

# Aria Gardens Limited

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## Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of 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).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Aria Gardens Limited
<b>Premises audited:</b>	Aria Gardens Home and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 11 April 2014    End date: 11 April 2014
<b>Proposed changes to current services (if any):</b>	Plan to use/open a new 16 bed hospital wing which will be used for secure dementia care for six months. This is while the secure dementia unit is refurbished.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	131



# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

## General overview of the audit

This partial provisional audit was undertaken to establish compliance with the relevant Health and Disability Services Standards for the new wing to be opened in four weeks' time. This is a new 16 bed hospital wing which will be used as a secure dementia unit for the first six months to enable renovation of the existing secure dementia unit.

Aria Gardens Home and Hospital is governed and managed by two directors and a facility manager. The facility manager and staff are committed to the provision of quality support and care in all areas of service delivery. The facility provides rest home, hospital and dementia care services. The facility is managed by an experienced manager who has been in the role for three years.

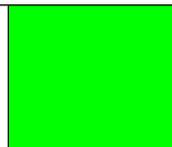
## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Not applicable to this audit.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.



Standards applicable to this service fully attained.

Organisational structures and processes are monitored at organisational level. Service performance is aligned with the organisation's philosophy and goals as identified in the comprehensive quality improvement risk and management action plan.

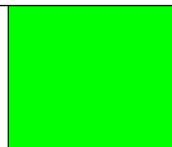
There is an extensive list of policies and procedures which describe all aspects of service delivery and organisational management. The manager is suitably qualified and is supported by two clinical managers.

Robust systems for human resource management are established. Service providers engage in ongoing training related to the care of the elderly. Education records are well maintained. The education programme is available for 2015.

There is suitably qualified staff to ensure best practice in service delivery. There is a qualified manager on call and the staff numbers employed at present are able to provide safe care and no changes are needed for the planned improvements.

## Continuum of service delivery

Includes 13 standards that support an outcome where 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.



Standards applicable to this service fully attained.

Both the food services and medication systems meet all legislative requirements.

These systems will be continued and will meet legislative requirements for the new hospital wing and short term use as a secure dementia unit.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure 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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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All health and safety obligations are in place to maximise safety. The building, facilities, furnishings and equipment are well maintained and suitable for the care and support of the elderly. Applicable building requirements and regulations are met. Sufficient equipment and supplies are provided to meet the care needs of the residents. Equipment is safely maintained by functional testing and calibration as required. Records are well maintained inclusive of an inventory of all equipment and resources available across all services.

The facility is maintained at a comfortable temperature. Cleaning and laundry services are well managed and the facility meets infection control requirements and is of a high standard. Security systems are in place.

Appropriate processes are in place to maintain safety and security for residents over twenty four hours and during an emergency. All staff receive training in emergency management.

Once all building legislative requirements are met the new 16 bed hospital wing will be open for hospital level care. In the short term this wing provide secure dementia care for six months.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Not applicable for this audit.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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There is a documented infection prevention and control programme which is approved and facilitated by the manager and clinical coordinator. All required infection prevention and control policies and procedures are available for staff.

The clinical coordinator, who is the infection prevention and control co-ordinator, participates in relevant ongoing education. Relevant education is also provided to staff. Surveillance for residents who develop infections is occurring. Overall infection rates and trends are discussed at the Infection Prevention and Control Committee (IPCC) and monthly staff meetings.

This is suitable for planned changes to facility.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	14	0	0	1	0	0
<b>Criteria</b>	0	34	0	0	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The quality improvement risk and management plan details are appropriate for a residential care facility for the elderly. The document reviewed has been developed to provide a framework for monitoring and evaluation of quality improvement from 1 January 2014 to 2016. The plan was updated in September 2014. The organisation's mission statement and philosophy are also described in the policy. There is also a commitment to the provision of quality support / care in all areas of service delivery at Aria Gardens Home and Hospital from all of the management team.</p> <p>The mission statement is to meet all residents' requirements and enhance their satisfaction with support/care. The quality principals for this service are centred round individuality, safety and demonstrate an overall commitment to quality. The directors have approved the quality improvement plan.</p> <p>The manager has structured the implementation of the quality improvement plan and has set up respective plans/schedules for staff meetings. Quality meetings, family meetings, residents' meetings, newsletters to family, monthly facility reports, reports from project initiatives and visual displays around the facility, a survey performed annually or more often if required and provides feedback from complaints and compliments. Compliments are also displayed in the different</p>

