# Chatswood Lifecare Limited

## Current Status: 31 March 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

Chatswood Retirement Village is currently a 37 bed rest home with 33 residents on the day of the audit. A partial provisional audit has been undertaken to assess a new 28 bed building to cater for hospital and rest home level residents and assess the service's readiness to provide hospital level care for up to 28 residents. This is phase one of a two phase redevelopment on the site. The service plans to open on 28 April 2014.

The service is privately owned and one of the owners owns another aged care facility. The manager is a registered nurse with over 10 years aged care management experience. She works 32 hours per week and has been in the role since January 2014. She is supported by a clinical manager who has management experience in health before coming to New Zealand. She worked in aged care in New Zealand as a caregiver since arriving in New Zealand in 2007 and as a registered nurse since gaining her registration in March 2013. She has been in the current role since May 2013.

There is a draft roster that supports hospital level care and the extension of the service by 28 beds.

The audit identifies that the new building is suitable for rest home or hospital level care with all of the new rooms, lounges and dining areas able to accommodate hospital level equipment. There are policies and processes appropriate for providing hospital level care.

The improvement required at the previous audit around administration of medication has been addressed.

A number of areas are still being completed and require addressing prior to occupancy. These are around completing the treatment room, securing the chemical storage area, laying vinyl in the dining room, completing the outdoor area, installing the washing machines, obtaining an approved evacuation scheme, installing handrails in hallways, obtaining a certificate for public use, having water or electricity in the facility, monitoring hot water temperatures and having the call bell system operational.

Improvements are also required around competency assessments for residents who self-administer medicines, prescribing of as ‘required medications’ and documenting allergies.

# 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**

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| **Legal entity name:** | Chatswood Lifecare Limited |
| **Certificate name:** | Chatswood Lifecare Limited |

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| **Designated Auditing Agency:** | Health and Disability Auditing New Zealand Limited |

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| **Types of audit:** | Partial Provisional Audit | | | |
| **Premises audited:** | Chatswood Retirement Village | | | |
| **Services audited:** | Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) | | | |
| **Dates of audit:** | **Start date:** | 31 March 2014 | **End date:** | 31 March 2014 |

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| **Proposed changes to current services (if any):** |
| The service is adding hospital level care to their certification. They are opening a new building that connects to the existing rest home and has 28 single rooms that will be used for either rest home or hospital level residents. |

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| **Total beds occupied across all premises included in the audit on the first day of the audit:** | 33 |

## **Audit Team**

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| **Lead Auditor** | XXXXX | **Hours on site** | 4 | **Hours off site** | 3 |
| **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**

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| --- | --- | --- | --- | --- | --- |
| Total audit hours on site | 4 | Total audit hours off site | 4 | Total audit hours | 8 |

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| Number of residents interviewed |  | Number of staff interviewed | 2 | Number of managers interviewed | 1 |
| Number of residents’ records reviewed |  | Number of staff records reviewed | 5 | Total number of managers (headcount) | 1 |
| Number of medication records reviewed | 10 | Total number of staff (headcount) | 36 | Number of relatives interviewed |  |
| Number of residents’ records reviewed using tracer methodology |  |  |  | Number of GPs interviewed |  |

## **Declaration**

I, XXXX, 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:

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| 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 Monday, 7 April 2014

