# Selwyn Care Limited - Kerridge House

## Current Status: 11 July 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

Selwyn Kerridge House is a purpose built facility that is part of a larger village. The facility provides residential care for up to 60 rest home level residents. Occupancy on the day of the audit was 54 residents. A partial provisional audit was completed to review the services readiness to provide 15 rooms for either rest home or hospital services in Banyard Wing, Kerridge House.

This audit identified that the care centre is suitable for rest home or hospital level care with all 15 rooms in Banyard wing, lounges and dining areas able to accommodate hospital level residents and associated equipment. There are policies and processes appropriate for providing hospital level care.

# 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:** | Selwyn Care Limited |
| **Certificate name:** | Selwyn Care Limited |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Types of audit:** | Partial Provisional Audit | | | |
| **Premises audited:** | Kerridge House | | | |
| **Services audited:** | Rest home care and Hospital (geriatric and medical) level care | | | |
| **Dates of audit:** | **Start date:** | 11 July 2014 | **End date:** | 11 July 2014 |

**Proposed changes to current services (if any):**

15 of 60 existing rest home beds to be certified for dual purpose beds hospital/rest home level. The remaining 45 rest home beds are to remain at rest home level.

|  |  |
| --- | --- |
| **Total beds occupied across all premises included in the audit on the first day of the audit:** | 54 |

## Audit Team

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Lead Auditor** | XXXXXXX | **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** | XXXXXXXX |  |  | **Hours** | 1 |

## Sample Totals

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of residents interviewed |  | Number of staff interviewed | 2 | Number of managers interviewed | 2 |
| Number of residents’ records reviewed |  | Number of staff records reviewed | 5 | Total number of managers (headcount) | 3 |
| Number of medication records reviewed | 10 | Total number of staff (headcount) | 29 | Number of relatives interviewed |  |
| Number of residents’ records reviewed using tracer methodology |  |  |  | Number of GPs interviewed |  |

## Declaration

I, XXXXXXXX, Director of Christchurch hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Act.

I confirm that:

|  |  |  |
| --- | --- | --- |
| a) | I am a delegated authority of Health and Disability Auditing New Zealand Limited | Yes |
| b) | Health and Disability Auditing New Zealand Limited has in place effective arrangements to avoid or manage any conflicts of interest that may arise | Yes |
| c) | Health and Disability Auditing New Zealand Limited has developed the audit summary in this audit report in consultation with the provider | Yes |
| d) | this audit report has been approved by the lead auditor named above | Yes |
| e) | the peer reviewer named above has completed the peer review process in accordance with the DAA Handbook | Yes |
| f) | if this audit was unannounced, no member of the audit team has disclosed the timing of the audit to the provider | Not Applicable |
| g) | Health and Disability Auditing New Zealand Limited has provided all the information that is relevant to the audit | Yes |
| h) | Health and Disability Auditing New Zealand Limited has finished editing the document. | Yes |

Dated Thursday, 7 August 2014

## Executive Summary of Audit

**General Overview**

Selwyn Kerridge House is a purpose built facility that is part of a larger village. The facility provides residential care for up to 60 rest home level residents. Occupancy on the day of the audit was 54 residents. A partial provisional audit was completed to review the services readiness to provide 15 dual purpose rest home / hospital level care in Banyard Wing, Kerridge House.   
This audit identified that the care centre is suitable for rest home or hospital level care with all 15 rooms in Banyard wing, lounges and dining areas able to accommodate hospital level residents and associated equipment. There are policies and processes appropriate for providing hospital level care.

**Outcome 1.2: Organisational Management**

Selwyn has an overall mission statement "to deliver quality services that are responsive to the ageing person and their family”. The organisational model of care is called "The Selwyn Way” There is a Kerridge House Business Plan 2013- 2014, plus a Kerridge House proposal and transition plan for the close down of one of the Selwyn Village hospitals (Christ Hospital) for renovation and the re-location of some of the hospital level residents at Kerridge House.

