

# Ranfurly Manor Limited

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Current Status: 24 October 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

This partial provisional audit was conducted to determine the level of preparedness for Ranfurly Residential Care Centre to operate now that the construction of the remaining 38 residential care suites (made up of 32 single and six double apartments) and four additional hospital beds is completed. The facility is still within the 20 approved beds in the dementia unit. No further approval for additional dementia beds is requested at this time.

There are no new areas for improvement identified in this audit. One existing area for improvement identified at the recent surveillance audit is being addressed by the provider and corrective actions implemented.

The provider has a procedure for the appointment of additional staff in all areas of the facility which allows for the number of staff to meet recommended safe staffing levels and exceed contractual requirements when new residents begin to move in. There are 100 residents in the facility on the day of the audit, 16 people in the dementia unit and 84 people across the three hospital wings and existing residential care suites.

# HealthCERT Aged Residential Care Audit Report (version 4.2)

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## 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

<b>Legal entity name:</b>	Ranfurly Manor Limited
<b>Certificate name:</b>	Ranfurly Manor Limited
<b>Designated Auditing Agency:</b>	The DAA Group Limited
<b>Types of audit:</b>	Partial Provisional Audit
<b>Premises audited:</b>	Ranfurly Residential Care Centre
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	<b>Start date:</b> 24 October 2014 <b>End date:</b> 24 October 2014
<b>Proposed changes to current services (if any):</b> Increase in number of beds by 38 residential care suites (32 single and 6 double = 44 beds) and 4 hospital level beds. A total of 48 beds.	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	100

## Audit Team

<b>Lead Auditor</b>	XXXXXXX	<b>Hours on site</b>	4	<b>Hours off site</b>	4
<b>Other Auditors</b>		<b>Total hours on site</b>		<b>Total hours off site</b>	
<b>Technical Experts</b>		<b>Total hours on site</b>		<b>Total hours off site</b>	
<b>Consumer Auditors</b>		<b>Total hours on site</b>		<b>Total hours off site</b>	
<b>Peer Reviewer</b>	XXXXXXX			<b>Hours</b>	1

## Sample Totals

Total audit hours on site	4	Total audit hours off site	5	Total audit hours	9
Number of residents interviewed	8	Number of staff interviewed	4	Number of managers interviewed	2
Number of residents' records reviewed	10	Number of staff records reviewed	5	Total number of managers (headcount)	2
Number of medication records reviewed	10	Total number of staff (headcount)		Number of relatives interviewed	
Number of residents' records reviewed using tracer methodology				Number of GPs interviewed	

## Declaration

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

I confirm that:

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

Dated Monday, 10 November 2014

## Executive Summary of Audit

### **General Overview**

This partial provisional audit is conducted to determine the level of preparedness for Ranfurly Residential Care Centre to operate now that the construction of the remaining 38 residential care suites (made up of 32 single and six double apartments) and four additional hospital beds is completed. The facility is still within the 20 approved beds in the dementia unit. No further approval for additional dementia beds is requested at this time.

There are no new areas for improvement identified in this audit. One existing area for improvement identified at the recent surveillance audit is being addressed by the provider and corrective actions implemented.

The provider has a procedure for the appointment of additional staff in all areas of the facility which allows for the number of staff to meet recommended safe staffing levels and exceed contractual requirements when new residents begin to move in. There are 100 residents in the facility on the day of the audit, 16 people in the dementia unit and 84 people across the three hospital wings and existing residential care suites.

### **Outcome 1.2: Organisational Management**

Ranfurly Residential Care Centre is privately owned. It is one of two aged care facilities owned by the same owner in the central North Island. There is a general manager who oversees both facilities and is based at Ranfurly. There is a full time facility manager for Ranfurly Residential Care Centre. Both managers are experienced registered nurses. There is a quality coordinator who is also a registered nurse who holds a masters and doctorate in nursing. These three make up the senior management team of the facility.

There are team leaders of each functional area which allows for effective day-to-day management and supervision of staff. The general manager has a pre-approved budget for staffing levels across the organisation based on resident numbers so that recruitment can occur as needed.

Four of the team leaders, as well as the two managers, are interviewed during this audit event. They consistently report that the plans for staffing levels to increase as resident numbers increase are known and discussed. Based on their experience of opening the new Ranfurly Residential Care Centre in 2013, they know that when they request more staff, they will be recruited.

Ranfurly Residential Care Centre has effective human resource management systems. Sampling of records demonstrates that these continue to be implemented. There is a robust training programme for staff across the facility commencing with a three to five day orientation programme – depending on the new staff member's level of experience.