## **Executive Summary of Audit**

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| **General Overview** |
| Chatswood Retirement Village is currently a 37 bed rest home with 33 residents on the day of the audit. A partial provisional audit has been undertaken to assess a new 28 bed building to cater for hospital and rest home level residents and assess the service's readiness to provide hospital level care for up to 28 residents. This is phase one of a two phase redevelopment on the site. The service plans to open on 28 April 2014.  The service is privately owned and one of the owners owns another aged care facility. The manager is a registered nurse with over 10 years aged care management experience. She works 32 hours per week and has been in the role since January 2014. She is supported by a clinical manager who has management experience in health before coming to New Zealand. She worked in aged care in New Zealand as a caregiver since arriving in New Zealand in 2007 and as a registered nurse since gaining her registration in March 2013. She has been in the current role since May 2013.  There is a draft roster that supports hospital level care and the extension of the service by 28 beds.  The audit identifies that the new building is suitable for rest home or hospital level care with all of the new rooms, lounges and dining areas able to accommodate hospital level equipment. There are policies and processes appropriate for providing hospital level care. The improvement required at the previous audit around administration of medication has been addressed.  A number of areas are still being completed and require addressing prior to occupancy. These are around completing the treatment room, securing the chemical storage area, laying vinyl in the dining room, completing the outdoor area, installing the washing machines, obtaining an approved evacuation scheme, installing handrails in hallways, obtaining a certificate for public use, having water or electricity in the facility, monitoring hot water temperatures and having the call bell system operational.  Improvements are also required around competency assessments for residents who self-administer medicines, prescribing of as ‘required medications’ and documenting allergies. |

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| **Outcome 1.1: Consumer Rights** |
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| **Outcome 1.2: Organisational Management** |
| Chatswood Retirement Village 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 clinical manager. In the absence of the manager, the clinical manager fulfils 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. A three day orientation is planned for new staff prior to opening. 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. This includes 24 hour registered nurse cover, and increased caregiver, diversional therapy and housekeeping cover.  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. |

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| **Outcome 1.3: Continuum of Service Delivery** |
| 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. A new treatment room is yet to be completed and this requires addressing prior to occupancy. Improvement is also required around competency assessments for residents who self-administer medicines, prescribing of as required medications and documenting allergies. There are food service policies in place and the current kitchen staff have all attended food handling training and a food safety course or are booked to do so. A new commercial kitchen has been built and fitted out in the new building There is a preparation area and receiving area. Diets are modified as required. The dietitian has reviewed and amended the menu to cater for hospital level residents. |

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| **Outcome 1.4: Safe and Appropriate Environment** |
| 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 new unit consists of one 18 bed wing and one ten bed wing, which are joined by a large open plan lounge and dining area. All rooms are large and suitable for either rest home or hospital level care. They all have one and a half width 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. Nine rooms have ranch sliders that have external access. All rooms have ensuites that are large enough to cater for hospital level residents including equipment such as hoists and up to two carers. There are a number of outdoor areas including an internal courtyard that are accessible by residents using mobility aids. These are yet to be landscaped and have seating and shade provided.  The service has purchased appropriate equipment in preparation for providing hospital level care that will be delivered on 8 April 2014. A new laundry has been built in the new building and is partially complete. Cleaning and laundry services are monitored throughout the internal auditing system and the new laundry has a clean/dirty flow with soiled linen transported from the sluice room in covered bins.  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 for the existing building but this does not yet include the new building. 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. Improvements are required prior to occupancy around securing the chemical storage area, laying vinyl in the dining room, completing the outdoor area, installing the washing machines, obtaining an approved evacuation scheme, installing handrails in hallways, obtaining a certificate for public use, having water or electricity in the facility, monitoring hot water temperatures and having the call bell system operational. |

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| **Outcome 2: Restraint Minimisation and Safe Practice** |
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| **Outcome 3: Infection Prevention and Control** |
| Chatswood Retirement Village 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**

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|  | **CI** | **FA** | **PA Negligible** | **PA Low** | **PA Moderate** | **PA High** | **PA Critical** |
| **Standards** | 0 | 9 | 0 | 5 | 1 | 0 | 0 |
| **Criteria** | 0 | 25 | 0 | 9 | 1 | 0 | 0 |