The Selwyn Foundation is a charitable organisation that is governed by nine appointed board members. There is a chief executive officer who heads the organisations leadership team and he reports to the board. A leadership team chart with photos and job titles and a copy of the organisations strategic plan is given to residents and family members as part of the information pack on entry to the service.  
Kerridge House is managed by a registered nurse who is the designated clinical lead. She has worked within the Selwyn Foundation for many years. The village also has an overall village manager and assistant village manager. The village manager interviewed has worked within the Selwyn Foundation for many years, she holds a business degree. The assistant village manager (non-clinical) has responsibility for non-clinical services. The clinical lead registered nurse has attended at least eight hours of professional development relevant to the role.

Selwyn has robust quality and risk management systems implemented across its facilities. Across all Selwyn facilities collated data including accidents/incidents, IC, complaints and restraint is analysed and benchmarked internally. Selwyn also benchmarks with another NZ provider.

**Outcome 1.4: Safe and Appropriate Environment**

The service has in place policies and procedures for the management of waste and hazardous. Protective equipment is available. Chemicals are stored safely throughout the rest home facility. There is a current building warrant of fitness displayed in the rest home facility.   
There are no changes required to the fire evacuation schemes. Environmental equipment checks and hot water temperature monitoring is completed. All bedrooms are spacious and allow for the safe delivery of care with transferring equipment. Residents are able to move around their rooms safely with the use of mobility aids. There are emergency management policies and procedures in place and adequate civil defence supplies.

**Outcome 3: Infection Prevention and Control**

The infection control manual outlines a comprehensive range of policies, standards and guidelines and procedures includes (but not limited to); hand hygiene, standard precautions, surveillance, outbreak management, training and education of staff. The infection control programme in place is appropriate for the size of the service including hospital level care. There is an infection control co-ordinator with defined responsibilities for the management of infection control throughout the facility.

## Summary of Attainment

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **CI** | **FA** | **PA Negligible** | **PA Low** | **PA Moderate** | **PA High** | **PA Critical** |
| **Standards** | 0 | 15 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 35 | 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 | 35 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 66 |

## 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:**

Selwyn Kerridge House is a purpose built facility that is part of a larger village. The facility provides residential care for up to 60 rest home level residents. Occupancy on the day of the audit was 54 residents.

Selwyn has an overall mission statement "to deliver quality services that are responsive to the ageing person and their family." The organisational model of care is called "The Selwyn Way." There is a Kerridge House Business Plan 2013- 2014, plus a Kerridge House proposal and transition plan for the close down of one of the Selwyn Village hospitals (Christ Hospital) for renovation and the re-location of some of the hospital level residents to Kerridge House.

The Selwyn Foundation is a charitable organisation that is governed by nine appointed board members. There is a chief executive officer who heads the organisations leadership team and he reports to the board. A leadership team chart with photos and job titles and a copy of the organisations strategic plan is given to residents and family members as part of the information pack on entry to the service.  
  
A partial provisional audit was completed to review the services readiness to provide 15 dual purpose rest home / hospital level care in Banyard Wing, Kerridge House   
This audit identified that the care centre is suitable for rest home or hospital level care with all 15 rooms in Banyard wing , lounges and dining areas able to accommodate hospital level equipment. There are policies and processes appropriate for providing hospital level care.   
   
Kerridge house is managed by a registered nurse who is the designated clinical lead. She has worked within the Selwyn Foundation for many years. The Clinical Lead’s qualifications include a diploma in palliative care, a Bachelor of Science and she is currently studying for a business degree. The Village also has an overall village manager and assistant Village manager. The assistant Village manager interviewed has worked within the Selwyn Foundation for many years. She holds a business degree. The village manager (non-clinical) has responsibility for non-clinical services. The Clinical lead registered nurse has attended at least eight hours of professional development relevant to the role.

Selwyn has robust quality and risk management systems implemented across its facilities. Across all Selwyn facilities collated data including accidents/incidents, IC, complaints and restraint is analysed and benchmarked internally. Selwyn also benchmarks with another NZ provider.

Selwyn provides a comprehensive orientation and training/support programme for their managers. Managers and clinical managers attend meetings and training at head office. The organisation is a member of the NZACA and supports managers to attend the conference each year. Sessions from the conference are then presented to other managers who have been unable to attend, and summarised for other members of the senior leadership team.