There is a detailed staffing plan which determines the numbers of staff members, by function, for pre-determined numbers of residents. These staffing levels exceed the contracted requirements.

**Outcome 1.3: Continuum of Service Delivery**

Food and fluid management also meets the requirements of these standards and the contracts, other than in relation to a previous area for improvement. At the facility's recent unannounced surveillance audit residents reported that they found food to be unappealing and bland. There has been a formal restructure in the kitchen services team with both a project plan and quality improvement plan developed. Evidence of the quality improvement plan being implemented is sighted during this audit event. Interviews with residents during the audit visit confirms that there are improvements in this area, with further work still to be done by the provider.

There is a well written, clearly articulated medicine management policy and procedure which meets legislative requirements and these standards. All aspects of medicine management are safe and the requirements of these standards and the contracts are met. There is safe storage of medication and appropriate competency assessment of all staff members who are involved in medicine administration.

**Outcome 1.4: Safe and Appropriate Environment**

Ranfurlly Residential Care Centre has all required policies and procedures to guide staff in the safe management of waste and hazardous substances, cleaning and laundry, preparation for and response to emergencies and management of security. There is appropriate personal protective equipment, and other equipment for use in an aged care facility. At interview staff report having access to all equipment, supplies and training they require to do their jobs safely and well. There is a Certificate of Public Use for the new building which is current, and an approved fire evacuation scheme which is practiced regularly. The facility has adequate stores of food supplies in the event of a civil defence emergency. There are sources of alternative cooking and heating.

As with the first stage of the new building, this remaining part of the new facility has been purpose built to provide a safe environment for older people. There are hand rails and wide corridors throughout, and easy-roll surfaces for those who use mobility equipment. The design has maximised natural light and views of gardens and the outside environment. Residents have access to communal areas for dining and recreation. All residential care suites have ensuite bathrooms and each hospital bedroom has its own ensuite toilet.

**Outcome 3: Infection Prevention and Control**

The facility has appropriate policies and procedures to guide staff in the management of infection prevention and control. There is training for all staff appropriate to their roles. There is adequate and appropriate equipment and supplies to enable infection prevention and control practice to occur.

## Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
<b>Standards</b>	0	14	1	0	0	0	0
<b>Criteria</b>	0	31	1	0	0	0	0

	UA Negligible	UA Low	UA Moderate	UA High	UA Critical	Not Applicable	Pending	Not Audited
<b>Standards</b>	0	0	0	0	0	0	0	35
<b>Criteria</b>	0	0	0	0	0	0	0	69

## Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.3.13: Nutrition, Safe Food, And Fluid Management	A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	PA Negligible			
HDS(C)S.2008	Criterion 1.3.13.1	Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.	PA Negligible	A previous area for improvement identified at the routine surveillance audit is being addressed by the organisation. Further corrective action is to be implemented to fully resolve the issues identified. However, because of the actions taken to address the issues the risk level is lowered to negligible, with the time frame remaining as previously noted. This is to accommodate all the actions in the provider's quality improvement plan.	As previously noted, residents report satisfaction with meals.	180

## Continuous Improvement (CI) Report

Code	Name	Description	Attainment	Finding

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

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## 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:**

There is a strategic business plan for Ranfurly Residential Care Centre (RRCC) which is reviewed on a three yearly cycle. The owner and general manager (GM) are in contact at least weekly and monitor progress of the organisation against the goals of the plan. There is an organisational structure chart and the facility manager (FM) describes this at interview during the provisional audit. The management structure and team leaders of each functional area are reflected in the chart.

The GM has experience in hospital based nursing before moving into aged care. She has managed RRCC in its previous location and the sister facility for nearly six years. The FM has worked at RRCC since April 2014. Her background is in surgical nursing and management of a surgical facility. The GM and quality coordinator are able to provide her with support and assistance in her transition into the aged care sector. At interview she demonstrates a good understanding of her role as the FM and the requirements of running the facility. The structure with team leaders in each area enables effective and safe management of the facility.

Interviews are conducted with four of the team leaders, from housekeeping, the laundry, the kitchen and the apartment wing which will have the new residents. They report that the FM is available to them whenever they require her assistance. They are able to address any issues which require assistance in a timely way and find her approachable.

ARC and ARHSS 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 is a documented process for the day to day management of the service in the temporary absence of the facility manager. The GM based at RRCC and there is a quality coordinator who works three days a week. In a temporary absence of the FM the GM takes over her management duties. (This was demonstrated during the unannounced surveillance audit which took place at the facility in August.)

