# Oceania Care Company Limited - Middlepark Rest Home & Village

## Current Status: 15 August 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

Middlepark Rest Home is currently providing 61 rest home level care beds. The facility is operated by Oceania Care Company Limited. The service provider is proposing to provide 61 beds that provide either rest home or hospital level care with a minimum of four bedrooms providing rest home level care. This audit was undertaken to establish the level of preparedness of the provider to provide hospital level care.

The areas requiring improvement from the last audit relating to performance appraisals, education, and activities have been addressed. There are no new areas requiring improvement identified at this audit.

# 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:** | Oceania Care Company Limited |
| **Certificate name:** | Oceania Care Company Limited - Middlepark Rest Home & Village |

|  |  |
| --- | --- |
| **Designated Auditing Agency:** | Health Audit (NZ) Limited |

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| --- | --- |
| **Types of audit:** | Partial Provisional Audit |
| **Premises audited:** | Middlepark Rest Home & Village |
| **Services audited:** | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| **Dates of audit:** | **Start date:** | 15 August 2014 | **End date:** | 15 August 2014 |

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

Change the entire facility of 61 rest home beds to 61 beds that provide either rest home or hospital level care, with a minimum of four bedrooms providing rest home level care.

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| **Total beds occupied across all premises included in the audit on the first day of the audit:** | 40 |

## **Audit Team**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Lead Auditor** | XXXXXXXXX | **Hours on site** | 6 | **Hours off site** | 6 |
| **Other Auditors** | XXXXXXXXX | **Total hours on site** | 6 | **Total hours off site** | 6 |
| **Technical Experts** |  | **Total hours on site** |  | **Total hours off site** |  |
| **Consumer Auditors** |  | **Total hours on site** |  | **Total hours off site** |  |
| **Peer Reviewer** | XXXXXXXXX |  |  | **Hours** | 3 |

## **Sample Totals**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total audit hours on site | 12 | Total audit hours off site | 15 | Total audit hours | 27 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of residents interviewed | 8 | Number of staff interviewed | 11 | Number of managers interviewed | 3 |
| Number of residents’ records reviewed | 10 | Number of staff records reviewed | 7 | Total number of managers (headcount) | 3 |
| Number of medication records reviewed | 20 | Total number of staff (headcount) | 48 | Number of relatives interviewed | 1 |
| Number of residents’ records reviewed using tracer methodology |  |  |  | Number of GPs interviewed |  |

## **Declaration**

I, XXXXXXXXX, Managing Director of Auckland hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of Health Audit (NZ) Limited, an auditing agency designated under section 32 of the Act.

I confirm that:

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

Dated Friday, 29 August 2014

## **Executive Summary of Audit**

**General Overview**

Middlepark Rest Home is currently providing 61 rest home level care beds. The service provider is proposing to provide 61 beds that provide either rest home or hospital level care with a minimum of four bedrooms providing rest home level care. This audit was undertaken to establish the level of preparedness of the provider to provide hospital level care. The facility is operated by Oceania Care Company Limited. The areas requiring improvement from the last audit relating to performance appraisals, education, and activities have been addressed. There are no new areas requiring improvement identified at this audit.

**Outcome 1.2: Organisational Management**

Oceania Care Company Limited is the governing body and is responsible for the service provided at Middlepark Rest Home. A ‘Middlepark Lifestyle Business Plan’ 2014 is reviewed and includes a vision swot analysis, mission statement, values, quality objectives, action plans and objectives. Systems are in place for monitoring the service provided at Middlepark Rest Home including regular monthly reporting by the business and care manager who was appointed in April 2014 to manage this facility. The business and care manager is a registered nurse (RN). The clinical leader has resigned, and a new clinical manager starts employment on the 15 September 2014 and will support the business and care manager and be responsible for overseeing clinical care provided at this facility.

There are policies and procedures on human resources management and the current annual practicing certificates are sighted for personnel who require them to practise. In-service education is provided at least weekly for staff and staff are also supported to complete the New Zealand Qualifications Authority Unit Standards via the ‘Oceania Certificate in Residential Care’. A review of staff records provides evidence that human resource processes are being followed, orientations are being completed and individual education records are maintained, including education programmes. Areas requiring improvement from the last audit relating to not all staff having current performance appraisals, no evidence of an education programme and not all staff receiving compulsory education sessions is addressed.

