication charts sighted has regular non-packaged medications that have not always been documented as administered at the required times. (ii) Six of ten medication charts have as required medications charted that do not document an indication for use. (iii) Two of two eye drops currently in use have not been dated when opened. (iv) During the audit an unlocked cupboard containing medications was sighted in the Manuka wing dining room.</p>
<p>Corrective Action:</p> <p>(i) Ensure medications are administered as prescribed. (ii) Ensure as required medications document indications for use (iii) Ensure eye drops are dated when they are opened. (iv) Ensure medications are stored securely.</p>
<p>Timeframe (days): 30 (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>

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

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

Standard 1.3.13: Nutrition, Safe Food, And Fluid Management (HDS(C)S.2008:1.3.13)

A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.

ARC D1.1a; D15.2b; D19.2c; E3.3f ARHSS D1.1a; D15.2b; D15.2f; D19.2c

Attainment and Risk: PA Low

Evidence:

The service has a workable kitchen. The kitchen and equipment is maintained in a clean manner. The service employs cooks and kitchen hands. All cooks employed have food safety certificates. There is a rotating four weekly seasonal menu in place. A dietitian last reviewed the menu in June 2013. A nutritional assessment is completed on admission and resident nutritional needs are recorded in the kitchen. Storage of food is appropriate and fridge/freezer and food temperatures are monitored daily. The fridge temperature has consistently been recorded as too warm with no corrective action undertaken. This is an area requiring improvement. The fridge in the Manuka wing dining room now has the temperature recorded weekly and this is an improvement since the previous audit. Changes to residents' dietary needs are communicated to the kitchen. Special diets and resident likes/dislikes records are kept in the kitchen and the cook is familiar with resident needs. The kitchen manual describes how special needs are catered for. Staff communicate with the cook daily to ensure that residents have an appropriate diet. Equipment is available on an as needed basis. Residents requiring extra assistance to eat and drink are assisted, this was observed during lunch. There is already special equipment for eating e.g. lipped plates and thick handled spoons. The service uses bain maries all food is kept warm in the bain marie until it is ready to be eaten, at which time it is plated. This practice will continue for hospital level residents.

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

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

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

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

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

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

Attainment and Risk: PA Low
Evidence: The service has a workable kitchen. The kitchen and equipment is maintained in a clean manner. The service employs cooks and kitchen hands. All cooks have food safety certificates. There is a rotating four weekly seasonal menu in place. A dietitian last reviewed the menu in June 2013. A nutritional assessment is completed on admission and resident nutritional needs are recorded in the kitchen. Storage of food is appropriate and fridge/freezer and food temperatures are monitored daily.
Finding: The island fridge temperature has consistently been recorded as too warm with no corrective action undertaken.
Corrective Action: Ensure the fridges are at the correct temperature and that corrective actions are undertaken when readings are outside the safe range.
Timeframe (days): 90 (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Outcome 1.4: Safe and Appropriate Environment

Services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensures physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

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

Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.

ARC D19.3c.v; ARHSS D19.3c.v

Attainment and Risk: FA

Evidence:

There are documented policies; procedures and an emergency plan to respond to significant waste or hazardous substance management. Chemical safety training was provided August 2013. Chemicals are stored securely in a locked cupboard.

Education on hazardous substances occurs at orientation. There is personal protective equipment. The service has two sluice rooms, one of which is in the Manuka wing, which will be used for hospital level residents. There is an accident/incident system for investigating, recording and reporting incidents. There was no incident or accident reports involving infectious material, body substances or hazardous substances sighted. There is an emergency manual available to staff which includes hazardous substances. There were no incidents or accidents documented for waste or hazardous substances.

The cleaner was observed to keep all chemicals beside her at all times.

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:

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
<p>Evidence:</p> <p>There is a current BWOFF, expiry date 1 June 2014 and a fire evacuation approval approved March 2001. There is a risk management plan that includes management of security, health and safety and emergency management. There is sufficient space so that residents are able to move around the facility freely. There is non-slip lino in showers and toilet areas throughout the facility. The main hallways and living areas are carpeted.</p> <p>Residents are able to bring their own possessions including furniture to their bedroom. There is a transportation of resident’s policy.</p> <p>The 25 rooms in Kauri wing and Manuka wing that are to be used for hospital level residents are suitable for hospital care. They are large and all have one and a half opening doors. All rooms can accommodate equipment e.g. hoists, extra staff if required and all can be accessed by a hospital bed and ambulance stretcher.</p> <p>There are outdoor areas that are accessible by residents using mobility aids.</p> <p>The service has purchased the following equipment in preparation for providing hospital level care: 10 hospital beds, two alternating pressure relieving mattresses (all hospital bed mattresses are approved pressure relieving mattresses, one new shower chair (they already have nine), one hoist (which was purchased just over a year ago), six sensor mats and commode chairs. Further hoists and equipment including fall out chairs will be purchased on an as needs basis. The service currently hires chair scales from Northable when they are needed and intends to purchase a set of these. The hoist has not been serviced and this is an area requiring improvement. All medical equipment has been calibrated within the last 12 months. Hot water temperatures are checked three monthly. Records show these are consistently above 45 degrees Celsius and this is an area requiring improvement.</p>

