

# Te Hopai Trust Board

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Current Status: 2 December 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

Te Hopai has built a new building attached to the current facility. The new building will provide 47 additional hospital/rest home beds across two floors. The total bed capacity at Te Hopai will increase to 151 beds.

This partial provisional audit verified the new wings for dual purpose. The new wings will be managed by the current management team. The audit identified the new wings, staff roster and equipment is appropriate for providing rest home and hospital level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new wings.

The four corrective actions required by the service are all related to the completion of building.

# 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>	Te Hopai Trust Board
<b>Certificate name:</b>	Te Hopai Trust Board

<b>Designated Auditing Agency:</b>	Health and Disability Auditing New Zealand Limited
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<b>Types of audit:</b>	Partial Provisional Audit
<b>Premises audited:</b>	Te Hopai Home and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	<b>Start date:</b> 2 December 2014 <b>End date:</b> 2 December 2014

<b>Proposed changes to current services (if any):</b>	The service has built two new purpose-built wings that include 47 additional beds. The first floor contains 21 beds and the second floor 26.
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<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	
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## Audit Team

<b>Lead Auditor</b>	XXXXXXXX	<b>Hours on site</b>	4	<b>Hours off site</b>	2
<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>	2

## Sample Totals

Total audit hours on site	4	Total audit hours off site	4	Total audit hours	8
Number of residents interviewed		Number of staff interviewed	3	Number of managers interviewed	1
Number of residents' records reviewed		Number of staff records reviewed		Total number of managers (headcount)	3
Number of medication records reviewed		Total number of staff (headcount)	10	Number of relatives interviewed	
Number of residents' records reviewed using tracer methodology				Number of GPs interviewed	

## Declaration

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

I confirm that:

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

Dated Thursday, 4 December 2014

## Executive Summary of Audit

### General Overview

Te Hopai has built a new building attached to the current facility. The new building will provide 47 additional hospital/rest home beds across two floors. The total bed capacity at Te Hopai will increase to 151 beds.

This partial provisional audit verified the new dual purpose wings for dual purpose. The new wings will be managed by the current management team. The audit identified the new wings, staff roster and equipment is appropriate for providing rest home and hospital level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new wings.

The four corrective actions required by the service are all related to the completion of building.

### Outcome 1.1: Consumer Rights

### Outcome 1.2: Organisational Management

Te Hopai has a business plan and quality and risk management plan. The quality programme is extensive and covers all aspects of service delivery, infection control and health and safety.

The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There is adequate staff and a draft roster to cover the new wings.

### Outcome 1.3: Continuum of Service Delivery

### Outcome 1.4: Safe and Appropriate Environment

The new wings are purpose built and spacious. The two floors are near completion and due to open in stages from December 8<sup>th</sup>. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment. There are centrally located nurse stations on each floor close to the lounge areas.

Material safety data sheets are available in the sluices in each floor. Each sluice has a sanitiser.

All rooms and communal areas allow for safe use of mobility equipment. The facility has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space in each wing for storage of mobility equipment.

New equipment and furnishings are already purchased. All rooms and communal areas allow for safe use of mobility equipment. All rooms and ensuites have been designed for hospital and rest home level care.

There are external walkway and gardens around the outside of the facility. Landscaping is in the process of being completed.

There is a large open plan lounge/dining area on each floor and a separate sun lounge. Appropriate training, information, and equipment for responding to emergencies are provided at induction and as part of the annual training programme. The fire evacuation scheme has yet to be approved and also staff fire evacuation training. The call bell system is available in all areas with visual display panels. Call bells are available in all resident areas, including (but not limited to); bedrooms, en-suite toilet/showers, communal toilets, and dining/rooms. The new wing is appropriately heated and ventilated.

**Outcome 2: Restraint Minimisation and Safe Practice**

**Outcome 3: Infection Prevention and Control**  
 The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is a job description for the infection control coordinator and clearly defined guidelines. The infection control programme is linked to the quality and risk management system. The programme is reviewed annually and feedback was also obtained from the local DHB infection prevention and control team.