There is a documented rationale for determining staffing levels and skill mix in order to provide safe service delivery that is based on best practice. The minimum number of staff is provided during the night shift and consists of three health care assistants. The business and care manager and registered nurses are rostered to provide on call after hours. Care staff interviewed report there is adequate staff available and that they are able to get through their work. The business and care manager has developed a staff roster and 24 hour seven days a week registered nurse (RN) cover will commence from the 25 August 2014.

**Outcome 1.3: Continuum of Service Delivery**

There is an appropriate medicine management system in place that complies with respective legislation, regulations and guidelines. The staff responsible for medicine management have attended in-service education for medication management and have current medication competencies. The medicine charts sampled demonstrate residents' photo identification, medicine charts are legible, three monthly medicine reviews are conducted and discontinued medicines were dated and signed by the GP. There are two residents' who self-administer medicines and do so according to policy and guidelines.

Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met. The resident's individual needs are identified on admission, documented in nutrition profiles, and reviewed on a regular basis. The menu has been reviewed by a dietitian.

The area requiring improvement from the last relating to evaluation of activity careplans is reviewed and fully met.

**Outcome 1.4: Safe and Appropriate Environment**

The change of services at Middlepark Rest Home consists of changing all 61 bedrooms from providing rest home level care to providing 61 bedrooms that provide either rest home level care or hospital level care, including providing a minimum of four bedrooms for residents assessed as requiring rest home level care.

All 61 bedrooms provide single accommodation with ensuite facilities. There are also adequate toilet and shower facilities throughout the facility.

Residents' rooms are large enough to allow for residents and staff to safely move around in them and for the use of equipment. Two new nurses’ stations have been created. Residents have access to three lounge areas and a dining room that have been refurbished. An appropriate call system is available and security systems are in place.

There are policies and procedures for waste management, cleaning, laundry and emergency management and these are known by staff. Staff receive training to ensure safe and appropriate handling of waste and hazardous substances. Visual inspection provides evidence of a new stand alone sluice room that have been created from using part of the existing laundry. Safe storage of chemicals and equipment and protective equipment and clothing is provided and is used by staff.

**Outcome 3: Infection Prevention and Control**

The infection control (IC) policy meets the needs of the organisation and provides information and resources to inform the service providers on infection prevention and control. Interview with the infection control co-ordinator confirms there is an infection control co-ordinators’ role with a position description.

The delegation of infection control matters throughout the organization is clearly documented. There is documented evidence the governing body receives regular reports on infection related issues by regular reporting systems. The infection control programme was last reviewed in February 2014.

## **Summary of Attainment**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **CI** | **FA** | **PA Negligible** | **PA Low** | **PA Moderate** | **PA High** | **PA Critical** |
| **Standards** | 0 | 16 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 36 | 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 | 34 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 65 |

## **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:**

Oceania Care Company Limited (Oceania) is the governing body and is responsible for the service provided at Middlepark Rest Home. The Oceania quality and risk management systems are implemented at Middlepark Rest Home and a ‘Middlepark Lifestyle Business Plan’ 2014 includes scope, direction, goals, vision, values, action plans, mission statement and philosophy are reviewed. The service philosophy is in an understandable form and is available to residents and their family / representative or other services involved in referring clients to the service.

Systems for monitoring the service provided at Middlepark Rest Home including regular monthly reporting by the business and care manager (BCM) to Oceania support office via the Oceania intranet are in place. Reporting includes reporting on quality and risk management issues, occupancy, human resource issues, quality improvements, internal audit outcomes, and clinical indicators. Monthly business status reports are provided to the Oceania executive team and link to the organisations business plan

The BCM is a very experienced manager and RN who has worked in the aged care sector for 30 years and has been in this position since April 2014. The clinical leader has resigned and a new clinical manager is due to start on the 15 September 2014 and will be responsible for overview of clinical care. The business and care manager has completed the national diploma in business management and facility management diploma at Tai Poutini Polytechnic West Coast in 2012. The BCM has a current practising certificate. The BCM personal file is reviewed and there is documented evidence they attend education to keep themselves up-to-date. The curriculum vitae is reviewed for the new clinical manager and they have experience in aged care management roles.