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|  | **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 1.2.7: 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 1.2.7.4 | New service providers receive an orientation/induction programme that covers the essential components of the service provided. | PA Low | A three-day orientation is planned for new staff prior to opening | Complete the orientation for new staff | Prior to occupancy |
| 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 Low | The treatment room is not yet operational. It is not yet able to be locked, and shelving, cupboards, the medication fridge and controlled drug safe have not yet been installed. | (i)Complete the treatment room in the new wing as planned prior to occupancy. | Prior to occupancy |
| HDS(C)S.2008 | Criterion 1.3.12.5 | The facilitation of safe self-administration of medicines by consumers where appropriate. | PA Low | Two of the three residents who self-administer medications do not have competency assessment. | Ensure all residents who self-administer medicines have a current competency assessment. | 90 |
| HDS(C)S.2008 | Criterion 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. | PA Moderate | (i) Five of the ten medication charts sampled do not have allergies documented. (ii) One medication chart has PRN duolin nebulisers and inhalers charts with no dose and no indication for use | (i) Ensure every resident has allergies or no known allergies documented. (ii) Ensure all PRN medications prescribed include a dose and an indication for use. | 60 |
| HDS(C)S.2008 | Standard 1.4.1: Management Of Waste And Hazardous Substances | Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | PA Low |  |  |  |
| HDS(C)S.2008 | Criterion 1.4.1.1 | Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements. | PA Low | The cleaner’s cupboard In the new wing where chemicals will be stored is not yet able to be locked. | Ensure all chemicals are safely stored. | Prior to occupancy |
| HDS(C)S.2008 | Standard 1.4.2: Facility Specifications | Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | PA Low |  |  |  |
| HDS(C)S.2008 | Criterion 1.4.2.1 | All buildings, plant, and equipment comply with legislation. | PA Low | (i) The dining area is yet to have vinyl laid. (ii) Handrails are not yet installed in hallways. (iii) A certificate for public use has not yet been issued. (iv) There is not yet water or electricity in the facility. (v) Hot water temperatures are not yet able to be monitored as there is no hot water. | (i)Complete the vinyl laying in the dining room. (ii) Install handrails in hallways as planned. (iii) Obtain a certificate for public use and provide a copy to HealthCERT and the DHB. (iv) Have the electricity and water connected as planned. (v) Monitor hot water temperatures and ensure these are at a safe temperature. | Prior to occupancy |
| HDS(C)S.2008 | Criterion 1.4.2.6 | Consumers are provided with safe and accessible external areas that meet their needs. | PA Low | Outdoor areas are yet to be landscaped and have seating and shade provided. | Ensure outdoor areas are landscaped and that shade and seating is provided. | Prior to occupancy |
| HDS(C)S.2008 | Standard 1.4.6: Cleaning And Laundry Services | Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | PA Low |  |  |  |
| HDS(C)S.2008 | Criterion 1.4.6.2 | The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness. | PA Low | Two commercial washing machines have been ordered but have not yet been delivered. | Install the washing machines that have been ordered. | Prior to occupancy |
| HDS(C)S.2008 | Standard 1.4.7: Essential, Emergency, And Security Systems | Consumers receive an appropriate and timely response during emergency and security situations. | PA Low |  |  |  |
| HDS(C)S.2008 | Criterion 1.4.7.3 | Where required by legislation there is an approved evacuation plan. | PA Low | The new building does not yet have a NZ Fire Service approved the evacuation scheme. | Provide evidence to HealthCERT and the DHB of a NZ Fire Service approved evacuation scheme. | 60 |
| HDS(C)S.2008 | Criterion 1.4.7.5 | An appropriate 'call system' is available to summon assistance when required. | PA Low | The call bell system is not yet operational. | Ensure the call bell system is operational. | Prior to occupancy |

## **Continuous Improvement (CI) Report**

| **Code** | **Name** | **Description** | **Attainment** | **Finding** |
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# 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

