

# Claud Switzer Memorial Trust Board

---

## 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 Health and Disability Auditing New Zealand 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:

**Legal entity:** Claud Switzer Memorial Trust Board

**Premises audited:** Switzer Residential Care

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 22 July 2015 End date: 22 July 2015

**Proposed changes to current services (if any):** This partial provisional audit was to review the level of preparedness of the provider to operate a 15 bed specialist dementia service. This will include reducing the current rest home beds from 43 to 25; converting 15 rest home beds to specialist dementia service beds; adding 3 beds to the existing 16 dual purpose beds to give 19 dual purpose beds; adding 2 new rooms to increase the dual purpose beds to 21 beds. There is no change to the existing 30 hospital level beds. This will increase total beds from 89 to 91 beds. The intention is to open the dual purpose beds on the day of

opening and to have a staged opening of the 15 beds in the dementia service. Initially the provider will open 8 of the 15 beds in the dementia service and then open the remaining 7 beds as demand increases.

**Total beds occupied across all premises included in the audit on the first day of the audit: 82**

# Executive summary of the audit

---

## 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.

## General overview of the audit

The provider is certified to provide rest home level care for up to 43 residents and hospital level care for 46 residents (of which 16 beds are dual purpose beds). On the day of the audit there were 82 residents living at the facility.

The purpose of this partial provisional audit was to assess the preparedness of the service to provide an additional two dual purpose beds and to provide specialist dementia care services to a total of 15 residents in addition to their existing rest home and hospital level services. The 15 dementia unit beds will be opened in two stages. The first stage will only involve 8 of the 15 beds. The remaining dementia unit beds will be opened when demand necessitates.

This audit verified that there are appropriate processes and staffing levels in place to service the reconfiguration.

The service has addressed one of two shortfalls from the previous certification audit around the utilisation of short term care plans. Improvements continue to be required in relation to the documentation of wound management.

## **Consumer rights**

No audited

## **Organisational management**

Switzer Residential Care is a charitable trust. The facility is managed by a general manager who is a registered nurse with a current annual practising certificate. The general manager has been in the role since 1998. The general manager is supported by a nurse manager who has been in post since 2010, having previously been employed as a registered nurse at the facility. The registered nurse in charge of the dementia unit has been employed since 2012 and will report to the nurse manager. The service is converting existing rest home beds to a 15 bed dementia unit and has added two new dual purpose beds to the hospital and rest home area. All new beds will be staffed by existing staff. The RN who will be in charge of the dementia unit has completed specialist dementia training from the University of Tasmania and has a post graduate qualification from the University of Auckland. There will be an activities programme offered in the dementia unit that will be run by diversional therapists. HCAs currently participate in the ACE training programme. The core ACE programme is compulsory. On the day of audit there were 27 health care assistants who had completed ACE core training. Two rosters have been developed for the 8 bed dementia unit and the 15 bed dementia unit. The rosters are appropriate and based on the safe staffing guidelines. There will be no change to existing kitchen, cleaning, laundry, maintenance, gardening staff. General practitioners, pharmacy, dietetics, physiotherapy and podiatry services are contracted and there will be no change to existing service provision.

## **Continuum of service delivery**

There will be no significant change to the medicines management system. Medicines will continue to be administered by registered or enrolled nurses who have been assessed as competent to administer medicines. The dementia unit will have its own dedicated medicines room and medicines administration trolley. There will be no significant change to the food management system. Food will be delivered plated from the kitchen in specialised trollies for maintaining correct food temperatures. The service has

addressed one of two service delivery shortfalls from the previous audit around the utilisation of short term care plans. Further improvements are required to the documentation of wound management, which remains unclear.

## **Safe and appropriate environment**

The provider has obtained a certification of public use for the new building work. An application has been lodged with the New Zealand Fire Service to alter its existing fire evacuation plan and the application has been provisionally approved. A fire evacuation has been conducted recently with current staff that will also provide staff in the dementia unit. The provider is awaiting final approval and receipt of the revised fire evacuation plan. There is an appropriate call system in place in all new bedrooms and common areas. All bedrooms are single use and have ensuite hand basins and toilets. The two dual purpose rooms include ensuite bathrooms and external doors. The dementia unit residents will use communal shower areas and there is an additional resident toilet located in the lounge area. The physical environment in all rooms and the fixtures, fittings and furnishings has been designed to minimise the risk of harm to residents. The dementia unit has two secure external areas one of which is an internal courtyard, which is highly visible from the common areas in the unit. The dementia unit has maximised the use of technology to ensure patient safety. It has a CCTV system in the corridors and common areas and an electronic system in bedrooms, which will alarm staff to resident movements that are outside of pre-set parameters. Beds have sensor mattresses that can alert staff and rooms have electronic beam systems installed. The nursing station is incorporated within the multipurpose lounge, dining, kitchen area in the dementia unit. There will be no change to existing waste management practices, cleaning, laundry and emergency management systems. The external areas of the dementia unit have been landscaped.