		<p>service areas</p> <p>Staff are delegated different responsibilities and this was acknowledged by staff during interview. Regular evaluation has occurred with reviews at the three monthly meetings. Staff consultation and feed-back is encouraged. Maintaining standards and audits is optimum and the quality and risk management plan states the objective, action strategy, by whom and the timeframe to be completed or if ongoing.</p> <p>Family members and residents interviewed confirm their satisfaction with the services provided and that their needs are met.</p> <p>The manager reported on interview that the plan is to increase the dementia bed numbers and monitor the changing needs of the resident.</p>
<p>Standard 1.2.2: Service Management</p> <p>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.</p>	FA	<p>During a temporary absence a suitably qualified and/or experienced person who is available, is able to perform the manager's role. There are clinical managers who are able to cover in this role. The facility manager has been in this role for about three years. The curriculum vitae for the manager is extensive. The manager is well qualified and has held many management positions for large health facilities/organisations nationally and internationally. The facility manager has the authority, accountability and responsibility for the provision of services as documented in the job description for this role. The facility manager is directly responsible to the executive director/board of directors.</p> <p>The same organisation will continue when the new hospital wing is opened and during the time the wing is used for a secure dementia wing.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Policy states that the organisation supports and facilitates training and education that is appropriate to the needs of the organisation, and maintains records of this training. The service facilitates training in line with the identified core needs of the organisation. All training and education is recorded appropriately. Training needs is identified in the annual performance appraisal process. Core training is identified and provided for all staff as per the in-service/bookings 2015. The programme is varied with presenters from within the services taking part. Attending is also a selection of guest speakers and educators, for example, the Parkinson's Society, Civil Defence - Auckland City Council, Massey University speech language</p>

		<p>students on effective communication, fire training from contracted service providers.</p> <p>Orientation is provided to all new staff. Full support is maintained to assist them to integrate into their new work environment and role. Full orientation is required to meet the standard the service expects. There is a checklist in place that is required to be completed to identify orientation has been completed. Performance is reviewed after three months service and then annual reviews are to follow. A review of staff files evidenced orientation occurred at commencement to the service. Staff interviews verified that the orientation allows them to undertake the role they are employed to do with confidence. Staff competencies are monitored by senior staff and annual appraisals used to measure staff abilities in all areas of their role. All staff appraisals sighted are up to date. Human resources management processes implemented meet legislative requirements and are reflective of current good practice.</p> <p>Interviews with staff and residents confirmed that services are delivered in a professional manner and that staff always listen to any concerns, implement changes, and ensure services meet their needs, wants and likes. The GP interviewed also confirms the services provided are delivered to meet the residents' medical needs and cares.</p> <p>The staffing arrangements will not change in the short and long term when the new hospital wing and short term secure dementia unit are opened.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The good employer policy notes there will be sufficient staff to meet the health and personal care needs of all residents at all times. The roles and responsibility of the RN are detailed. The manager, or delegated person, has discretion to extend hours and staff numbers to respond in certain situations (eg, special events, emergencies, resident acuity issues, infection outbreaks). The staffing level reflects the number and mix of residents, acuity of residents, residents' care levels, lay out of the facility, staff skills and experience.</p> <p>There is a process at organisational level to determine safe staffing levels at this facility. Six weeks of rosters were reviewed. All shifts have one staff member on duty at all times who holds a first aide certificate. There is a mix of registered nurses and care staff. All three services have to be covered. All shifts have appropriate staffing levels and this was observed on the day of the audit. The clinical manager confirms that rostered staff numbers are adjusted to meet the</p>

		<p>residents' acuity levels. Resident and family interviews do not identify any concerns for safe staffing.</p> <p>The Aria Village/bureau staff information folder has a map of the facility and provides all appropriate information about the site and significant procedures to guide bureau staff appointed to this service.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy provides guidance on medication reconciliation, prescribing, ordering, checking, storage, administration, and documentation of medications. The process for disposing expired/unwanted medications is also noted. Residents have a right to refuse medications. Where a resident refuses medications, this must be documented and communicated. Errors are required to be reported via the incident reporting system. The management of controlled drugs is included and outlines that weekly checks of balance and six monthly quantity stock count are performed. Residents who have been assessed as safe to self-administer medications (a template assessment form is available) are able to self-administer. The assessments are repeated on at least a three monthly basis. The policy notes the medical practitioner is to review all residents' medications on the three monthly basis and document the review.</p> <p>Medicines for residents are received from the pharmacy in a pre-packed delivery system. A safe system for medicine management is observed on the day of audit (RN administering the lunch time medications).</p> <p>The medicine charts are reviewed by the GP at least three monthly, with this review recorded on the medicine chart. All prescriptions sighted contain the date, medicine name, dose and time of administration. All medicine charts have each medicine individually prescribed. There is a specimen signature register maintained for all staff who administer medicines. All the medicine files reviewed have a photo of the resident to assist with the identification of the resident. All medicine signing sheets are completed on the administration of medicines.</p> <p>There are documented competencies sighted for the staff (RN and caregivers) designated as responsible for medicine management. The RNs administering medicines at the time of audit demonstrates competency related to medicine management.</p>