##### Criterion 1.2.1.1 (HDS(C)S.2008:1.2.1.1)

The purpose, values, regiosterscope, 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:**

In the absence of the registered nurse (RN), clinical lead an alternative registered nurse oversees the management of the facility. The service has standard operations procedures to guide practice that are appropriate for rest home and hospital level care.

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

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

**Attainment and Risk:** FA

**Evidence:**

The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies. New staff are buddied during orientation and during this period they do not carry a clinical load. Completed orientation booklets are on staff files. The Selwyn education standard operation procedure identifies the mandatory training for core topics and refresher training required for each role and the frequency that this is required to be completed. An education database is under development to facilitate the monitoring of this requirement by the Quality & Education Manager. The annual education schedule is being implemented. External education is available via the DHB. Education is an agenda item of the monthly quality/staff meetings.

A competency programme is in place. Core competencies are completed annually and a record of completion is maintained - signed competency questionnaires sighted in reviewed files.

D17.7d: There are implemented competencies for registered nurses related to specialised procedure or treatment including (but not limited to); medication, restraint and care planning.

Kerridge House has sourced RNs from Christ’s Hospital. As Christ Hospital is a Selwyn home within the Village, all RNs are trained according to the Selwyn process.

##### 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 clinical manager works Monday to Friday. A regional Selwyn physiotherapist provides physiotherapy services for the facility on an on call basis.

The proposed roster for the reconfiguration of 15 rest home beds to dual purpose hospital/rest home beds as well as the remainder rest home only beds will be;

An RN each shift (already in place).

For the AM; Six caregivers plus a senior supervising caregiver.

For the PM; five caregivers plus a supervising senior caregiver.

Housekeeping, laundry and activity staff hours will remain the same.

Staff are in post either at Kerridge House or at Christ Hospital, Christ hospital staff will move over with residents on the proposed date of change 4th August.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

## Outcome 1.3: Continuum of Service Delivery

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

#### Standard 1.3.12: Medicine Management (HDS(C)S.2008:1.3.12)

Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.

ARC D1.1g; D15.3c; D16.5e.i.2; D18.2; D19.2d ARHSS D1.1g; D15.3g; D16.5i..i.2; D18.2; D19.2d

**Attainment and Risk:** FA

**Evidence:**

The medication management system follows recognised standards and guidelines for safe medicine management practice in accordance with the guideline: Safe Management of Medicines, A Guide for Managers of Old People’s Homes and Residential Care Facilities and the Ministry of Health, Medicines Care Guide for Residential Aged Care 2011.

Kerridge continues to use monthly supplied robotic sachet medication packs. Medications are checked on arrival by afternoon staff.

Additional medications required are delivered and recorded as received. Alternative therapies are charted by the GP and the pharmacy check for contraindications with other medications. Pharmacy signing sheets are generated with coloured sheets for groups of medicines e.g.: pink for antibiotics, yellow for short courses and red for controlled drugs.

All medications are kept in locked trolley in the keypad locked treatment room. The medication fridge temperature is recorded daily.

The Banyard wing has separate secure medication room as part of the nurses’ station. There is a separate trolley for medications. All medications have a secure cupboard for storage. The service confirms that all hospital level residents will have medications administered by an RN.

Ten resident medication charts were reviewed and all are identified with photographs and were current. All ten signing sheets reviewed were correct and complete. There is a list of staff with specimen signatures that have been assessed as being competent to administer medications. There is also a specimen GP signature list. Allergies and intolerances are recorded on the drug chart.

Controlled drugs are stored in a locked safe and a review of the controlled drug register shows all controlled drugs are checked by two people. The controlled drug pharmacy signing sheet is signed by two medication competent persons. Weekly controlled drug stock takes have been completed. Controlled drugs will continue to be stored and administered from this secure location in the main rest home area medication room.

Annual Competency assessments are up to date. Advanced medication education is documented as provided to support the on-going professional development of the RNs in Selwyn.