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| **Attainment and Risk:** FA |
| **Evidence:** |
| Chatswood Retirement Village is currently a 37 bed rest home with 33 residents on the day of the audit. A partial provisional audit has been undertaken to assess a new 28 bed building to cater for hospital and rest home level residents and assess the service's readiness to provide hospital level care for up to 28 residents. The service plans to open on 28 April 2014.  The service is privately owned and one of the owners owns another aged care facility. The manager is a registered nurse with over 10 years aged care management experience. She works 32 hours per week and has been in the role since January 2014. She is supported by a clinical manager who had management experience in health before coming to New Zealand. She worked in aged care in New Zealand as a caregiver since arriving in New Zealand in 2007 and as a registered nurse her since gaining her registration in March 2013. She has been in the current role since April 2013. The manager reports that the DHB and HealthCERT have been informed of the credentials of the new manager and clinical manager and have indicated approval. The manager and clinical manager are supported by an administration manager with 15 years aged care experience. ARC, D17.3di (rest home): The manager has completed a number of short courses through the Chamber of Commerce in 2011 and 2012. She is aware of the need to complete at least eight hours of education relating to managing a hospital and rest home annually. 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. In January 2014, the service purchased and began implementing a new quality management system and policies and procedures, which are appropriate for hospital level, care. |

##### **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.

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| **Attainment and Risk:** FA |
| **Evidence:** |
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| **Finding:** |
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| **Corrective Action:** |
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| **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.

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| **Attainment and Risk:** FA |
| **Evidence:** |
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| **Finding:** |
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| **Corrective Action:** |
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| **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

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| **Attainment and Risk:** FA |
| **Evidence:** |
| During a temporary absence of the manager, the clinical manger manages the service. She is supported by the administration manager and the owners. The clinical manager is a registered nurse who has been working at the service since March 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.

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| **Attainment and Risk:** FA |
| **Evidence:** |
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| **Finding:** |
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| **Corrective Action:** |
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| **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

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| **Attainment and Risk:** PA Low |
| **Evidence:** |
| 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 five registered nurses (currently including the manager and clinical manager) and one enrolled nurse, and other health professionals including the pharmacist, GP's and the podiatrist. Human resources policies are in place. A comprehensive orientation programme is in place that includes the assessment of initial competencies. A three-day orientation is planned for new staff prior to opening that covers:  Philosophy and history Tour of facility Timesheets/wages etc. Policies and procedures Complaints/compliments Incident forms Careerforce education Health and safety tour Competencies (health and safety, hand washing, medication, manual handling and restraint) Chemical safety Hoist training Fire safety and fire drill Abuse and neglect, code of rights Challenging behaviour Continence management Infection control  The job description for the registered nurses includes hospital level care. Training for existing staff in 2013 included; death and dying, neglect and abuse, restraint, fire safety, respiratory outreach, code of rights and advocacy, pressure area and skin tear prevention, continence management, infection control, food preparation and serving, morphine pump refresher, abuse and neglect, managing challenging behaviour and a fire safety repeat. An in-service education programme is in place for 2014 that is appropriate for hospital level care. The annual training plan for 2013 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 been implemented by existing staff.  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.  D17.7d: There are implemented competencies for registered nurses related to specialised procedure or treatment including medication, restraint and manual handling 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.  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. |

##### **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.

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| **Attainment and Risk:** FA |
| **Evidence:** |
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| **Finding:** |
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| **Corrective Action:** |
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| **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.

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| **Attainment and Risk:** FA |
| **Evidence:** |
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| **Finding:** |
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| **Corrective Action:** |
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| **Timeframe (days):**  *(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.

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| **Attainment and Risk:** PA Low |
| **Evidence:** |
| A comprehensive orientation programme is in place that includes the assessment of initial competencies. A three-day orientation is planned for new staff prior to opening that covers: Philosophy and history, Tour of facility, Timesheets/wages etc.; Policies and procedures, Complaints/compliments, Incident forms, Careerforce education, Health and safety tour, Competencies (health and safety, hand washing, medication, manual handling and restraint) Chemical safety Hoist training Fire safety and fire drill Abuse and neglect, code of rights Challenging behaviour Continence management Infection control |
| **Finding:** |
| A three-day orientation is planned for new staff prior to opening |
| **Corrective Action:** |
| Complete the orientation for new staff |
| **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.