Middlepark Rest Home is currently certified to provide rest home level care and has contracts with the district health board (DHB) to provide aged related residential care - rest home and respite care. During this audit there are 40 residents assessed as requiring rest home level care. All 61 rooms will provide accommodation for residents who have been assessed as requiring either rest home level care or hospital level care, with a minimum of four bedrooms providing rest home level care. The BCM advises they want to accept residents assessed as requiring hospital level care from the 25 August 2014.

The district health board contract requirements are met.

##### **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:**

There are appropriate systems in place to ensure the day-to-day operations of the service continue should the business and care manager (BCM) be absent. At present the two RNs who have worked at Middlepark Rest Home for some time relieve the BCM if the BCM is absent. There are also three new RNs employed in July 2014 and one RN who is currently working at another Oceania facility who starts employment on the 18 August 2014.

Additional support and assistance is provided by other personnel from Oceania support office as required. Services provided meet the specific needs of the resident group within the facility. Job descriptions and interviews of the BCM and clinical leader (CL) confirm their responsibility and authority for their roles.

The district health board contract requirements are met.

##### **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 business and care manager is currently providing oversight of the in-service education programme at Middlepark Rest Home. During interview the BCM advises that the clinical manager (CM) will ultimately have responsibility for the education programme.

The BCM advises an annual education plan is developed that is based on the Oceania education plan and that in-service education sessions are provided at least once a week. Staff are also supported to complete the New Zealand Qualifications Authority Unit Standards via the Oceania Certificate in Residential Care programme. All care staff have been provided with training in readiness for caring for residents who are assessed as requiring hospital level care. Sessions include training on hospital cares, manual handling and the safe use of hoists, hospital beds, fall out chairs and bathing, nutrition for hospital residents, restraint, and personal cares. Review of the 2014 training programme and staff files, and interview of the BCM and care staff confirms this.

Staff are required to attend the compulsory Oceania education sessions each year to progress through the Oceania career pathway programme. In-service education plans, staff competency registers and staff education records are maintained and are reviewed for 2014. Since the last audit staff files and education file reviewed shows all care staff have attended compulsory training sessions and attendance records are sighted for all sessions. These were areas requiring improvement from the last audit and are now addressed.

The skills and knowledge required for each position within the service is documented in job descriptions which outline accountability, responsibilities and authority and are reviewed on staff files (seven of seven) along with employment agreements, criminal vetting, completed orientations and competency assessments. Individual records of education are maintained for each staff member.

There are policies and procedures on human resources management and the validation of current annual practising certificates for registered nurses, enrolled nurses (ENs), dietitian, pharmacists, podiatrist, and general practitioners (GPs) is occurring.

Three of three RNs and two of two health care assistants interviewed confirm they have completed an orientation, including competency assessments (as appropriate). Care staff also confirm their attendance at on-going in-service education. All staff have current performance appraisals, sighted on staff files and spread sheet. Care staff at interview confirm this. This was an area requiring improvement from the last audit.

The district health board contract requirements are met.

##### **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:**

There is a documented rationale (Interim Staffing Policy) for determining staffing levels and skill mixes in order to provide safe service delivery that is based on best practice. The minimum number of staff that is currently provided is during the night shift and consists of two health care assistants (HCAs). A proposed roster and transition plan for staffing when residents requiring hospital level care start being admitted is reviewed and indicates that there will be an RN on every shift with two ENs rostered over the morning and afternoon shifts and five HCA on the morning shift, three on the afternoon shift and two on the night shift.

 There are currently five registered nurses working at Middlepark Rest Home, with the sixth to start employment on the 18 August 2014. The RNs have all spent time working in another local Oceania facility that has hospital level residents in preparation for caring for hospital level residents admitted to Middlepark Rest Home. The business and care manager works full time and the BCM advises the new clinical manager will also work full time once employed. There is one RN who works one day a week who is responsible for the internal audit programme. Six RNs are rostered to cover Monday to Sunday, over 24 hours, and two ENs working the morning and afternoon shifts. Review of the new roster and interview of the BCM confirms this.

Care staff interviewed report there is adequate staff available and that they are able to get through the work allocated to them. Residents (eight) and family member (one) interviewed report there is enough staff on duty to provide them or their relative with adequate care. Visual observations during this audit confirm adequate staff cover is provided.

The district health board contract requirements are met

##### **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 1.3.7: Planned Activities **(**HDS(C)S.2008:1.3.7)

Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.