## **Restraint minimisation and safe practice**

Not audited

## Infection prevention and control

The existing infection prevention control programme will not change with the new building arrangement. The programme is appropriate for the size of the service and is managed by a registered nurse.

### 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	15	0	2	0	0	0
<b>Criteria</b>	0	36	0	2	0	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>Switzer Residential Care is a charitable trust with a board of three trustees. There is an advisory group – that includes a kaumatua – who meet with the board of trustees quarterly. The facility is managed by a general manager (registered nurse) with a current annual practising certificate) who has been in the role since 1998. The general manager meets monthly with the board of trustees. There is a strategic plan 2015-2020 that includes long term goals, vision, mission and philosophy. There is an annual business, quality improvement and risk management plan (April 2015) that details the quality programme such as audit schedule, surveys management of complaints and the like. Benchmarking is undertaken as part of the Far North Quality &amp; Benchmarking Group, which groups meet three monthly. The service is also involved in the First Do No Harm project with Northland DHB with the aim of reducing pressure injuries and falls.</p> <p>The general manager is supported by a nurse manager who has been in post since 2010 having previously been employed as a registered nurse at the facility. The registered nurse in charge of the dementia unit will report to the nurse manager.</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>	<p>FA</p>	<p>During the temporary absence of the general manager, the nurse manger will cover the role (and vice versa). Both the general manager and nurse manager are experienced registered nurses.</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>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. A list of practising certificates is maintained. Six staff files were reviewed of staff that will be rostered to provide services within the dementia service. The six staff files reviewed included the registered nurse (RN) who will be in charge of the dementia service, an enrolled nurse (EN), a diversional therapist (DT) and three health care assistants (HCAs). All staff records contained relevant documentation relating to employment and performance appraisals. The service has an education coordinator who is responsible for ensuring the orientation programme is completed for new staff. There is a buddy system for new staff and a 'train the trainer' programme in place. There is a two yearly education plan in place that includes all required education as part of these standards. The plan is coordinated by the education coordinator and is seen to be implemented. Compulsory study days are offered every second month and staff are required to attend one day annually. Staff are able to make suggestions on additional topics for inclusion in the in-service calendar. Training attendance is recorded on a database, and the education coordinator monitors attendance.</p> <p>The RN who will be in charge of the dementia unit has completed a course in the understanding residents with dementia with the Faculty of Health University of Tasmania and has a post graduate certificate of the biology of aging with University of Auckland. HCAs participate in the ACE training programme. The core ACE programme is compulsory. On the day of audit there were 27 health care assistants who had completed ACE Core training (i.e. Level 2 NZ Qualifications Authority (NZQA) equivalent training), 18 who had completed specialist dementia training and 11 who had completed Level 3 NZQA training. The provider is aware that staff directly involved in providing care to residents in the dementia unit will have specialist dementia training. A competency programme is in place with different requirements according to work type. Competencies are completed and a record of completion is maintained in the database. Medication competencies are completed for registered nurses and enrolled nurses who give medicines. Health care assistants are not involved in administering medicines.</p>

		There is a staff member with a current first aid certificate on every shift.
<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>	FA	<p>The service is converting existing rest home beds to dementia beds and has added two new dual purpose beds to the hospital and rest home area. The new beds will be staffed by existing staff. The facility is currently staffed according to the SNZ HB 8163:2005 Indicators for safe aged care and dementia care for consumers' guidelines and will continue to be staffed according to occupancy. All medicines will be administered by RNs or ENs. The service has a documented rationale for determining staffing levels and skill mix for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The general manager and nurse manager provide back up on-call to the RNs on duty.</p> <p>The proposed nursing roster for the eight bed specialist dementia service unit:</p> <p>RN Cover:</p> <p>One RN who is the designated RN in charge of the unit who will work Monday, Tuesday and Weds, 7 am to 3.15 pm initially until occupancy increases.</p> <p>One EN who will work Thursdays and Fridays 7 am to 3.15 pm (i.e. the same hours as the RN)</p> <p>RN cover for the weekends will be provided by the RNs employed in the hospital area, who will also give medicines.</p> <p>HCA Cover:</p> <p>AMs: One HCA commencing 7 am to 3.15 pm and one HCA 7 am to 12.30 pm</p> <p>PMs: One HCA commencing 3 pm to 11 pm and one HCA 3 pm to 8.30 pm.</p> <p>Nights: One HCA for 8 clients (or 15 clients) supported by and relieved by the other staff working in the hospital and rest home area.</p> <p>HCA's may be replaced by RNs or ENs from time to time. All HCA's rostered to work in the dementia unit will have completed their dementia unit standards. The HCA's are currently employed in the rest home and hospital area.</p> <p>The proposed nursing roster for the 15 bed specialist dementia service unit:</p>