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

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

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

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

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| **Attainment and Risk:** FA |
| **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 (for up to 18 residents): Registered nurse: one to cover the hospital 24 hours per day and a second RN for rest home residents from 0700 – 2310 daily Caregivers: Hospital – 3 X 0700 to 1515, 3 X 1500 to 2315. Rest home – 2 X 0700 to 1515, 1 X 0700 to 1330, 2 X 1500 to 2310. Entire facility – 3 X 2300 to 0710. The diversional therapist works 0900 to 1630 over five days and this will increase to cover a further 24 hours per week. A physio assistant is to be employed from 0900 to 1300 hours three days per week. Kitchen – there will be a cook on duty seven days per week 0900 to 1730 hours, a kitchen hand from 0720 to 1300 hours and an evening kitchen hand from 1630 to 2030 hours. Household staff: housekeeper – 0800 to 1630 X 5 days, rest home housekeeper – 0900 to 1430 X 7 days, laundry 0900 – 1430 X 7 days. A physiotherapist is contracted – At this point this is PRN and regular hours will be established when the need is established. All new hospital residents will be assessed by the physiotherapist. The current GP will increase his hours to two routine visits per week. He is also available on call 24/7.  A dietitian is on contract and available as required. The service is employing five more registered nurses, 11 caregivers, one household staff and a new kitchen hand. Staffing will be increased as bed numbers increase above 18 residents and depending on the acuity of the residents. |

##### **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.

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| **Attainment and Risk:** FA |
| **Evidence:** |
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| **Finding:** |
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| **Corrective Action:** |
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| **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

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| **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 is stored in the existing rest home office in a locked cupboard when not being used.  There is a treatment room in the new wing. Two medication trolleys, a controlled drug safe and other appropriate equipment have been purchased (link 1.4.2.). The treatment room is not yet operational. It cannot yet be locked, and shelving, cupboards, the medication fridge and controlled drug safe have not yet been installed. This will be required to be completed prior to occupation.  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 blister packs. Medication charts have photo ID’s and five of the ten charts sampled have allergies documented. This is an area requiring improvement. There is no evidence of transcribing. One medication chart has PRN nebulisers and inhalers charts with no dose and no indication for use. This is also an area requiring improvement. Ten of 10 medication charts sighted have regular non-packaged medications that have been documented as administered at the required times. This is an improvement since the previous audit.  There is a self-administered medicines policy and procedure. There were three residents self-medicating on the day of audit and one have a current competency assessment. This is a further area requiring improvement. 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.  All eye drops currently in use have been dated when opened.  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.

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| **Attainment and Risk:** PA Low |
| **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. There is a treatment wing in the new wing. Two medication trolleys and a controlled drug safe have been purchased. A lockable medication trolley is used to administer medication in the existing rest home office in a locked cupboard when not being used. 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 service uses four weekly blister packs. Medication charts have photo ID’s. There is no evidence of transcribing.  Ten of 10 medication charts sighted have regular non-packaged medications that have been documented as administered at the required times. This is an improvement since the previous audit. 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. |
| **Finding:** |
| The treatment room is not yet operational. It is not yet able to be locked, and shelving, cupboards, the medication fridge and controlled drug safe have not yet been installed. |
| **Corrective Action:** |
| (i)Complete the treatment room in the new wing as planned prior to occupancy. |
| **Timeframe (days):** Prior to occupancy *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)* |

##### **Criterion 1.3.12.3 (HDS(C)S.2008:1.3.12.3)**

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

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| **Attainment and Risk:** FA |
| **Evidence:** |
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| **Finding:** |
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| **Corrective Action:** |
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| **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.

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| **Attainment and Risk:** PA Low |
| **Evidence:** |
| There is a self-administered medicines policy and procedure. There were three residents self-medicating on the day of audit and one has a current competency assessment. |
| **Finding:** |
| Two of the three residents who self-administer medications do not have competency assessment. |
| **Corrective Action:** |
| Ensure all residents who self-administer medicines have a current competency assessment. |
| **Timeframe (days):** 90 *(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.

