

Te Kauwhata Retirement Trust Board

Current Status: 30 June 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

Aparangi Care Unit is part of the Te Kauwhata Trust Retirement Village. This partial provisional audit assesses the residential care unit's ability to provide rest home level care in seven apartments in the same building as the current residential care facility.

The apartments being approved for rest home level services are appropriate for this level of care.

The areas for improvement from the last audit have been completed.

HealthCERT Aged Residential Care Audit Report (version 4.2)

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:	Te Kauwhata Retirement Trust Board		
Certificate name:	Te Kauwhata Retirement Trust Board		
Designated Auditing Agency:	The DAA Group Limited		
Types of audit:	Partial Provisional Audit		
Premises audited:	Aparangi Village Residential Care Unit		
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)		
Dates of audit:	Start date: 30 June 2014	End date: 30 June 2014	
Proposed changes to current services (if any):	Rest Home level care in Serviced Apartments		
Total beds occupied across all premises included in the audit on the first day of the audit:			46

Audit Team

Lead Auditor	XXXXX	Hours on site	4	Hours off site	4
Other Auditors		Total hours on site		Total hours off site	
Technical Experts		Total hours on site		Total hours off site	
Consumer Auditors		Total hours on site		Total hours off site	
Peer Reviewer	XXXXX			Hours	2

Sample Totals

Total audit hours on site	4	Total audit hours off site	6	Total audit hours	10
Number of residents interviewed	5	Number of staff interviewed	5	Number of managers interviewed	2
Number of residents' records reviewed		Number of staff records reviewed	5	Total number of managers (headcount)	2
Number of medication records reviewed	10	Total number of staff (headcount)		Number of relatives interviewed	
Number of residents' records reviewed using tracer methodology				Number of GPs interviewed	

Declaration

I, XXXXX, Director of Wellington hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of The DAA Group Limited, an auditing agency designated under section 32 of the Act.

I confirm that:

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

Dated Thursday, 17 July 2014

Executive Summary of Audit

General Overview

Aparangi Care Unit is part of the Te Kauwhata Trust Retirement Village. This partial provisional audit assesses the residential care unit's ability to provide rest home level care in seven apartments in the same building as the current residential care facility. The areas for improvement from the last audit have been completed.

Outcome 1.2: Organisational Management

The philosophy, vision, scope and goals of the service are clearly identified. The service is managed by an appropriately experienced and qualified care unit manager/registered nurse who is responsible for the overall service delivery, quality systems and human resources management. The care unit manager/registered nurse (RN) reports to the general manager/RN who is responsible for overall business operational plans and reporting to the board.

The organisational policies and procedures describe all aspects of service delivery and organisational management. The service has established and documented quality and risk management systems. Quality outcomes data is analysed to improve service delivery. A comprehensive internal auditing programme is in place. The adverse event reporting system is a planned and co-ordinated process, with staff documenting adverse, unplanned or untoward events. The service develops corrective actions for areas that are identified for improvements.

The human resources management system provides for the appropriate employment of staff and on-going training processes. There is a clearly documented rationale for determining service provider levels and skill mix in order to provide safe service delivery of rest home level care. Rosters sighted and staff interviewed demonstrate that an appropriate number of skilled and experienced staff are allocated each shift and this meets the requirements of the provider's contract with the district health board. The education programme is available for all staff and education records are maintained. The planned changes to the service will have minimal impact on the existing staff and quality systems as there are adequate resources available.

There is evidence that the previous areas requiring improvement have been addressed.

Outcome 1.3: Continuum of Service Delivery

The previous areas for improvement relating to documentation of assessments, interventions and evaluation has been improved to ensure residents' assessments are part of the interventions.

Medication management systems comply with current legislation and all clinical staff involved in medicine management undergo competency assessment annually. The care unit manager/RN and RNs are responsible for all areas of medication management and work alongside a contracted pharmacy. There is evidence of previous areas for improvement being addressed.

Meals will be provided through the existing kitchen as they have adequate resources to cope with increased meals.

Outcome 1.4: Safe and Appropriate Environment

The apartments being approved for rest home level services are in a clean, safe environment that are appropriate for this level of care. They ensure physical privacy is maintained, have adequate space and amenities to facilitate independence, are in a setting appropriate to rest home level of care, and meet the needs of the residents at the service.

Residents, visitors, and staff are protected from harm as a result of exposure to waste, infectious or hazardous substances generated during service delivery. Residents are provided with safe and hygienic cleaning, laundry and waste management services.

All rooms at the service are single occupancy. All buildings, plant, and equipment complies with legislation. The building has a current building warrant of fitness.

Residents are provided with adequate toilet/shower/bathing facilities. Each apartment has an ensuite and common facilities which ensures residents are assured of privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.