The GM and quality coordinator, who are both registered nurses (RNs), are additional to the RNs on the roster and so are able to fulfil this component of her role as well.

ARC and ARHSS 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 organisation has well written policies and procedures for management of its human resources. These cover recruitment, appointment, performance management, training and development, leave and all aspects of good employment practices.

Professional qualifications are validated by the administration team leader at recruitment. She maintains personnel files on behalf of the FM and GM. Personnel files are sampled and all qualifications, including for those staff who are health professionals, are maintained on files.

New staff members are recruited based on the skills and experience required for the vacant position. There is a well developed orientation programme which all staff complete and includes between three to five days on the job with a 'buddy'. The three team leaders all report that they receive new staff who are well prepared for their jobs by the orientation programme.

A sample of personnel files is reviewed. This includes new staff employed since the last onsite audit. The organisation's orientation programme continues to be implemented at RRCC. Ongoing training is provided. Personnel files are well organised, in a consistent order and contain all required employment documentation from the time of the person's employment.

One of the four team leaders is an enrolled nurse (EN) and she reports that she attends the EN's training day run by the Mid Central District Health Board (MCDHB) as well as internal training. The other three team leaders similarly report being able to attend a range of relevant internal training as well as external training when this occurs locally and is appropriate.

The FM and GM confirm that they have training opportunities which are relevant to their roles. The FM has attended management and human resource training in June 2014 and relevant internal training since her appointment in April 2014.

The annual training plan is extensive and caters to the range of positions across the facility and meets the requirements of these standards. The caregivers' coordinator plans and coordinates all the training for the caregivers and is a workplace assessor. Additional training is delivered by other senior staff within the facility and some external presenters as and when needed. Staff who work in the dementia unit either already hold the dementia unit standards or are in the process of completing these.

ARC and ARHSS 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 well documented and implemented process for staffing levels across the facility and in particular for the provision of qualified nurses and care giving staff and the ratio of these staff to residents. This process allows for the increase resident numbers up to full occupancy, so that the FM and GM can appoint any new staff members, as and when they are needed, across the facility.

The GM has pre-approval to appoint staff up to levels which exceed the contract requirements and which accommodate the levels of care required by the residents, the layout of the facility in a number of wings and residential care suites, and provide a safe level of staffing. The GM and FM are confident in their ability to manage the workflow and staffing levels based on their staffing process.

Four team leaders are interviewed during this part provisional audit: the team leader / enrolled nurse from the residential care suite wing; the house-keeping team leader; the laundry team leader, and the kitchen team leader. All report that they have confidence in the ability of their team to cope with new residents when they begin move in. They know that they can request additional staff to be recruited when the number of new residents increases to a level at which this is needed.

The three team leaders who transferred from the old Ranfurly facility report that this occurred when they moved into the new facility and they trust that this will occur again, with the difference being that they will be better at it this time around. They discuss the layout of the now completed facility and although there is an increased area to function across, they believe that the various changes in allocation of staff members, and reassignment of duties within each team will enable each team to meet the needs of existing residents and new residents as they move in.

The new cook reports that the kitchen team has a number of part time staff in the roster and so they already have capacity in the team to cope with increases in demand when new residents move in.

All four team leaders are consistent in reporting that they can, and will, request additional staff when required and that they have no hesitation in doing so. They will operate safely for residents and staff.

ARC and ARHSS 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 1.3.12: 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:**

There is a well described medicine management policy and procedure which clearly outlines the roles of staff members at RRCC who are involved in the administration of medicines. The policy and procedure is consistent with the legislation and these standards.

Those staff members who will assist residents to take their medication have an appropriate training regime, depending on their existing skills and knowledge. Nursing staff (registered and enrolled nurses) administer medicines on the hospital wings and experienced support workers who have completed relevant training and unit standards, and have competency assessment and oversight by a nursing colleague, administer medicines in the residential care suites and dementia unit.

Included within RRCC's policy and procedure is a system for safe self-medication by residents, where this is appropriate.

The medication charts in the residential care suite wing are reviewed with the enrolled nurse / team leader during the onsite audit. All charts are current, reflect a regular three monthly review by the residents' general practitioner, have specimen signatures of staff members and are recorded to an appropriate level of detail.

ARC and ARHSS 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:** PA Negligible

**Evidence:**

There is a large and well appointed kitchen at RRCC which can accommodate the needs of the existing number of residents and the additional number in the completed extension when it is occupied. There is a new cook who has been at the facility for three weeks when this audit takes place. She was appointed through a restructure of the kitchen team in response to an area for improvement identified at the facilities unannounced surveillance audit in early August 2014. (See criterion 1.3.13.1). There is oversight of the menu by a dietitian and it follows recognised nutritional guidelines for older people.