There is a self-medicating residents SOP available to guide staff practice. There is currently three residents self-administering medication. The GP has regularly reviewed the self-administration assessments.

D16.5.e.i.2; Ten medication charts reviewed identified that the GP had seen the resident three monthly and the medication chart was reviewed and signed.

##### 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:**

Food is prepared on-site at Selwyn Villages' main centralised kitchen and this process will continue. Food service is contracted to Medirest (Compass Group) A four weekly rolling menu is implemented and changes seasonally The Medirest service at Selwyn provides for hospital level services within the village and so will be able to provide specialist meals as needed to Kerridge House.

A copy of residents nutritional profiles are sent to the main kitchen and also a copy is kept in the kitchen serveries on site. The kitchen has a comprehensive system whereby they are kept current with changing needs of the residents.

The food is transported to the facility in insulated hot boxes and transferred into Bain Maries. All staff handling food have food handling certificates. Food temperatures are taken before leaving the main kitchen and upon arrival and before service. The receiving kitchen also holds some food, sandwiches, biscuits, fruit and soup

Residents are also given a choice e.g. alternate meat dishes and vegetarian. There is evidence of modified diets being provided e.g. Diabetic menu and further nutritional supplements.

The service has a kitchen manual (Medirest) which includes (but not limited to); policies and procedures committed to the provision of nutritional foods; hydration needs, special dietary requirements and equipment, food safety and quality review. Fridge, food and freezer temperatures (main kitchen) are monitored 2 x daily and documented. Food in the chiller and freezer was covered and dated.

Kerridge kitchen/ servery is spacious providing a safe working area and adequate dry storage and pantry area. All food storage items were off the floor. The kitchen area was very clean and tidy. Medirest staff carry out all cleaning duties. The hot meals are delivered from the main kitchen and held in the Bain Marie until served. Hot food and fridge temperature monitoring was sighted and all temperatures within acceptable limits. There are alternative fridges that can be used if there is a temperature problem. There are alternative foods available such as salads and nutritious snacks outside normal kitchen hours. Special/modified diets and additional supplements required are provided. Kitchen staff are aware of resident’s likes/dislikes and any changes are communicated to the staff. There are special items including: lip plates and easy grip utensils to meet the assessed needs of the rest home residents.

Residents can choose to have breakfast in bed or in the dining room.

Staff were observed wearing correct protective clothing and safe footwear.

##### 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:**

Documented processes for the management of waste and hazardous substances are in place and incidents are reported on in a timely manner. SOPs specify labelling requirements in line with legislation including the requirement for labels to be clear, accessible to read and are free from damage. Material Safety Data sheets available throughout the facilities and accessible for staff. The hazard register is current. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances.

The provision and availability of protective clothing and equipment that is appropriate to the recognized risks associated with the waste or hazardous substance being handled, for example: goggles/visors, gloves, aprons, footwear, and masks. Clothing is provided and used by staff. Visual inspection of the facilities provides evidence that hazardous substances are correctly labelled, and the container is appropriate for the contents including container type, strength and type of lid/opening.

##### 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:**

Banyard wing is the wing designated for dual purpose hospital and rest home level beds. It has its own dining area and lounges. Staff advise that the service main lounge and dining areas will also be available to the residents of Banyard wing.

The building holds a current warrant of fitness which expires May 2015. All electrical equipment is checked and tagged annually and recently completed May 2014. Fire drills occur six monthly and fire/emergency training occurred last May 2014 with 100% attendance.

The service has a process of purchasing new equipment and transferring equipment from Christ Hospital (a hospital level facility). New equipment already purchased includes two hoists, commodes high /low beds and syringe pumps.

There is sufficient space so that residents are able to move around the facility and Banyard freely. The hallways in Banyard are wide enough to accommodate mobility equipment with handrails appropriately placed. There are quiet sitting areas and lounges in different parts of the facility including Banyard allowing enough space and accessibility for residents with mobility equipment such as wheelchairs and specialist seating. External areas are attractively landscaped, well maintained and walk ways are safe. There are grassed areas around the building and outdoor seating with shade.