ARC D16.5c.iii; D16.5d ARHSS D16.5g.iii; D16.5g.iv; D16.5h

**Attainment and Risk:** FA

**Evidence:**

The residents, family and staff interviews confirm the activities programme includes input from external agencies and supports ordinary unplanned/spontaneous activities including festive occasions and celebrations. The monthly activities programme is displayed around the facility and each resident receives a copy of the monthly planner, confirmed at the activities co-ordinator and resident interviews. The planned activities are appropriate to the group setting. The residents and family interviewed confirm satisfaction with the activities programme. The residents' meeting minutes evidence residents' discussion in relation to the activities programme, sighted.

Ten of ten residents' files sampled demonstrate the individual activities plans are current, reviewed six monthly and demonstrate support is provided within the areas of leisure and recreation, health and well-being. The residents' activities assessments are sighted in all 10 residents' files sampled. The residents' files evidence individual activities are provided either within group settings or on a one-on-one basis.

The interview with the activities co-ordinator confirms the activities programme meets the needs of the service group and the service has appropriate equipment. The service employs an activities co-ordinator (AC) who works five days a week, for total of 35 hours a week. The business and care manager interview confirms an appointment of a diversional therapist when hospital level of care commences at the facility

The residents interviewed confirm their past activities are considered and their enjoyment of the activities they choose to participate in. The activities attendance records are maintained, sighted.

The criterion 1.3.7.1 was partially attained at last surveillance audit and is reviewed at this partial provisional audit and is found to be fully attained.

The district health board contract requirements are met.

##### **Criterion 1.3.7.1 (HDS(C)S.2008:1.3.7.1)**

Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.

**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:**

The medication room in the facility used on audit day, evidences an appropriate and secure medicine system, free from heat, moisture and light, with medicines stored in original dispensed packs. The controlled drug storage is secure. The controlled drug register is maintained and evidences weekly checks and six monthly stocktakes. The medication fridge temperature checks are conducted and recorded.

An interview with the business and care manager confirms the controlled drug storage will remain in the present medication room, which is to continue to be used. There is an additional room allocated for storage of a second medication trolley to be utilised when the hospital level of care commences, sighted.

All staff authorised to administer medicines have current medication competencies, sighted in the staff files sampled and on the staff competency register. The staff education in medicine management was conducted in July 2014, attendance register sighted. A medication round was observed and evidences staff are knowledgeable about the medicine administered and sign off, as the dose is administered. Additional staff competencies are conducted and these include: insulin administration; oxygen administration; nebuliser use, sighted on competency register.

The medication errors are recorded and communicated to Oceania support office on monthly basis, confirmed by the business and care manager. Twenty medicine charts are sampled and demonstrate residents' photo identification, medicine charts are legible, as required medication (PRN) is identified for individual residents, three monthly medicine reviews are conducted and discontinued medicines are dated and signed by the GP. The residents' medicine charts list all medications a resident is taking (including name, dose, frequency and route to be given). The staff and GP signature logs are completed. There are two residents at the facility who self-administer medicines and do so according to policy and guidelines.

Medication audits are conducted according to the internal audit schedule, sighted.

The district health board contract requirements are met.

##### **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 food service policies and procedures are appropriate to the service setting with a new seasonal menu being introduced six monthly. The menu was last reviewed by a dietitian in March 2014. The food is prepared and cooked on site. The lunch time food service is observed.

The residents’ dietary sheets are located in the kitchen for the kitchen staff’s reference, sighted. A visual board in kitchen records the residents’ dietary needs. An interview with the cook confirms awareness of residents’ dietary preferences and food allergies. The residents' dietary requirements are identified, documented and reviewed on a regular basis, as part of the care plan review, confirmed at RN interview and sighted in resident files reviewed. Ten of ten residents files reviewed in respect of residents dietary requirements (dietary profile reviews and dietary needs on care plans) evidence current records. There is evidence in all 10 resident files of monthly weight monitoring and additional nutritional and hydration assessments when, this is required.

The staff files of kitchen staff evidence current food safety training and this is confirmed at the cook’s interview.

The residents and family interviewed are satisfied with the food service provided, report residents’ individual preferences are catered and adequate food and fluids are provided.

The food temperatures are recorded, sighted. The chiller and freezers temperatures are recorded and decanted food is dated, sighted.

A menu satisfaction survey was last conducted in April 2014, with meal service response at a satisfactory level. A kitchen services audit was conducted in April 2014, with 100% compliance.