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
<p>Evidence:</p> <p>There is a current BWOFF, expiry date 1 June 2014 and a fire evacuation approval approved March 2001. .</p> <p>The 25 rooms in Kauri wing and Manuka wing that are to be used for hospital level residents are suitable for hospital care. They are large and all have one and a half opening doors. All rooms can accommodate equipment e.g. hoists, extra staff if required and all can be accessed by a hospital bed and ambulance stretcher.</p> <p>There are outdoor areas that are accessible by residents using mobility aids.</p> <p>The service has purchased the following equipment in preparation for providing hospital level care: 10 hospital beds, two alternating pressure relieving mattresses (all</p>

hospital bed mattresses are approved pressure relieving mattresses, one new shower chair (they already have nine), one hoist (which was purchased just over a year ago), six sensor mats and commode chairs. Further hoists and equipment including fall out chairs will be purchased on an as needs basis. The service currently hires chair scales from Northable when they are needed and intends to purchase a set of these. All medical equipment has been calibrated within the last 12 months. Hot water temperatures are checked three monthly.

Finding:

(i)The hoist has not been serviced in the past year. (ii) Records show hot water temperatures are consistently above 45 degrees Celsius (with a maximum recording of 47 degrees).

Corrective Action:

(i)Ensure the hoist is serviced regularly. (ii) Ensure hot water temperatures are maintained at 45 degrees Celsius or below.

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: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

ARC E3.3d ARHSS D15.3c

Attainment and Risk: FA

Evidence:

All rooms have a hand basin. Of the 11 rooms to be used for hospital level care in Kauri wing, two have ensuites. Twelve of the 14 rooms in Manuka wing to be used for hospital level care have ensuites shared between two rooms. All ensuites are large enough to cater for a hoist and other equipment and two caregivers. In Kauri wing there is one large communal bathroom and a separate large shower. There is a combined large toilet/shower in Kauri wing. The two large communal disabled size bathrooms are well able to cater for all residents and all residents can access shower, and toilet facilities close by that can accommodate hoists and extra staff. There is a staff toilet and visitor's toilet. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning.

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 25 residents' rooms in the designated hospital rooms are of an adequate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in bathrooms in the eight studio units. Doorways into residents' rooms and communal areas are wide enough for wheelchairs, hospital beds and other mobility aids.

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:

The service has a large lounge and a large dining room that already accommodates all residents with ease. There is a separate dining room to be used for hospital level residents in Manuka wing and there are a number of lounge spaces to allow privacy for hospital level residents. The dining room and lounges can accommodate hospital lazy boys and fall out chairs if required. Activities occur throughout the facility including activities in the lounges and main dining room. Activities also occur in the courtyard and in outdoor areas. Residents are able to access areas for privacy if required and there a number of alcoves, where people can sit when walking through hallways.

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

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: <p>Cleaning and laundry services are well monitored throughout the internal auditing system - last audit in September 2013. The laundry has a clean/dirty flow and chemicals are stored securely. Staff receive training at orientation and through the in-service programme. There are appropriate policies and product charts. Cleaning rooms are locked when not in use.</p> <p>The laundry and cleaning rooms are designated areas and clearly labelled. There are rooms available for storage of chemicals. All chemicals are labelled with manufacturer's labels. MSDS are available in folders in the laundry and on walls. All chemicals were noted to be secure during the audit.</p> <p>The cleaner was observed during the audit to have the trolley with her at all times.</p> <p>Staff receive training at orientation and through the in-service programme.</p> <p>There are two sluice rooms, one of which is in Manuka wing.</p>

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

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

Attainment and Risk: FA
Evidence:

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

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

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

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

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

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

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

Attainment and Risk: FA
Evidence: <p>The NZ Fire Service approved the evacuation scheme on 20 March 2001. D19.6: There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff. Emergency equipment is available at the facility. Civil emergency boxes were sighted. First aid training has been provided for staff and there is at least one person on each duty with a current first aid certificate. There is emergency lighting at the facility. There is a large cupboard with civil defence material available. There is sufficient stored water to support residents for at least three days in the event of an emergency. Corridors are wide enough to allow residents to pass and to get to egress points quickly in the event of a disaster. All rooms and communal areas have call bells.</p>

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

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

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

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

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

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

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

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

Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.

ARC D15.2f ARHSS D15.2g

Attainment and Risk: FA

Evidence:

All bedrooms and communal areas have at least one external window. Eleven of the rooms in Manuka wing and Kauri wing to be used for hospital level care have external doors into the garden or courtyard. There are designated outside areas for residents to smoke.

General living areas and resident rooms are appropriately heated and ventilated. There are a combination of radiators and heat pumps.

The service is a pleasant temperature on the day of the audit.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

Standard 3.1: 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 practice is appropriate for the size, complexity, and degree of risk associated with the service. An established and implemented infection control programme is linked into the risk management system. There are staff meetings where there is discussion and reporting of infection control matters and the consequent review of the programme. Minutes are available for staff.
The infection control coordinator (a registered nurse) is well informed about practises and reporting and states that staff can contact the registered nurse or GP if required and concerns can be written in progress notes. The infection control co-ordinator reports she is responsible for the collection and collation of data. There is a documented job description for the infection control coordinator.
The monthly infection data is entered into the infection register. All data is collated and analysed on infections monthly. Infection statistics are included in the staff/quality meetings.

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): (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.

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

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>