		<p>Standing orders are used at this facility and meet legislative requirements.</p> <p>This medicine system will not change when the new hospital wing is opened and short term secure dementia unit.</p>
<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>There is a four week rotating menu with summer and winter variations. The menu is reviewed by a dietitian (sighted). Results of a residents' survey regarding menu changes are evidenced on the menu.</p> <p>The service is managed by one chef and a cook (who cover seven days) and kitchen hands. The chef reported that they are supported by management who respond to all concerns expressed by residents relating to food.</p> <p>When unintentional weight loss is recorded, the resident is referred for a dietitian's review (evidenced in residents' files reviewed).</p> <p>There is food and nutritional snacks available 24 hours a day. The family and residents reported they were satisfied with the food and fluid services.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal comply with current legislation and guidelines. Fridge and freezer recordings are observed daily and recorded at least weekly, with the recordings sighted meeting food safety requirements. The kitchen staff have undertaken food safety management education appropriate to service delivery.</p> <p>The food management system will be maintained when the new wing is opened.</p>
<p><b>Standard 1.4.1: Management Of Waste And Hazardous Substances</b></p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>The infection control policies, the medication management policy and the health and safety policies detail how hazardous substances are to be stored. The disposal processes for various categories of waste including sharps, used incontinence products, general waste, and unwanted/expired medication are also detailed.</p> <p>The service has wall mounted yellow boxes for sharps. Replacements are available when containers are full. A large skip is available for all flattened cardboard and this skip is collected and emptied when full. The recycle bins are emptied by the Auckland City Council weekly along with removal of the newspapers.</p>

		<p>Hazardous substances are stored in separate storage sheds (for chemicals) located outside, behind the laundry. Suppliers can deliver directly and place in the storage. There is a cupboard for the cleaner`s trolleys when not in use. The laundry has a separate storage shed for bulk chemicals which is locked. Personal protective equipment (PPE) is available inclusive of hearing protection and boots for the maintenance manager. A commercial carpet cleaner is available and additional PPE is available for staff managing this equipment.</p> <p>Interviews with staff confirmed the implemented policies and procedures relating to appropriate storage and waste disposal ensure current legislation is met. The maintenance manager confirms that there are no specific territorial authority requirements for waste disposal. Emergency planning includes actions to be taken should an incident occur involving infectious or chemicals. Staff confirm they have access to appropriate (PPE) equipment. Staff are observed wearing disposable gloves and aprons as required.</p> <p>This service is adequate for the proposed changes to the service.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Moderate</p>	<p>The transportation of resident policy details responsibilities to ensure residents transported are done so in a safe manner. The code of conduct for the driver was noted along with requirements to ensure the vehicle was maintained to meet all legislative and operational requirements. All health and safety policies and procedures have been reviewed and are next due for review March 2015.</p> <p>The maintenance manager reports to the facility manager on a regular basis. The maintenance plan reviewed evidenced that all audits and checks of equipment work was well planned over the year. Day to day maintenance reported by staff is adhered to immediately. The records are well documented and receipts and evidence of all maintenance are readily available. All processes are undertaken to maintain a safe environment.</p> <p>Staff interviewed, including the housekeeper manager, cleaner, laundry personnel, caregivers and registered nurses, confirm the experience and expertise of the maintenance manager and that there was never any equipment or resources that is not functional in the service areas.</p> <p>All service areas are well planned and the maintenance manager interviewed demonstrated how the system works effectively in this role by efficiently planning ahead as well as the day to day maintenance which has to be addressed. A full</p>