**Summary of Attainment**

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
<b>Standards</b>	0	13	0	2	0	0	0
<b>Criteria</b>	0	31	0	4	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	66

**Corrective Action Requests (CAR) Report**

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.4.2: Facility Specifications	Consumers are provided with an appropriate, accessible physical environment and facilities that are	PA Low			

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
		fit for their purpose.				
HDS(C)S.2008	Criterion 1.4.2.1	All buildings, plant, and equipment comply with legislation.	PA Low	The building is in the process of being completed and therefore the CPU is yet to be completed.	Ensure a CPU is obtained	Prior to occupancy
HDS(C)S.2008	Criterion 1.4.2.6	Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	The external landscaping is yet to be completed	Ensure there are safe and accessible external areas	Prior to occupancy
HDS(C)S.2008	Standard 1.4.7: Essential, Emergency, And Security Systems	Consumers receive an appropriate and timely response during emergency and security situations.	PA Low			
HDS(C)S.2008	Criterion 1.4.7.1	Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.	PA Low	The staff have yet to have received fire training for the new wings.	Fire evacuation training must be provided in the new wings.	Prior to occupancy
HDS(C)S.2008	Criterion 1.4.7.3	Where required by legislation there is an approved evacuation plan.	PA Low	The amended fire evacuation plan has yet to be signed off as approved by the fire service.	Ensure the amended fire evacuation scheme has been approved	90

## 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:**

Te Hopai Home and Hospital is currently providing rest home, hospital and dementia level care for 104 residents. The new building includes 47 additional beds over two floors; the first floor contains 21 beds and the second floor 26. Te Hopai already has a waiting list for residents requiring respite care as well as for long term admissions. Therefore stage one of the building will ease the pressure by providing eight dual purpose beds by 8th December 2014, ten further beds by 15th December and three more dual purpose beds by the 23rd December. Stage two then includes an additional 26 rooms on the second floor by the end of February.

Te Hopai's overall vision is setting the standard in aged care for the aged and needy. This is defined as quality care above the norm, a personalized and individualized approach to residents and their families, equal care regardless of social and financial status, support to those with specific needs, a home based environment with a high value of care and consideration, a continuum of care through home, dementia and hospital level care services, sustainability to ensure the on-going provision of the Trust's objectives and continued improvement in all aspects of their services.

The Trust board has eight members who meet monthly and provide clinical and financial governance to the service. The General Manager and the Managing Director report to the board on a monthly basis and the report includes the clinical and financial status of the service and progress on the quality programme.

Te Hopai's new wing on Owen Street will be managed by the current management team at Te Hopai. The General Manager is an experienced registered nurse (RN) and has been in her current role for over nine years and will continue oversight of the entire complex. The Care Manager in the current hospital wing at Te Hopai will undertake the care manager's role of the new wing. She has been involved in the planning and building stage of the new site. She is an experienced RN with over 10 years of service with Te Hopai and has many years nursing and management experience in aged care. She is suitably qualified for the role with a Master's degree in Gerontology from Victoria University of Wellington.

There are job descriptions for all management positions that include responsibilities and accountabilities.

ARC D17.3di (rest home), D17.4b (hospital), the general manager has maintained at least eight hours annually of professional development activities related to managing a hospital.



**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:**

The Care Manager (Hospital wing) will fulfil the manager's role during any temporary absences of the General Manager. The servicer also employs a part time Quality Manager who has been with the company for almost five years and most recently she has been accepted as PhD candidate to complete further studies at Victoria University of Wellington.

### 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:**

Te Hopai Trust employs over 90 staff which includes 15 registered nurses, three care managers, cleaning and maintenance staff a quality manager and a training facilitator. There is also three administration staff. In addition, Te Hopai has recently employed a human resources manager, in a full time capacity, to assist the service with recruitment and orientation of new staff members.

A register of Registered Nurse practicing certificates is maintained and website links to the professional bodies of all health professionals have been established. These include the Nursing Council and the Medical Council of NZ. There are comprehensive human resources policies which include recruitment, selection, orientation, staff training and development.

There is a comprehensive orientation programme and Te Hopai has commenced orientating staff who will work on the first floor. All with experience in aged care, further interviews continue for the second floor.

Interviews with the management team can confirm that the human resource manager and the quality manager assist all staff when newly employed and help them to complete an orientation booklet. Any staff requiring extra help are referred to the training facilitator. There is an education schedule that is implemented annually and both current staff and new staff participate in this training programme. The management team stated that have a very generous training budget and all staff are given opportunities to participate in external training courses. The training coordinator is also an assessor in the National Certificate in Health Disability and Aged Support and staff are encouraged to achieve their support worker qualifications.