Documented systems are in place for essential, emergency and security services, including a comprehensive disaster and emergency management plan. Emergency equipment and supplies are checked regularly. Alternative energy and utility sources are maintained.

The facility has an appropriate call system for residents to request assistance from staff. Residents have access to external gardens via a lift and have an external deck. The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the residents.

Outcome 3: Infection Prevention and Control

The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters within the organisation leading to the senior management. The infection control coordinator is the manager and they have a job description that has the role, responsibilities and accountability for infection matters. The organisation has a clearly defined and documented infection control programme that is reviewed at least annually. The annual review was last conducted in May 2014. The annual review covers quality improvements, policies, procedures, surveillance, staffing, standard precautions and education.

The same policies, procedures in the care unit will be used in the apartments providing rest home care. Surveillance data will be included from the apartments with that data already being collected and reviewed from the care unit.

Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
Standards	0	17	0	0	0	0	0
Criteria	0	38	0	0	0	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	63

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)

Continuous Improvement (CI) Report

Code	Name	Description	Attainment	Finding

NZS 8134.1:2008: Health and Disability Services (Core) Standards

Outcome 1.2: Organisational Management

Consumers receive services that comply with legislation and are managed in a safe, efficient, and effective manner.

Standard 1.2.1: Governance (HDS(C)S.2008:1.2.1)

The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.

ARC A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.3d; D17.4b; D17.5; E1.1; E2.1 ARHSS A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.5

Attainment and Risk: FA

Evidence:

The service is overseen by a general manager and trust who meet regularly to discuss the needs of the service. There is evidence of minutes from these meetings and outcomes required. There are goals, scope and business direction as part of the quality management process.

The service is managed by a care unit manager, registered nurse (RN). Her annual practising certificate is sighted. The care unit manager/RN has a job description that documents her authority, accountability, and responsibility for the provision of services. The care unit manager/RN is responsible for overseeing the health and safety officer, infection control coordinator, quality coordinator and registered nurses. The care unit manager/RN has attended in excess of eight hours education related to the management of aged care services in the past 12 months (through a combination of external education, online education and professional readings). The general manager/RN is a member of the New Zealand Aged Care Association (NZACA) and is kept up to date with current practices in aged care management.

The general manager reports that she has full confidence in the abilities of the care unit manager to run the service.

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 a suitably qualified and/or experienced person performs the care unit manager's role. The educator RN takes on the role of the manager during temporary absences. The general manager/RN reports they have confidence in the educator/RN's ability to manage the service during temporary absences. Rosters provide evidence of staffing skill mix and staff numbers to ensure that safe staffing levels are provided.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

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

Attainment and Risk: FA

Evidence:

Professional qualifications are validated, including evidence of registration and scope of practice for service providers. The care unit manager/RN ensures that staff who require practising certificates have them validated annually. Practising certificates are sighted for the RNs, GPs, physiotherapist, dietitian and podiatrist.

Human resources practices are implemented as per policy requirements and staff are employed to undertake roles appropriate to their skills and knowledge. Documentation sighted in the five of five staff files reviewed includes employment contract, recruitment process, reference checking and orientation programme.

The service undertakes regular in-service staff education which is well documented and identifies that guest speakers/educators along with current RNs present education. Staff confirm during interview that they have access to external education/training and this is highlighted in five of five staff file reviews. Each staff member has a clearly identified education attendance record. There is also an overview of the education provided and staff who have attended, to provide a quick reference for monitoring staff attendance and identify staff who are still required to attend education.

Staff appraisals are up-to-date and used as a method for staff to identify educational needs, wants and interests. Education sighted covers all key components of service delivery. Caregivers are encouraged and supported to undertake the national certificate in the care of the elderly if they do not already have the qualification.

The previous areas for improvement have been addressed.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

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

Attainment and Risk: FA

Evidence:

The care unit manager (RN) works Monday to Friday and is responsible for on call responsibilities. The educator/RN relieves the care unit manager/RN of on call for holidays and other leave requirements. There is a RN on each shift and the rosters sighted for each shift confirm caregiver numbers are sufficient to ensure safe staffing standards for aged care requirements.

There are adequate numbers of support staff, that includes cook, cleaning staff, and laundry staff and an activities coordinator to provide coverage seven days a week.

The GP was available for interview and he confirms that he or another of the GPs are available Monday to Friday over twelve hours. If an emergency doctor is required out of these hours the 24 hour back up service is available. Interviews with three of three caregivers (who have worked all shifts) confirm that staffing levels and skill mix allow all residents' needs to be met in a timely manner and that they have time to complete all tasks each duty. This is supported by interviews with the five of five residents.