ARC D15.3: The following equipment is available: electric beds, shower chairs, pressure relieving mattresses, hoists and lifting aids.

##### 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:**

All rooms in Banyard Wing have an en suite bathroom and toilet. These are large enough to accommodate the resident and associated assistance and mobility equipment as needed

##### 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:**

There is adequate personal space provided in all bedrooms to allow residents and staff to move around within the room safely. All 15 rooms have a television. There are separate smaller lounges in the wing should residents wish to gather separately from their room.

##### 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:**

Banyard wing has its own lounge and dining area. Residents will also be able to access the main lounge and dining room. Staff advise that this will be encouraged. Furniture is appropriate to the setting and arranged in a manner which enables residents to mobilise freely. There is a large dining room, which is also used for activities. The arrangement of furniture and seating in the lounges and dining areas allows residents to move freely in the lounge and dining room areas.

##### 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 main laundry services all of Selwyn Foundation facilities. There are laundry manuals that include policies/procedures that describe each process for managing laundry, staff are orientated appropriately in all aspects of laundry management and on-going education occurs on management of waste and hazardous substances. Staff training certificates for staff who have received training in chemical safety were sighted displayed on the wall of the laundry. The 'main laundry' has four commercial washing machines and four driers; there is a clean and dirty entrance. Chemicals are stored in a locked cupboard and there is appropriate protective equipment/clothing for staff. Each facility has been allocated its own colour of laundry bags so that this can be easily distinguished by laundry staff. There is a band of colour around the base of laundry bags which determines the type of laundry that is to be placed in the bag e.g., towels, sheets and pillowcases, coloureds, soiled or infectious laundry.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

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

**Attainment and Risk:** FA

**Evidence:**

Documented systems are in place for essential, emergency and security services. Policy and procedures documenting service provider/contractor identification requirements appropriate to the resident group and setting along with policy/procedures for visitor identification. There are also policy/procedures for the safe and appropriate management of unwanted and/or restricted visitors.

The evacuation scheme was approved on 9th December 2004. The last trial evacuation was held May 2014

There is a staff member across 24/7 with a current first aid cert as evidenced on the staffing roster. Emergency and security situation education is provided to service providers during their orientation phase and at appropriate intervals. This includes fire safety training and emergency security situations. Staff records sampled evidences current training regarding fire, emergency and security education.

Information in relation to emergency and security situations is readily available/displayed for service providers and residents. A civil defence kit includes (but not limited to); torches, extra food supplies, blankets, and cell phones. There is a gas barbeque should the mains gas supply fail. The service has adequate stored water including water tanks for an emergency.

An appropriate call bell system that is easily used by the resident or staff to summon assistance if required. Call bells are accessible / within easy reach, and are available in resident areas, e.g. bedrooms, communal showers, en suite toilet/s, the lounge and dining room.

D19.6: There are emergency management plans in place to ensure health, civil defence and other emergencies are included.

##### 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:**

There are procedures to ensure the service is responsive to resident feedback in relation to heating and ventilation, wherever practicable. There are night stores and heat pumps available for heating. Documentation and visual inspection evidences that the residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. There is a designated external smoking area.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

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

ARC D5.4e ARHSS D5.4e

**Attainment and Risk:** FA

**Evidence:**

The infection control company manual outlines a comprehensive range of policies, standards and guidelines and procedures includes (but not limited to); hand hygiene, standard precautions, surveillance, outbreak management, training and education of staff. The infection control coordinator (registered nurse) is responsible for coordinating and providing education and training for staff. The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service, including hospital level care. The Selwyn organisation is responsible for the development of the infection control programme and its review. The programme is reviewed annually at an organisational level. The facility has access to professional advice within the organisation and has developed close links with the G.P's, labs, the infection control and public health departments at the local DHB and Bug Control. There are monthly infection control meetings that are part of the monthly staff /quality meeting. Minutes are available for staff.

The organisation is a member of Bug Control and accesses their resources for providing education to the infection control coordinators and for advice if required. Selwyn have a six monthly infection control coordinators meeting at head office chaired by the director of nursing. Data trending and analysis are discussed at the meeting.

##### 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.)*