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| **Attainment and Risk:** PA Moderate |
| **Evidence:** |
| 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.  All eye drops currently in use have been dated when opened. |
| **Finding:** |
| (i) Five of the ten medication charts sampled do not have allergies documented. (ii) One medication chart has PRN nebulisers and inhalers charts with no dose and no indication for use |
| **Corrective Action:** |
| (i) Ensure every resident has allergies or no known allergies documented. (ii) Ensure all PRN medications prescribed include a dose and an indication for use. |
| **Timeframe (days):** 60 *(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

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| **Attainment and Risk:** FA |
| **Evidence:** |
| The service has a large new commercial kitchen that includes a bain marie for serving to the new dining room, a walk in freezer, walk in chiller and large walk in pantry, a night fridge and pantry, one further fridge, a steriliser, a commercial oven, gas hobs, a grill, an extractor fan, a commercial mixer and a microwave. Equipment for mouieing food has been purchased and there is a hot box to transport food to residents in other areas.  The service currently employs two cooks. Both cooks employed have food safety certificates. New kitchen hands are being employed.  There is a rotating four weekly seasonal menu in place. A dietitian reviewed the menu in January 2014 to ensure it is suitable to meet the needs of special diets for hospital level residents. 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.  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. |

##### **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.

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| **Attainment and Risk:** FA |
| **Evidence:** |
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| **Finding:** |
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| **Corrective Action:** |
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| **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.

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| **Attainment and Risk:** FA |
| **Evidence:** |
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| **Finding:** |
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| **Corrective Action:** |
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| **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.

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| **Attainment and Risk:** FA |
| **Evidence:** |
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| **Finding:** |
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| **Corrective Action:** |
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| **Timeframe (days):**  *(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

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| **Attainment and Risk:** PA Low |
| **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. The planned three-day orientation for new staff prior to opening on 22 April to 24 April 2014 will include the management of waste and hazardous substances as part of the chemical safety session. The new unit has a dedicated cleaner’s cupboard where chemicals will be stored. This is not yet able to be locked and this is an area requiring improvement.  There is personal protective equipment. The service has a sluice room in the new area, which has a steriliser, and two sinks, one of which is a sluice sink and has a hose attachment. 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 in the existing rest home. |

##### **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.

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| **Attainment and Risk:** PA Low |
| **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. The planned three-day orientation for new staff prior to opening on 22 April to 24 April 2014 will include the management of waste and hazardous substances as part of the chemical safety session. The new unit has a dedicated cleaner’s cupboard where chemicals will be stored. |
| **Finding:** |
| The cleaner’s cupboard In the new wing where chemicals will be stored is not yet able to be locked. |
| **Corrective Action:** |
| Ensure all chemicals are safely stored. |
| **Timeframe (days):** Prior to occupancy *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)* |

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

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

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

#### 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

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| **Attainment and Risk:** PA Low |
| **Evidence:** |
| There is a current BWOF for the existing building, expiry date 1 June 2014. A certificate for public use has not yet been issued and this will require addressing prior to occupation. 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 new wings. The main hallways, bedrooms and living areas are carpeted. The dining area is yet to have vinyl laid. Handrails are not yet installed in hallways. These will require completing prior to occupation.  Residents are able to bring their own possessions including furniture to their bedroom. There is a transportation of resident’s policy.  The new unit consists of one 18 bed wing and one ten bed wing, which are joined by a large open plan lounge and dining area. All rooms are large and suitable for either rest home or hospital level care. They all have one and a half width 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. Nine rooms have ranch sliders that have external access. All rooms have ensuites that are large enough to cater for hospital level residents including equipment such as hoists and up to two carers. There are a number of outdoor areas including an internal courtyard that are accessible by residents using mobility aids. These are yet to be landscaped and have seating and shade provided. This will require addressing prior to occupation. The service has purchased new equipment in preparation for providing hospital level care (list sighted) that will be delivered on 8 April 2014 (invoice and delivery confirmation sighted).  All existing medical equipment has been calibrated within the last 12 months. Hot water temperatures will be checked monthly. There is not yet water or electricity in the facility. This will require addressing prior to occupation and hot water temperatures will require monitoring. |

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

All buildings, plant, and equipment comply with legislation.