The staffing from the care unit will be used to provide care in the apartments. The general manager reports that extra qualified staff will be made available as required.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

Outcome 1.3: Continuum of Service Delivery

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

Standard 1.3.6: Service Delivery/Interventions (HDS(C)S.2008:1.3.6)

Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.

ARC D16.1a; D16.1b.i; D16.5a; D18.3; D18.4; E4.4 ARHSS D16.1a; D16.1b.i; D16.5a; D16.5c; D16.5f; D16.5g.i; D16.6; D18.3; D18.4

Attainment and Risk: FA

Evidence:

Evidence is seen of care being consistent with the residents' assessed needs. The current care planning documentation has been reviewed and additional RN support has been employed. The care plans are all reviewed and current and an example of a generic care plan is available.

The five residents report they are satisfied with the care they receive and are involved with the care planning.

The previous area for improvement has been addressed.

Criterion 1.3.6.1 (HDS(C)S.2008:1.3.6.1)

The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.

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

Standard 1.3.8: Evaluation (HDS(C)S.2008:1.3.8)

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

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

Attainment and Risk: FA
Evidence: The previous areas for improvement have been addressed. This includes evidence of evaluation of care plans indicating the degree of response the resident has made to their stated roles. Evidence is seen of documentation being evaluated within required timeframes. The 2014 education plan provides evidence of inservice education to RNs, in particular relating to documentation.

Criterion 1.3.8.2 (HDS(C)S.2008:1.3.8.2)

Evaluations are documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome.

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

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

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: FA

Evidence:

Aparangi Village Residential Care Unit use the blister medicine system whereby medicines are delivered monthly, except for as required (PRN) medication, which are delivered as required. When the blister medicines are delivered they are checked by the RN and evidence is seen of this on the signing sheet. There are controlled drugs on site and all related processes comply with the legislative requirements.

There is evidence in all ten medication charts reviewed that they are reviewed three monthly by the GP.

There are standing orders used at this facility and they comply with legislative requirements.

Evidence is seen of a process of stock being returned to the pharmacy when it is out of date or not required. The care unit manger/RN reports that the GP works with the pharmacy but he is responsible for all medicines administered to his residents. If medicine is brought in by family this is approved by the GP and he/she charts on the medication sheet.

The RNs are responsible for medication rounds. Evidence is seen of the designated staff having up to date competency for medicine management and administering medicines.

There is no self-administration of medicines at Aparangi Village Residential Care Unit.

Medicine sheets are signed in ink as required following administration.

The same staff giving medication in the care unit will administer medication to the resthome level residents in the apartments. They will all have medication competency assessments as required for the care facility.

Evidence is seen that previous areas requiring improvement have been addressed.

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: 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 1.3.12.3 (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: FA

Evidence:

The nutrition and safe food system provided to the care unit will provide meals to the apartments requiring rest home level care. The kitchen manager reports they are able to manage another seven meals and food services from the existing kitchen and staff.

Evidence is seen of safe food handling and all legislative requirements being met.

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: FA

Evidence:

Finding:

Corrective Action:

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

Outcome 1.4: Safe and Appropriate Environment

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

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

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

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

Attainment and Risk: FA

Evidence:

The chemicals are observed to be securely stored in the laundry, cleaners' cupboard and sluice rooms. The chemicals are kept in their original containers or have the chemical suppliers label if decanted. The caregivers who participate in the laundering of the residents' personal items and cleaner interviewed report that they follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation. There is appropriate personal protective equipment (PPE) and clothing in the laundry, sluice and cleaning areas. The laundry person interviewed reports that they have had training in the handling of waste or hazardous substances, which is conducted by the external chemical provider and as part of the ongoing in-service education programme.

The apartments will use the laundry/cleaning services that are at present used by the care facility.

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): *(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

Attainment and Risk: FA

Evidence:

The building warrant of fitness expires 22 April 2015.

Equipment is maintained to ensure safety. Evidence is seen of electrical tag and testing undertaken. The calibration and performance testing of the medical equipment is conducted (this includes blood pressure unit, thermometer, stethoscope, nebuliser, and oxygen concentrator.). The service has a planned ongoing maintenance plan, with the building maintained in an adequate condition appropriate to the age of the building. The communication book records areas in the environment that requires maintenance. The service has contracted maintenance workers.

The fittings and furniture installed are maintained to ensure safety and the needs of the rest home level of care residents. The physical environment of the apartments is appropriate for the residents at rest home level care. There is disability access at all entrances. Residents are provided with safe and accessible external areas that meet their needs. Some residents have motorised scooters that they use for external mobility.

Hot water temperatures in resident areas are monitored monthly. The temperatures have been present to 43 degrees Celsius in resident areas. The temperatures sighted are within the safe temperature guidelines for aged care.