To date four RNs and six caregivers have been employed to manage the first stage of occupancy. All have experience in aged care and are currently being orientated.

#### **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 staffing policy that aligns with contractual requirements and includes appropriate skill mixes. There is a draft roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The roster is flexible to allow for the increase in resident numbers as the first floor fills up.

A registered nurse is rostered per floor 24/7. The roster allows identification of the increases required in staffing as resident numbers increase. Activity hours are shared across the facility until resident numbers meet the threshold for employing a full time activities coordinator.

The service has employed four RNs and six caregivers ready for the new wing, with continued advertising ready for when the resident numbers increase. All the staff have commenced the Te Hopai orientation programme.

There is a roster in place for the new wing based on one RN each shift per floor and a ratio of one caregiver to four residents in the morning and one caregiver to six / seven residents in the afternoon. At night there is one RN and one caregiver per floor. (minimum levels). The current rostering system for the existing facility will be maintained with staffing adjusted for both the new and old wings depending on need.

### 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:**

Te Hopai's medication policy and procedures follow recognized standards and guidelines for safe medicine management practice in accord with the guidelines. Te Hopai will continue to use a monthly blister pack medication system and the local pharmacy will increase its capacity to accommodate additional residents. There is a secure treatment room on each new floor and a new medication trolley has been purchased for each area. There is one Controlled Drug (CD) safe for the new wings to be held in a locked room which will be the treatment room on level one. Each treatment room will have a medication fridge.

A medication self-administration policy is available if required. There are locked drawers available. Medication errors are treated as an incident and captured as part of the incident management system. Medication competencies have been by the newly employed RNs currently orientating in the Te Hopai hospital wing. Te Hopai employs GPs who visit daily and this service will be extended to the new site. There are two GPs that work on alternative days and who also provide weekend cover.

#### **Criterion 1.3.12.1 (HDS(C)S.2008:1.3.12.1)**

A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

**Criterion 1.3.12.5 (HDS(C)S.2008:1.3.12.5)**

The facilitation of safe self-administration of medicines by consumers where appropriate.

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

**Criterion 1.3.12.6 (HDS(C)S.2008:1.3.12.6)**

Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

### **Standard 1.3.13: Nutrition, Safe Food, And Fluid Management (HDS(C)S.2008:1.3.13)**

A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.

ARC D1.1a; D15.2b; D19.2c; E3.3f ARHSS D1.1a; D15.2b; D15.2f; D19.2c

**Attainment and Risk:** FA

**Evidence:**

Food services at Te Hopai are run by Alliance catering. The menu has been audited by a registered dietician and offers a varied menu with alternatives provided if required.

The new build has a large commercial kitchen which will be operational by early January. Until then, the current kitchen will provide additional food services for the new residents. The existing dining room is able to accommodate the additional residents in the short term and is close to the new wing to enable residents' easy access.

The caterer has a comprehensive food compliance and health and safety programme and the food will be delivered from the main kitchen to all residents in hot boxes. The General Manager stated that once the new kitchen is operational Te Hopai will upgrade the current kitchen and convert it into a small kitchen where residents will be able to enjoy recreational cooking pursuits.

Resident's nutritional assessments are completed on admission and the kitchen maintains up to date copies of residents' nutritional profiles. Special equipment such as lipped plates and built up spoons are available as the need arises. Equipment has been purchased for the new dining room on each floor.

#### **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:**



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

**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.

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

## 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

<b>Attainment and Risk:</b> FA
<b>Evidence:</b>
There are policies and procedures on waste disposal, waste management and the disposal of sharps containers. Management of waste and hazardous substances is covered during the orientation of new staff and is included as part of the biennial training plan.

There are documented policies, procedures and an emergency plan designed to allow staff to respond to significant waste or hazardous substance management. All accidents/incidents are required to be reported on the accident report form which is in turn investigated by the quality manager and the general manager. Material safety data sheets are available and these will be kept in the sluices on each floor as well as in the Health and Safety manual.

Each floor in the new wing has a sluice and sanitizer in a secure room.