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| **Attainment and Risk:** PA Low |
| **Evidence:** |
| There is a current BWOF for the existing building, expiry date 1 June 2014. A certificate for public use has not yet been issued and this will require addressing prior to occupation. 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 new wing. The main hallways, bedrooms and living areas are carpeted.  Residents are able to bring their own possessions including furniture to their bedroom. There is a transportation of resident’s policy.  The new unit consists of one 18 bed wing and one ten bed wing, which are joined by a large open plan lounge and dining area. All rooms are large and suitable for either rest home or hospital level care. They are large and all have one and a half width 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. Nine rooms have ranch sliders that have external access. All rooms have ensuites that are large enough to cater for hospital level residents including equipment such as hoists and up to two carers. |
| **Finding:** |
| (i) The dining area is yet to have vinyl laid. (ii) Handrails are not yet installed in hallways. (iii) A certificate for public use has not yet been issued. (iv) There is not yet water or electricity in the facility. (v) Hot water temperatures are not yet able to be monitored as there is no hot water. |
| **Corrective Action:** |
| (i)Complete the vinyl laying in the dining room. (ii) Install handrails in hallways as planned. (iii) Obtain a certificate for public use and provide a copy to HealthCERT and the DHB. (iv) Have the electricity and water connected as planned. (v) Monitor hot water temperatures and ensure these are at a safe temperature. |
| **Timeframe (days):** Prior to occupancy *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)* |

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

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

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| **Attainment and Risk:** FA |
| **Evidence:** |
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| **Finding:** |
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| **Corrective Action:** |
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| **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.

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| **Attainment and Risk:** PA Low |
| **Evidence:** |
| There are a number of outdoor areas including an internal courtyard that are accessible by residents using mobility aids. |
| **Finding:** |
| Outdoor areas are yet to be landscaped and have seating and shade provided. |
| **Corrective Action:** |
| Ensure outdoor areas are landscaped and that shade and seating is provided. |
| **Timeframe (days):** Prior to occupancy *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)* |

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

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

ARC E3.3d ARHSS D15.3c

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| **Attainment and Risk:** FA |
| **Evidence:** |
| All rooms have a large ensuite. All ensuites are large enough to cater for a hoist and other equipment and two caregivers. There are also two communal/visitors toilets, one of which is a full disabled size bathroom. There is also a very large communal shower room, which also has a bath in it.  There is a staff 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.

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| **Attainment and Risk:** FA |
| **Evidence:** |
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| **Finding:** |
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| **Corrective Action:** |
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| **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

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| **Attainment and Risk:** FA |
| **Evidence:** |
| All 28 residents’ rooms in the new wing 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 all rooms. 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.

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| **Attainment and Risk:** FA |
| **Evidence:** |
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| **Finding:** |
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| **Corrective Action:** |
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| **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

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| **Attainment and Risk:** FA |
| **Evidence:** |
| The new wing has a large lounge and a large dining room that could accommodate 28 hospital residents and their associated equipment including fall out chairs with ease. There are two further smaller lounge areas at the end of each wing. The vinyl is yet to be laid in the dining room (link 1.4.2.1). Activities can occur throughout the facility including activities in the lounges and main dining room. Activities can 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.

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| **Attainment and Risk:** FA |
| **Evidence:** |
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| **Finding:** |
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| **Corrective Action:** |
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| **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