There are systems in the kitchen for each person's dietary requirements and or preferences to be identified and catered to. On admission these are identified within the first 24 hours and details of the person's preferences are sent to the kitchen where they are recorded against the main menu planner. Alternatives to each day's lunch and dinner are planned ahead to ensure this is available and appetising.

At interview the new cook clearly demonstrates her understanding of the legislative requirements and guidelines which govern all aspects of food procurement and storage. The storage (dry goods in the pantry, chiller and freezer) units are organised and meet the requirements of legislation. The cook oversees all ordering of food from suppliers and is able to monitor quality and consistency of supplies.

ARC and ARHSS contract requirements are met – other than as noted in the area for improvement previously identified.

**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:** PA Negligible

**Evidence:**

A formal restructure of the kitchen team has occurred since the last onsite audit (August 2014) and a detailed quality improvement plan developed. The restructure document and quality improvement plan are reviewed and the GM and GM interviewed.

A new cook has been appointed who brings more than six years experience running the kitchen in a large aged care facility (with more than 50 beds) and having team management responsibilities. She is also interviewed during the audit. The new cook and the quality coordinator have initiated a number of changes within the kitchen to improve satisfaction levels, including the development of satisfaction feedback forms which for use by residents, family members or staff members on behalf of residents and reviewed daily, standardising the recipes used for each dish on the menu especially those which receive positive feedback, having the team member who is the best baker in the team do all the baking.

A group of residents is interviewed during the audit and they report an improvement already. Meals are tastier and hotter when they arrive at the dining room. There is the opportunity to give feedback and they have been asked what they do and don't like.

**Finding:**

A previous area for improvement identified at the routine surveillance audit is being addressed by the organisation. Further corrective action is to be implemented to fully resolve the issues identified. However, because of the actions taken to address the issues the risk level is lowered to negligible, with the time frame remaining as previously noted. This is to accommodate all the actions in the provider's quality improvement plan.

**Corrective Action:**

As previously noted, residents report satisfaction with meals.

**Timeframe (days):** 180 (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 appropriate policies, procedures and guidelines for staff to follow in the management of waste and hazardous substances. All staff receive training in these procedures at orientation, and specific training for each role also occurs. Annual in-service training is included in the training calendar and confirmed in review of personnel files. There are appropriate guidelines and reminders on display in designated areas to prompt staff when needed.

Interview with the house-keeping team leader, laundry team leader and EN / team leader for the apartments (who will support the new residential care suites) confirms that when new staff are appointed they are well supported and trained and competent to take on their roles.

Although the layout of the now very large facility is extensive all three report that with they will be able to accommodate the increase in numbers of residents. Both the house-keeping and laundry teams have had recent reorganising of the workloads and allocations to prepare for coming increases in resident number and all report that they are confident in their ability to cope. There are adequate supplies in storage on site, and observed in cleaner's trollies.

ARC and ARHSS contract requirements are 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:**

The building has a current Certificate of Public Use, issued on 2 September 2014 and expiring on 31 October 2014. There is a current Certificate of Public Use from the Feilding City Council, current to 16 January 2015.

RRCC has been purpose built to provide a safe and accessible environment for older people who require rest home or hospital level care. The flooring in all areas is level, and floor coverings are non-slip vinyl in bathrooms and toilets, non-stain and odour reducing, easy clean carpeting throughout the rest of the facility. All corridors are wide and can accommodate people who use a range of mobility aids, wheelchairs, people walking independently, staff members and visitors.

There are hand rails on both sides of all corridors. External exits have cameras which can be monitored by the GM and at the main reception desk. (See standard 1.4.7)

External areas are on the same level as internal and accessible from some of the residential care suites, or from communal lounge and dining rooms. These areas have seating, shading can be put up in summer and seamless paving to promote access and safety.

This final portion of the building has been built and completed to the same standard as the initial part of the facility completed in November 2013. It is also consistently decorated and furnished.

ARC and ARHSS 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:**

The additional 38 apartments to be opened have ensuite bathrooms, as with all other residential care suites. The additional four hospital bedrooms have their ensuite toilet and handbasin, consistent with the other hospital bedrooms. They share the communal showers (three in each wing of 25 beds).

In addition to these resident-only facilities there are separate staff facilities adjacent to the staff room and visitors' toilets near the main reception.

All bathrooms and toilets are constructed of non-slip flooring, have wet area showers, and grab rails. Toilets are accessible and have hand rails as well.

ARC and ARHSS contract requirements are met.