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

All buildings, plant, and equipment comply with legislation.

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 1.4.2.4 (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:

Each apartment has an accessible toilet/shower located in the apartment to meet the needs of the residents. The toilets/shower is clearly identified and a lock is available. The general manager/RN reports that maintenance of the bathrooms is on the planned maintenance schedule. The five of five residents report satisfaction with the toilets and shower facilities.

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:

The apartments that are to receive rest home level care are comprised of four single bedrooms and three are two bedroom. All residents live alone with the exception of one couple. The apartments sighted have sufficient space to allow the resident and staff to move safely around in the rooms. Residents who use mobility aids are able to safely

manoeuvre with the assistance of their aid within their room. As observed at the time of audit residents can freely move around the facility. The five of five residents interviewed are satisfied with the space available.

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 apartments that are to receive rest home level care have a lounge area at the end of the wing. The care unit has an opened plan lounge and dining area. The lounge and dining areas are separated and activities in these areas do not impact on each other. There are a number of separated sitting areas located throughout the facility, both inside and outside. The residents' rooms and apartments also have facilities for family/whanau if the resident wishes to entertain in their room. The five of five residents interviewed report satisfaction with the lounge and dining facilities.

Criterion 1.4.5.1 (HDS(C)S.2008:1.4.5.1)

Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.

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

Standard 1.4.6: Cleaning And Laundry Services (HDS(C)S.2008:1.4.6)

Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.

ARC D15.2c; D15.2d; D19.2e ARHSS D15.2c; D15.2d; D19.2e

Attainment and Risk: FA
Evidence: The cleaning and laundry staff interviewed report they have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals. The five of five residents and report satisfaction with the cleaning and laundry service. The present laundry is suitable for the requirements of the residents living in the apartments requiring rest home level care.

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

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

Attainment and Risk: FA
Evidence:
Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

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

Attainment and Risk: FA

Evidence:

There is has adequate emergency supplies in the event of an emergency or infection outbreak for both the care unit and the seven apartment. The nurse manager reports there is more than three days supply of food at all times. The service has stores of drinking and non-drinking water for emergency use. There is a civil defence kit with additional gas supply, first aid, lighting, disposable equipment, radio, phone and emergency supplies. In the case of mains failure the service has access to emergency lighting and gas cylinder supply for heating and cooking.

All residents' bedrooms and bathrooms have a call bell system installed including the seven apartments. The resident can be provided with a portable call bell should they request one for use in other areas of the apartments. The call bell system has an audible alert, a light that comes on above the door if the call bell is activated and panels in the corridors. The call bell system is monitored for response times, with no ongoing issues indicated for the timely response to call bells. Five of five residents report that the call bell is answered in a timely manner.

The orientation and ongoing training records sighted evidence the staff receive appropriate information and training to respond to identified emergency and security situations.

This includes fire safety and emergency procedures, with the last evacuation drill conducted in April 2014. The five of five staff interviewed demonstrate knowledge on responding to emergency situations. There is at least one staff member on duty each shift with current basic life support qualifications. All the senior care staff and a number of other staff have first aid qualifications.

The service identifies and implements appropriate security arrangements relevant to the residents at rest home level of care. The afternoon staff are required to close and lock the external windows and doors before it gets dark. The service has external lighting and the external doors are alarmed and linked to the call bell system. The three of three caregivers interviewed report that they feel safe and secure when working afternoon and night shifts. The five of five residents report they feel safe and secure at night.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

Where required by legislation there is an approved evacuation plan.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

ARC D15.2f ARHSS D15.2g

Attainment and Risk: FA

Evidence:

Areas used by residents and staff are ventilated and heated appropriately. The service has central heating. All residents' apartments have at least one external window of normal proportions to provide natural light and ventilation. The five of five residents report satisfaction with the natural light, ventilation and heating.

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 responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters within the organisation leading to the senior management. The infection control coordinator is the manager and they have a job description that has the role, responsibilities and accountability for infection matters (sighted).

The organisation has a clearly defined and documented infection control programme that is reviewed at least annually. The annual review was last conducted in May 2014. The annual review covers quality improvements, policies, procedures, surveillance, staffing, standard precautions and education.

Staff and/or residents and visitors suffering from, or exposed to and susceptible to, infectious diseases are prevented from exposing others while infectious. There is a policy for staff not to come to work if they are unwell, there is a notice at the front door advising visitors not to have contact with residents if they are unwell or have been exposed to infections, and at times residents may be isolated where possible and practical. Their service has three residents with a diagnosed multi-resistant organism, and appropriate

and effective measures are in place. One resident who likes to set the tables in the dining room, wears protective clothing for hygiene purposes when doing this task. The four of four staff interviewed demonstrated good knowledge of infection prevention and control.

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