The district health board contract requirements are 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:**

There are documented processes for the management of waste and hazardous substances in place. Policies and procedures specify labelling requirements including the requirement for labels to be clear, accessible to read and are free from damage. Material safety data sheets are available and are reviewed in the sluice room. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances and education was last provided in 28 February 2014. This finding is confirmed during interviews of domestic staff and review of staff education records.

Monthly visits are made by the chemical supplier representative who reviews the cleaning and laundry processes in place at Middlepark Rest Home.

A good sized sluice room has been created by installing a wall so that the sluice room and laundry are now stand alone rooms. The BCM advises containers with lids are colour coded for staff to use to transport waste and hazardous substances to the sluice room. Observation and interview of care staff confirms this. A visual inspection provides evidence that protective clothing and equipment that is appropriate to the risks associated with the waste or hazardous substance being handled are provided and is being used by staff. For example, face shields, gloves, aprons, footwear and masks are viewed in the sluice room, soiled laundry storage area and in the cleaners’ room.

Visual inspection of the facility 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.

The district health board contract requirement is met.

##### **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:**

An extensive refurbishment has occurred at the facility since the last surveillance audit. The business and care manager confirms an ongoing refurbishment programme is in place. Review of documentation provides evidence there are appropriate systems in place to ensure the residents’ physical environment and facilities are fit for their purpose.

The maintenance person interview confirms there is a reactive maintenance programme, regular building inspections according to the service /maintenance inspection sheets for the building warrant of fitness requirements and preventative maintenance programme in place. The maintenance person confirms they are employed full time. The medical equipment checks are conducted by an external contractor and current. There is safe storage of medical equipment, sighted.

The Building Warrant of Fitness expires 1 June 2015.

The corridors are wide enough to allow residents to pass each other safely and the safety rails are secure and are appropriately located. The floor surfaces/coverings are appropriate to the resident group and setting. The residents interviewed confirm they are able to move freely around the facility and that the accommodation meets their needs.

There are several external areas available that are safely maintained and are appropriate to the resident group and setting. The residents are protected from risks associated with being outside.

Staff receive education in the safe use of medical equipment and there is a system in place to review staff competency for specific equipment; for example hoists competency. This was confirmed at clinical staff interviews and review of staff education records.

There are four rooms that the service provider states will remain as rest home rooms. The service provider spoke with HealthCERT on audit day, who advises that due to all of the bedrooms being the same size (except one large room), that this can be any four rooms within the facility. The visual observation of the designated four rooms for rest home level of care are the same size as the majority of the rooms within the facility.

The district health board contract requirements are met.

##### **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:**

A visual inspection provides evidence that toilet and shower facilities are of an appropriate design and number to meet the needs of the residents. There are 20 residents’ rooms with full ensuites, 25 rooms with full shared ensuites and 16 resident rooms with toilet ensuites only.

The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. The hot water temperatures are monitored at monthly intervals and are delivered in line with the recommended temperature range contained in BIA Approved Document G12 Water Supplies as determined by the Building Regulations 1992 (Acceptable Solutions). There are separate visitors and staff toilets.

The residents’ bathrooms/ en-suites have appropriate access, meet specifications for people with disabilities, and are large enough for easy manipulation of mobility aids and where practicable, provide working space for up to two staff. The communal toilet facilities have a system that indicates if it is engaged or vacant. An appropriately secured and approved handrails are provided in the en-suites and other equipment/accessories are made available to promote resident independence.

##### **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:**

Visual inspection evidences that adequate personal space is provided in all bedrooms to allow residents and staff to move around within the room safely and the bedrooms allow for easy access for mobility aids. This finding was confirmed during interviews of staff and residents. The resident’s bedrooms are personalised to varying degrees.

##### **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:**

A visual inspection provides evidence that adequate access is provided to lounges and the dining room at the facility. The residents are observed moving freely within these areas. The residents interviewed confirm there are alternate areas available to them if communal activities are being run in one of these areas and they do not want to participate in them.

##### **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:**

Cleaning policy and procedures and laundry policy and procedures are available as well as policies and procedures for the safe storage and use of chemicals / poisons.

All laundry is washed at Palmgrove which is another local Oceania facility. Bed linen is transported twice weekly, and soiled linen is stored appropriately until it is transported in a van to Palmgrove for washing daily. The business and care manager advises that the frequency of this will be increased according to any increased need as hospital level residents are admitted. There is good dirty / clean flow and laundry personnel interviewed describe the management of laundry including transportation, sorting, storage, laundering, and return to residents. Clean linen is stored in the linen rooms and is stocked from the laundry at Palmgrove.