		<p>inventory is maintained of all electrical equipment that requires checking. Some companies remind of their visits to completed checks and other have to be personally contacted by the maintenance manager.</p> <p>Contracted companies check fridges and freezers installed that have digital readout but additional maintenance was scheduled. Hot water monitoring is completed weekly across all services and the tempering valves are also rechecked. All equipment is tagged and a record maintained. Electrical equipment testing is up to date. All receipts and checks are updated and retained in the appropriate folders reviewed. All laundry equipment is checked by the contractor. Any equipment removed from service, or that fails testing was recorded and disposed of appropriately or was repaired if able and re-tested. There is a faults maintenance book for the day to day requirements. Requests are signed of when completed or fixed.</p> <p>The manager reported that the equipment required for the both the hospital and use of this wing for short term secure dementia unit will be available.</p> <p>The building warrant of fitness was clearly displayed and the expiry date is the 15 July 2015. The outside areas are safe for residents to access. Seating and shaded areas are available, inclusive of the dementia service. Sun umbrellas are available in the summer months.</p> <p>The outside area of the new hospital is secure and suitable for residents with dementia requiring a secure unit.</p> <p>Legislative requirements need to be completed prior to opening the new 12 bed unit.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>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.</p>	<p>FA</p>	<p>Toilet and showers are available in close proximity to the residents' bedrooms. The toilet and shower areas are large enough to allow residents and staff (with or without mobility aids) to move around safely in all areas. There are privacy locks and vacant and engaged signs on all shower and toilets throughout the facility sighted. The newest wing's bedrooms all have ensuites with a shared arrangement between rooms. A new wing with bedrooms (the Garden Suite) have own ensuite bathrooms. The hot water monitoring occurs weekly and the records were reviewed. All bedrooms and all bathrooms have hand sanitising gel, flowing soap and paper towel dispensers.</p> <p>There is sufficient toilet/showering facilities for residents in the new wing for both</p>

		hospital and secure dementia care level residents.
<p><b>Standard 1.4.4: Personal Space/Bed Areas</b></p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>There are six wings in this facility which has rest home, hospital and dementia services for a total of 135 beds. On the day of the audit there are 131 residents in total. The single occupancy rooms provide space for residents to safely manoeuvre with or without walking aids. As observed, residents are encouraged to personalise their bedrooms. The rooms are personalised with photographs, paintings and soft furnishings of their choice.</p> <p>The maintenance manager interviewed assists the residents to hang things on the wall to make the rooms homely and ensure safety at all times. This was confirmed during the interviews with residents and family. Information given to residents/family prior to admission identifies that they are welcome to personalise their bedrooms. There is a separate area for charging up wheelchair batteries at night.</p> <p>The rooms in the new hospital are sufficient for residents requiring both hospital and secure dementia level care.</p>
<p><b>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</b></p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Residents are provided with safe, adequate, age appropriate accessible lounge and dining areas. There is one large lounge area in the hospital and 'fall out' chairs can be placed in there. A large dining area accommodates a large number of residents at the main meal times. Each service area has a dining room and comfortable lounges. Areas are furnished to meet residents' safety and comfort needs. Resident interviews confirm they may use all areas as they wish. This was observed during the audit. The only secure area is the separate dementia unit.</p> <p>There is a separate dining area, activity area and quiet area in the new wing which is sufficient for residents requiring both hospital and secure dementia level care.</p>
<p><b>Standard 1.4.6: Cleaning And Laundry Services</b></p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting</p>	FA	<p>The cleaning policy details what cleaning is to be undertaken, the frequency and what products are to be used. The manuals are available for both cleaning and laundry services. The laundry policy details linen handling and washing processes (including temperature and chemicals used) for various linen including resident's</p>

<p>in which the service is being provided.</p>		<p>own laundry/clothes and soiled linen. Cleaning materials are stored in a secure area. Cleaning task lists are followed by staff to ensure all cleaning requirements are completed. The facility looks and smells clean. Chemicals are supplied by a preferred provider and safety data sheets are available in all service areas and on the cleaners' trolley. All chemicals sighted are correctly labelled.</p> <p>The laundry has a clean/dirty flow and has adequate equipment and resources for the number of residents in the facility. The laundry task list was followed on a daily basis. Interviews with the cleaner, laundry and the household supervisor confirms that they can complete all required tasks in the time allocated. An observation is that there is a significant amount of work in the laundry for one staff member to complete on a daily basis. The staff understand the requirements related to infection control practices and use PPE as required. The laundry service has a labelling machine which was beneficial for labelling all clothing for residents. For clarity a coloured linen bag system is utilised - white, red and blue. Material data sheets are available in both areas laundry and cleaners room.</p> <p>Regular internal audits are undertaken for both the laundry and the cleaning services. Staff have received ongoing education and evidence is seen of this in 2015 education plan. Household staff interviewed reported knowledge of all chemical and infection control issues and were given updates through the internal education system.</p> <p>No changes to the present system will be required for the change of service.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>The health and safety policy advises staff are required to check all residents are accounted for when the external doors are locked. External doors are to be locked at 8.30pm or earlier when it gets dark earlier for security purposes. The organisation has an emergency disaster plan in place. The maintenance manager explained all the policies and procedures in place for this service. Contingency measures are planned in readiness for any emergency situation, such as the asset register was up to date and is available to ensure physical resources can be quickly determined, the building was maintained so that provision of heating and lighting was not compromised, employees are trained about their roles in the event of an emergency, hazardous substances are safe from damage in the event of fire and/or earthquake.</p> <p>Civil defence equipment and resources are available to access in the event of an emergency, such as a gas/water system, water supplies, gas bottles, barbecues for</p>