#### **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:**

Residential care suites have three rooms, including a bathroom, for single suites, and four rooms for doubles. These are a lounge with small kitchenette area, a main bedroom and wet area shower with toilet and vanity. The double rooms and have second, smaller, bedroom.

Hospital rooms easily accommodate the hospital style bed and other furniture residents bring with them to the facility.

All bedrooms are personalised and people are observed to be moving around their rooms, with the use of equipment if needed.

ARC and ARHSS contract requirements are met.

#### 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:**

Ranfurly already has two large dining rooms in the new facility. The extension which is the subject of this part provision audit will open a third very large dining area in the new residential care suite wing.

As with the existing facility there are additional communal areas for resident use. In this new wing there is a media room which is intended for screening films. There is a large foyer / lounge area which is separate from the dining and media rooms.

There are additional external courtyards throughout this new wing and commented on in standard 1.4.2.

ARC and ARHSS contract requirements are met.

### 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 house-keeping team leader is interviewed during the onsite audit. She works full time during the week and while she has an assigned area to clean herself she also inspects the areas cleaned by her team members. Checklists for monitoring cleaning effectiveness are in use but the team leader prefers to be told of any issues by staff members or residents and family members when ever there is an issue which requires attention.

The laundry team leader is interviewed. A recent re-organisation of her role and the laundry team means that the laundry now operates longer hours - from 6am to 10pm daily. There are additional laundry team members and the team leader supervises the team, monitors the effectiveness of laundering processes, rosters the team and ensures that the laundry service is operating smoothly. This is in preparation for the increase in resident numbers. She is confident that with these changes they will be able to cope with the increase in size of the facility.

At interview with the quality coordinator she reports that the existing checklists provide a reasonable level of monitoring but are in the process of being reviewed and as they can be improved.

The cleaning products supply company visits monthly and is available to visit more frequently if needed. There are records of the monthly visits and checks of chemical and product usage which demonstrate a good relationship with the supplier and adequate monitoring.

There are designated and purpose built cleaning storage rooms for cleaning supplies and equipment. The team leader reports that there are always ample supplies to meet the demands and needs of the residents at RRCC and the house-keeping team are able to undertake the roles safely with effective supplies.

ARC and ARHSS 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:**

All staff are provided with information about how to respond to emergency situations and there are regular trial fire evacuations. These occur at least every six months in the facility, or more frequently. Records of trial evacuations are reviewed and these confirm their regular occurrence. Fire fighting equipment and systems are available throughout the facility, and are monitored through regular visits appropriate to the equipment (ie, annual for extinguishers and monthly sprinkler systems). There is an approved evacuation scheme for the new facility, which includes this new area just completed. This was approved by the fire service on 5 November 2013.

A large free standing barbeque, which uses gas bottles as a fuel source, can be used as an alternative cooking option, if needed in an emergency. There is a 10,000 litre water storage tank which is filled from main water supplies and can be used for emergency water.

There is a call bell system in all care suites and bed rooms throughout the facility and in the communal areas. During the onsite audit the call bells are activated and staff are observed to respond to the bell promptly. There are cameras on the main exits and entrances to the facilities which are unlocked during the day time and which can be monitored by the GM and at the main reception desk. These have been installed because of the size of the facility now and the distance of several of the exits which are no longer in the line of sight of the reception desk or of staff designated areas / nurses stations. (These exits are adjacent to residential care suites if the more independent residents.) All external exits which are unlocked during daylight hours are locked at 8pm and unlocked at 6.45am.

ARC and ARHSS 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:**

Ranfurly Residential Care Centre has been purpose built and designed to provide a large number of residential care suites, bedrooms for the provision of hospital level care and a specialist 20 bed dementia care unit. The facility has been built to provide natural light into every room, while maintaining privacy in people's bedrooms. There are courtyards throughout the facility so that every bedroom and communal room has a view onto an external area.

All windows can be opened to allow in fresh air and ventilation. There are safety latches on all windows for security. There are blinds and curtains in all rooms to maintain temperatures at a comfortable level in the summer.

ARC and ARHSS contract requirements are 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

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### **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:**

There are clearly described policies and procedures for infection prevention and control at RRCC, including the role of the Infection control coordinator. The policies and procedures encompass all the requirements of these standards. There is an appropriate programme of surveillance for the size and scope of the facility, including with the addition the additional residential care suites and hospital beds.

The infection control coordinator's role is undertaken by the clinical nurse support RN, with input from the quality coordinator. Infection data is reported within the quality improvement system and collated information is provided regularly to staff members.

ARC and ARHSS contract requirements are met.

### **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.)*