Visual Inspection provides evidence that cleaning and laundry processes are implemented. The effectiveness of the cleaning and laundry services is audited via the internal audit programme and monthly visits from the chemical company representative. Reports from the chemical company representative and completed audits for the laundry and cleaning are sent to the business and care manager. Cleaning staff are interviewed and they describe the management of the cleaning processes including the use of personal protective equipment. Cleaning staff are observed to be using protective clothing while cleaning.

Visual inspection of the facility provides evidence that: safe and secure storage areas are available and staff have appropriate and adequate access to these areas as required; chemicals are labelled and stored safely within these areas; chemical safety data sheets or equivalent are available; appropriate facilities exist for the disposal of soiled water/waste; convenient hand washing facilities are available; and hygiene standards are maintained in storage areas.

Residents and a family member interviewed state they are satisfied with the cleaning and laundry service. This finding is confirmed during review of completed family / resident satisfaction surveys completed in March 2014.

The district health board contract requirements are met.

##### **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 are sighted There are also policy/procedures for the safe and appropriate management of unwanted and/or restricted visitors.

The business and care manager advises during interview that the fire evacuation scheme remains unchanged. The BCM advises building consent was not required as only internal walls are installed. Correspondence between the Oceania’s national health and safety coordinator, and the New Zealand Fire Service(NZFS) is reviewed. The NZFS email states “You will need to submit a new application to reflect the changes to the building and the new procedures for evacuating the occupants, but the current scheme remains in force in the meantime”.

A New Zealand Fire Service (NZFS) letter dated 13 February 1997 is sighted advising the fire evacuation scheme is approved as does the correspondence dated the 15 August 2014 from the New Zealand Fire Service. The last trial evacuation was held on 10 June 2014.

Registered nurses, health care assistants working night shift and personnel who drive the van with residents in it are required to complete first aid training. There are at least two designated staff members on each shift with appropriate first aid training and review of a roster confirms this. A competency spreadsheet is reviewed and registered nurses, activities coordinator, health care assistants, kitchen staff and the maintenance person have current first aid certificates. The three new RNs are booked for training on the 25 September 2014.

Staff interviews and review of files provides evidence of current training in relevant areas. Staff confirm recent education on fire, emergency and security situations. Emergency and security situation education is provided to staff during their orientation phase and at appropriate intervals. Staff records sampled provides evidence of current training regarding fire, emergency and security education and includes an emergency situation competency quiz.

Processes are in place to meet the requirements for the 'Major Incident and Health Emergency Plan' in the Service Agreement.

A visual inspection of the facility provides evidence that: information in relation to emergency and security situations is readily available/displayed for service providers and residents; emergency equipment is accessible, stored correctly, not expired, and stocked to a level appropriate to the service setting; and oxygen is maintained in a state of readiness for use in emergency situations.

A visual inspection of the facility provides evidence that emergency lighting, torches, gas and BBQ for cooking, emergency food supplies, emergency water supply (potable/drinkable supply and non-potable/non-drinkable supply), blankets, and cell phones are available.

A call bell system is in place and is used to summon assistance if required. Call bells are accessible / within reach, and are available in resident areas (e.g. bedrooms, ablution areas, ensuite toilet/showers).

The district health board contract requirements are met.

##### **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:**

Visual inspection evidences each room is provided with adequate natural light. There are procedures to ensure the service is responsive to resident feedback in relation to heating and ventilation, wherever practicable. The environment is maintained at a comfortable temperature. The staff state there are three residents who smoke at the facility and there is a smoking room provided.

The resident and family interviewed confirm the facility is maintained at an appropriate temperature.

The district health board contract requirement is met.

##### **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 (IC) policy meets the needs of the organisation and provides information and resources to inform the service providers on infection prevention and control, confirmed at staff interviews. An interview with the infection control co-ordinator (RN) confirms there is an infection control co-ordinators’ (ICC) role with a position description, sighted.

The delegation of infection control matters throughout the organization is clearly documented. There is documented evidence the governing body receives regular reports on infection related issues by regular reporting systems. The IC programme is current, last reviewed in February 2014.

The district health board contract requirement is met.

##### **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.)*