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| **Attainment and Risk:** PA Low |
| **Evidence:** |
| There is a large new laundry in the new wing that has sufficient space to cater for all residents at the facility including the 28 new residents. The laundry has a dirty to clean flow and an external door. There is a large drying room and a large folding area. Two commercial washing machines have been ordered but have not yet been delivered. This requires addressing prior to occupation. Cleaning and laundry services are well monitored throughout the internal auditing system - last audit in February 2014. 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 to be locked when not in use (link 1.4.2.1). There are rooms available for storage of chemicals.  The laundry and cleaning rooms are designated areas and clearly labelled. All chemicals are labelled with manufacturer’s labels. MSDS are available in folders. All chemicals were noted to be secure during the audit. There will be a housekeeper employed for the new wings to work 5 days from 0800 to 1630 hours and another cleaner will work in the existing 37 bed rest home 7 days 0900 to 1430. A dedicated laundry person will be employed 7 days per week from 0900 to 1430 hours. All except one of the laundry and cleaning staff are existing employees and the new staff member will undertake the full service orientation for new staff prior to opening (link 1.2.7.5). There is a sluice rooms in the new wing. |

##### **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.

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| **Attainment and Risk:** PA Low |
| **Evidence:** |
| There is a large new laundry in the new wing that has sufficient space to cater for all residents at the facility including the 28 new residents. The laundry has a dirty to clean flow and an external door. There is a large drying room and a large folding area. Cleaning and laundry services are well monitored throughout the internal auditing system - last audit in February 2014. 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 to be locked when not in use (link 1.4.2.1). There are rooms available for storage of chemicals. |
| **Finding:** |
| Two commercial washing machines have been ordered but have not yet been delivered. |
| **Corrective Action:** |
| Install the washing machines that have been ordered. |
| **Timeframe (days):** Prior to occupancy *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)* |

##### **Criterion 1.4.6.3 (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.

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| **Attainment and Risk:** FA |
| **Evidence:** |
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| **Finding:** |
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| **Corrective Action:** |
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| **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

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| **Attainment and Risk:** PA Low |
| **Evidence:** |
| The new building does not yet have a NZ Fire Service approved the evacuation scheme. This will require addressing prior to occupation. 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 for the existing rest home. The three day staff orientation package to be held prior to opening includes an external fire expert to speak, an evacuation drill and a fire safety quiz. A contracted service provides checking of all facility equipment including fire equipment. Security is covered in the orientation package as part of the health and safety session. 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 (will be active once power is turned on (link 1.4.2.1). 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 that link to the rest home and alert on panels throughout the facility. The call bell system is not yet operational and this requires addressing prior to occupancy. |

##### **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.

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| **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.

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| **Attainment and Risk:** PA Low |
| **Evidence:** |
| There is an approved evacuation scheme for the existing building. |
| **Finding:** |
| The new building does not yet have a NZ Fire Service approved the evacuation scheme. |
| **Corrective Action:** |
| Provide evidence to HealthCERT and the DHB of a NZ Fire Service approved evacuation scheme. |
| **Timeframe (days):** 60 *(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.

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| **Attainment and Risk:** FA |
| **Evidence:** |
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| **Finding:** |
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| **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.

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| **Attainment and Risk:** PA Low |
| **Evidence:** |
| All rooms and communal areas have call bells that link to the rest home and alert on panels throughout the facility. The call bell system is not yet operational. |
| **Finding:** |
| The call bell system is not yet operational. |
| **Corrective Action:** |
| Ensure the call bell system is operational. |
| **Timeframe (days):** Prior to occupancy *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)* |

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

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

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| **Attainment and Risk:** FA |
| **Evidence:** |
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| **Finding:** |
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| **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

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| --- |
| **Attainment and Risk:** FA |
| **Evidence:** |
| All bedrooms and communal areas have at least one external window. Nine of the rooms in the new wings have external doors into the garden or courtyard. There are designated outside areas being built for residents to smoke.  General living areas and resident rooms are appropriately heated and ventilated. There are a combination of underfloor heating and heat pumps. Heating in bedrooms can be individually controlled. There is a large gas fire in the lounge. The facility is double glazed. 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.

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| **Attainment and Risk:** FA |
| **Evidence:** |
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| **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.

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| **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

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| --- |
| **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 (the clinical manager) 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.

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| **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.

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| **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.

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| **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.

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| **Attainment and Risk:** Not Audited |
| **Evidence:** |
|  |
| **Finding:** |
|  |
| **Corrective Action:** |
|  |
| **Timeframe (days):**  *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)* |