Te Hopai will continue with its current chemical supplier and all chemicals are clearly labelled with manufacturer's labels. A sharps container will be kept in the treatment room on each floor.

The Hazardous Substance register identifies hazardous substances and staff receive training so that they have a clear understanding of processes and protocols.

Personal Protective Equipment is available for staff at all times. Infection control policies state specific tasks and duties for which protective equipment is to be worn.

#### **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:** PA Low

**Evidence:**

The new wings are spacious and purpose built. Structurally, the new building has been designed by architects so that in the event of a major earthquake it remains functional and can continue to serve the needs of the residents. The first floor will open 8th December with a gradual increase of rooms available over December. The second will be open end of February.

The new site is connected to the current site. There are two lifts between the floors. The lifts are easily accessible from both the new and the current wing.

The organisation has purchased all the equipment required for the new wings, including beds (as well extra-long beds), syringe drivers, pressure relieving mattresses, oxygen concentrators and scales as examples. There is a comprehensive purchase list. All rooms have a ceiling hoist and there are also two mobile hoist for each floor.

The new rooms are larger than the existing rooms at Te Hopai. The nursing station is centrally located and close to the main lounge area. The management stated that residents are able to bring their own possessions into the facility and are able to adorn their rooms as desired. All electrical equipment and other machinery is checked as part of the annual maintenance and verification checks. There are handrails in en-suites and hallways. All rooms and communal areas allow for safe use of mobility equipment. The facility has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space on each floor for storage of mobility equipment. The building certificate for public use is to be signed off later this week. Landscaping is in the process of being completed.

There are environmental audits and building compliance audits which are completed as part of the internal audit programme.

There is a planned maintenance programme to ensure all buildings and equipment are maintained. There is a full time maintenance/grounds person employed by Te Hopai Trust.

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

All buildings, plant, and equipment comply with legislation.

**Attainment and Risk:** PA Low

**Evidence:**

The new wings are spacious and purpose built. Structurally, the new building has been designed by architects so that in the event of a major earthquake it remains functional and can continue to serve the needs of the residents. The first floor will open 8th December with a gradual increase of rooms available over December. The second will be

open end of February. The General Manager advised that design initiatives, learnt as a result of the Christchurch earthquakes, have been included in the planning of the building. Document review and discussions with the management showed that the earthquake proofing has been achieved using an advanced Precast Seismic System (PRESSS).

All of the building has been built to comply with legislation.

**Finding:**

The building is in the process of being completed and therefore the CPU is yet to be completed.

**Corrective Action:**

Ensure a CPU is obtained

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

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

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

**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:** PA Low

**Evidence:**

The plans include full landscaping around the building. The main access areas will be made safe prior to occupancy with garden areas to follow.

**Finding:**

The external landscaping is yet to be completed

**Corrective Action:**

Ensure there are safe and accessible external areas

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

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

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

ARC E3.3d ARHSS D15.3c

**Attainment and Risk:** FA

**Evidence:**

A mobility toilet is located near the lounge. There are visitor/ Staff toilets on each floor. Each resident's room has a single ensuite. All ensuites throughout the facility have been designed for hospital level care and allow for the use of mobility equipment.

**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:**

Each resident's room is large enough to allow care to be provided safely and for the secure use and manoeuvring of mobility aids. Mobility aids can be used in en-suites and communal toilets/bathrooms in all areas. Residents requiring transportation between rooms or services are able to be moved from their room either by trolley, bed, lazy boy or wheelchair.

#### **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 maneuver with the assistance of their aid within their personal space/bed area.

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

### **Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining (HDS(C)S.2008:1.4.5)**

Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.

ARC E3.4b ARHSS D15.3d

**Attainment and Risk:** FA

**Evidence:**

The lounge/dining area on each floor is spacious. The first floor has a lounge and sun room. The sun room will be available to resident on opening and the main lounge on the 22 December.

The second floor has a main lounge/ dining area and a very large sun lounge. This floor will be open and available February 2015.

**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:**

Laundry services are provided by the external contractor and laundered off site. There is a small laundry area that is used for woollens and precious washing. Effectiveness of the cleaning and laundry services are monitored at the current site.

Te Hopai already employs cleaning staff who provide cleaning at the current site. One staff member will be rostered for the new site, with cleaning capability built up as the resident numbers increase.