		<p>RN Cover:</p> <p>One RN who is the designated RN in charge of the unit who will work Monday to Friday 7 am to 3.15 pm. RN cover for the weekends will be provided by the RNs employed in the hospital area, who will also give medicines.</p> <p>AMs: Two HCAs commencing 7 am to 3.15 pm and one HCA working 7 am to 11 am</p> <p>PMs: One HCA commencing 3 pm to 11 pm and one HCA 3 pm to 8.30 pm. (HCAs may be replaced by RNs or ENs from time to time).</p> <p>Nocte roster is unchanged.</p> <p>Additional staff for the dementia service includes the following:</p> <p>Activities will be provided by two diversional therapists dedicated to the specialist dementia unit who will provide the activities programme from 2 pm to 5pm Monday to Friday and 1 pm to 3 pm on Saturdays and Sundays. The diversional therapists are also employed as HCAs in the unit. The HCAs will provide the activities programme during the daytime in the absence of dedicated diversional therapy.</p> <p>Other service arrangements:</p> <p>Kitchen, cleaning, laundry, maintenance and gardening will be done by existing staff. General practitioners (GPs) are contracted and there will be no change to their service provision. All GPs in the area service the facility and tend to continue to provide services to their patients following admission. Pharmacy, dietetics, physiotherapy and podiatry are contracted and there will be no change to existing service provision.</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>There will be minimal change to the existing medicines management system. The new dementia unit has a dedicated medicines management room within the unit and its own dedicated medicine trolley. Only RNs or ENs (all of whom have been previously assessed as competent) will administer medicines. These staff have been employed for over two years in the facility and are currently involved in medicines administration to the rest home and hospital level residents. There are policies and procedures in place to guide staff on medicines management. All medicines are charted by the residents' GP. The facility has a contract in place for medicine supply with a local pharmacy. Tablets are packaged using the robotics system. Non-tablet medicines are supplied in pharmacy labelled containers. Staff</p>

		<p>have access to online medicines information from the pharmacy, the GPs and MedSafe. Competency tests are done annually and also if there is a medication administration error. Medication management training is ongoing. There are four residents self-administering medicines (i.e. three residents living in the rest home and one in the hospital). The facility does not use standing orders. GPs conduct reviews of residents three monthly to ensure medicine supply and this date is recorded in the medicine record. The RNs use a diary system to ensure GP reviews occur in a timely manner. Medicines storage is appropriate. There is a contracted pharmacy and the pharmacy conducts six monthly pharmacy audits. Medicines no longer required are quarantined and returned to the pharmacy. Medicine reconciliation occurs when patients are admitted with medicines. All medicines received in the facility are checked on arrival by the RNs. The pharmacy can deliver every day of the week if necessary. Medicine management information is recorded according to policy.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is established and will be able to accommodate the reconfiguration of services and the increase of two residents in total. An additional temperature controlled tray plated trolley has been purchased to deliver the food to the new dementia unit residents and additional cutlery and crockery have been purchased. The dementia unit has dedicated refrigeration and freezer capacity and a lockable pantry. Additional snacks will be available and stored within the dementia unit to enable residents' access to food 24 hours a day.</p> <p>The facility has a large workable kitchen. The kitchen and the equipment are well maintained. Two chefs are employed to provide meal services over seven days a week to all residents. There is a rotating four weekly menu in place that was designed by a dietitian and last reviewed in 2015. Diets are modified as required. There is a choice of food and the kitchen service can cater to specific requests if needed. An RN completes each residents nutritional profile on admission with the aid of the resident and family. Special diets are catered for and documented in the kitchen. Updates are communicated back to the kitchen should this occur. Food safety information and a kitchen manual are available in the kitchen. The service encourages residents to express their likes and dislikes. Equipment is available as needed. Residents requiring extra support to eat and drink are assisted. The service has a process of regular checking of food in both the fridge and freezers to ensure it is disposed of when use by date expires. Fridge/freezer temperatures are checked daily. Food is covered and dated. The kitchen is clean and all food is stored off the floor. Chemicals are locked away. Food audits are carried out as per the yearly audit schedule. Kitchen staff have been trained in safe food handling.</p>