		<p>cooking, hot water storage was now portable and some bottled water was available, torches, emergency lighting, emergency doors are now on battery backup for a minimum of 90 minutes. Emergency food and water is available for at least three days if required.</p> <p>The health and safety committee identifies that fire and evacuation training is undertaken during new staff orientation and is ongoing six monthly. A list of participants was sighted and the number of staff attended. There were no corrective actions observed from the fire evacuation drills. Each shift, a staff member on duty has a current first aid certificate.</p> <p>Inspections of the emergency lighting and equipment, fire alarms and sprinklers are carried out on a regular basis to meet legislative requirements. The facility has smoke detectors and sprinklers which are linked to the fire service. The amendments to the approved emergency evacuation plan is signed off by the New Zealand Fire Service in January 2015.</p> <p>A call bell system is available throughout the facility in all service areas, bathrooms and individual residents` rooms. Call bell system checks are performed by the maintenance manager regularly as per the schedule sighted. The new hospital has call bells in all areas and these will be signed off as part of the legislative certificates.</p> <p>Security cameras are throughout the facility. Staff in each area ensure their respective areas are safe and locked on the afternoon and night shifts.</p> <p>This system will be sufficient for the proposed changes to the service.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>Sky lights and external windows are available in all wings to provide adequate natural light. Under floor heating is available. If required wall ceramic heat panels can be used in some areas. Boilers heat the hospital and the dementia unit and the rest home runs off this boiler as well. Thermostats are visible in each region and these can be pre-set. Temperatures are checked regularly in the winter months to ensure an even temperature is maintained. This system doubles up as an air conditioner in the summer. Heat pumps are available in the dining rooms, offices and main entry foyer and the atrium. The certificate of registration for the main boilers is completed and current.</p> <p>The new wing has sufficient natural light, ventilation and heating to meet the requirements of residents requiring hospital level care and secure dementia level</p>

		care.
<p><b>Standard 3.1: Infection control management</b></p> <p>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.</p>	FA	<p>The infection control policy contains all requirements to meet the standards.</p> <p>The service has a documented infection control programme which is reviewed annually (evidence sighted). The infection control programme minimises the risk of infections to residents, staff and anyone else visiting the facility.</p> <p>The infection control co-ordinator is the clinical manager and is supported by two clinical educators. The infection control position description (sighted) has clear guidelines for the accountability and responsibility in the infection control manual. Infection control is a standing agenda item in the staff meetings. If there is an infectious outbreak this is reported immediately to staff, management, and when required, to the DHB and public health departments.</p> <p>The infection control committee (IPCC) meets monthly and feedback is given at the staff meeting. The sighted agenda and minutes for the IPCC meeting contain the infection surveillance control data, rate, and interventions. The infection control co-ordinator and GP interviewed reported that the staff have good assessment skills in the early identification of suspected infections. Residents with infections are reported to staff at handover, have short term care plans and documentation in the progress notes.</p> <p>A process is identified in policy for the prevention of exposing providers, residents and visitors from infections. Staff and visitors suffering from infectious diseases are advised not to enter the facility by notices at entrances. When outbreaks are identified in the community, notices are placed at the entrance not to visit the service if the visitor has come in contact with people or services that have outbreaks identified. Sanitising hand gel is available throughout the facility and there are adequate hand washing facilities for staff, visitors and residents. Residents suffering from infections are encouraged to stay in their rooms if required, though the infection control coordinator reports that this can be difficult at times with residents with cognitive impairment.</p> <p>The RNs and caregivers interviewed were able to demonstrate good infection prevention and control techniques and awareness of standard precautions, such as hand washing.</p> <p>The infection prevention control policies and processes are sufficient for the new</p>

		hospital wing and short term use as a secure dementia unit. The GP wasnot available for interview on the day of the unit.
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## Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Moderate	The new wing has not yet completed a Code Compliance or Certificate for Public use. This is required prior to use.	The new wing does not have a Code Compliance or Certificate for Public use.	Ensure the required legislative documents are completed prior to opening the new hospital wing.  90 days

## Specific results for criterion where a continuous improvement has been recorded

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As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display
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End of the report.