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

**Attainment and Risk:** FA

**Evidence:**

**Finding:**

**Corrective Action:**

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

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

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

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

**Attainment and Risk:** PA Low

**Evidence:**

There are comprehensive civil defence and emergency procedures. Civil defence kits are readily accessible in a storage cupboard. New additional supplies have been purchased and will be delivered to the new site. Key staff are required to hold first aid certificates and this is monitored by the Quality manager. Currently the RNs employed to cover 24/7 have up to date first aid certs.

The facility has emergency lighting and torches. There is an additional water tank is available for the new site and located next to the building. Gas BBQ and additional cylinders are available for alternative cooking. Emergency food supplies sufficient for three days are kept in the kitchen. Extra blankets are also available.

The call bell system is installed and has visual display panels. Call bells are available in all resident areas; bedrooms, en-suite toilets/showers, communal toilets and dining/rooms. After-hours access can be obtained through the current site.



Appropriate security arrangements have been implemented according to the needs of hospital level residents.

**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:** PA Low

**Evidence:**

The existing site has an approved fire evacuation plan and all staff have received fire evacuation training. The orientation programme also include fire training

Smoke alarms, sprinkler system and exit signs are in place in the building. The management team have been advised that initial consultation with the NZ fire service indicates approval of a staged fire evacuation system.

**Finding:**

The staff have yet to have received fire training for the new wings.

**Corrective Action:**

Fire evacuation training must be provided in the new wings.

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

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

Where required by legislation there is an approved evacuation plan.

**Attainment and Risk:** PA Low

**Evidence:**

Smoke alarms, sprinkler system and exit signs are in place in the building. The management team have been advised that initial consultation with the NZ fire service indicates approval of a staged fire evacuation system.

**Finding:**

The amended fire evacuation plan has yet to be signed off as approved by the fire service.

**Corrective Action:**

Ensure the amended fire evacuation scheme has been approved

**Timeframe (days):** 90 (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.

<p><b>Attainment and Risk:</b> FA</p> <p><b>Evidence:</b></p> <p><b>Finding:</b></p> <p><b>Corrective Action:</b></p> <p><b>Timeframe (days):</b>     <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i></p>
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**Criterion 1.4.7.5 (HDS(C)S.2008:1.4.7.5)**

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

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

<p><b>Attainment and Risk:</b> FA</p> <p><b>Evidence:</b></p>
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**Finding:**

**Corrective Action:**

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

### **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:**

The new build has under floor heating and additional heaters have also been purchased as part of the emergency supply. There is plenty of natural light in the new rooms and all have windows.

### **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:**

The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is a job description for the IC coordinator and clearly defined guidelines. The infection control programme is linked to the quality and risk management system. The programme is reviewed annually and feedback was also obtained from the local DHB infection prevention and control team. Monthly reporting to the Trust Board includes infection control activities. An Infection Control committee is active within the service and they meet two to three monthly to report back on infection control practices in the facility. The quality manager who leads the IC committee has a degree in Biological Sciences with a specialization in microbiology. Training is provided for all members of the team and this year the training included outbreak coordinator, minimizing illness in aged care facilities, wound management and bugs and drugs. Along with this, the DHB team facilitate quarterly infection control meetings, which the quality manager attends, and these are also an opportunity to up skill the team.

The DHB Infection Control team is utilized as a valuable resource. Any questions requiring clarification are run by the team, which includes the hospital microbiologist.

Te Hopai has been working very hard this year to improve their antibiotic stewardship by enforcing the DHB antibiotic prescribing guidelines and to meet the McGeer criteria. At the end of the year a report is written which summarises the infection control activities for the year and compares their achievements with the infection control objectives for the year. This report is also given to our GPs so they can receive feedback on their practice.

Te Hopai has experienced one infectious outbreak this year, and this was managed appropriately by contacting the DHB and regional public health. The outbreak was managed in a timely manner and is reported in the minutes of the last infection control meeting.

Infection control training occurs as part of the orientation process and new staff complete this by the end of three months. Training on Infection Control also occurs throughout the year.

Residents with multi drug resistant organism have been managed appropriately and again the DHB infection control team have been an important resource. Te Hopai continue to maintain their registration with Bug Control on an annual basis.

### **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.)*