<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	PA Low	The previous certification audit identified that wound assessment documentation and management plans were not being correctly completed. A review of seven residents with current wounds showed that further improvements are required.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	The previous certification audit identified that short term care plans were not being utilised for residents with short term conditions. This audit confirmed that in 10 sets of clinical records reviewed that short term care plans were in place for residents where clinically indicated. Short term care plans sighted in addition to plans for residents with wounds included plans for residents with a urinary tract infection, upper respiratory tract symptoms, nausea, and balance problems demonstrating that where progress was different from expected, the service responded by initiating changes to the service delivery plan using short term care plans.
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</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>There will be no change to the existing practice of waste management within the facility.</p> <p>The service has implemented policies and procedures for the disposal of waste and hazardous material. There is an adverse event reporting process in place for investigating, recording and reporting all events. There is an emergency manual available to staff, which includes hazardous substances. There is an emergency plan to respond to significant waste or hazardous substance management. Waste management/chemical training occurs annually. All chemicals are appropriately labelled and stored in locked areas. Sufficient gloves, aprons, and goggles are available for staff. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn.</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>	FA	<p>The building holds a Certificate of Public Use (email sighted dated 22 July 2015) and a current warrant of fitness, which expires in June 2016. The warrant of fitness was renewed following the completion of the current building renovations. All fixtures, fittings and furnishings have been installed and the rooms are currently being used as rest home and hospital beds. The reconfiguration has not affected the current status of the building warrant of fitness.</p> <p>The layout of the specialist dementia unit has been designed and built to minimise physical harm to residents. It has an internal courtyard with shade and seating, which can be seen from almost all aspects (e.g. the living area and the corridors).</p>

		<p>The service has a small external garden, which has a secure fencing system in place. The design is a square layout of corridors and rooms around an internal courtyard. A CCTV camera system installed in the common living areas and corridors has reduced the number of blind spots throughout the unit. The bedrooms have wireless sensor units installed and pressure sensitive mattresses. Both systems will alert staff to resident movement in their bedrooms when staff are not in attendance. The CCTV camera system is able to be monitored from the nursing station. The wireless sensor system will alarm and alert the HCAs responsible for providing care through beepers, which will be carried by the HCAs. The kitchen has a ceramic cooktop, which does not heat up when in use or stay hot when not in use. It has an under bench oven. The hot water tap in the sink has a security lock system in place. There is a moveable kitchen workbench that can be moved in front of the oven if the kitchen is unattended, providing a barrier between residents and the potentially hot stove. The oven and the dishwasher have an isolation system in place to ensure that residents cannot operate the equipment in the absence of staff. Flooring is non-slip in potentially wet areas. There is lino in the bedrooms with carpet squares laid over the top of the lino so that carpet squares can be removed if necessary to meet resident's needs. Residents will be able to have personal items in their rooms.</p> <p>The internal courtyard and the external area in the dementia unit have been landscaped.</p> <p>There is an established system of reactive and preventative maintenance in place. Full time maintenance staff are employed. The facility's amenities, fixtures, equipment and furniture are appropriate. There is sufficient space to allow residents to move around the facility freely. The hallways have handrails and are wide enough for appropriate traffic. The lounge areas are designed so that space and seating arrangements provide for individual and group activities. Level paths to the outside areas provide safe access for residents and visitors. Pathways are clear and well maintained.</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>All new resident rooms (i.e. dementia and dual purpose rooms) have an ensuite toilet and handbasin. The two new dual purpose rooms have ensuite showers as well. There is an additional toilet off the living area in the dementia unit and an additional toilet for staff use who are working in the dementia unit. There are two communal showers provided in the new dementia unit. An additional two communal showers have been added to the hospital and rest home areas. Communal showers and toilets have privacy locks and adequate signage. There are grab rails in the toilets and in the communal showers and these rooms are</p>

		<p>disability friendly. There are paper towel dispensers, flowing soap dispensers and hand gel dispensers installed throughout the facility.</p> <p>Visitors to the dementia unit are able to use dedicated visitors toilets located in the rest home and hospital area. Hand basins are located in all service areas. All toilets have access to hand basins and adequate hand drying facilities. Hand sanitizer gel is provided throughout the facility. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. The floor coverings are carpet squares and vinyl. The facility is clean and well presented and the rest home and hospital area have been refurbished as part of the reconfiguration.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All rooms are single occupancy. There is adequate space in all bedrooms for residents and staff. The rooms are spacious and will accommodate a hoist if needed. Doorways into residents' rooms and communal areas are wide enough for wheelchair and trolley access.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The new dementia unit has a multi-purpose living, dining area and adjoining kitchen. Activities in the dementia unit will occur in the lounge and residents will be able to access their rooms for privacy when required. Residents will be able to move freely from their bedrooms to the living room and outside. Internal and external doorways are level with pavements.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>The existing cleaning and laundry services will be able to accommodate the reconfiguration with no change to the existing services. The dementia unit has a dedicated storage area for the secure storage of cleaning equipment and chemicals, and a secure area for the storage of clean linen supplied by the laundry. There is a secure sluice room in the dementia unit, which will be used to house used laundry until such time as the laundry staff collect it. There are policies and processes in place for cleaning and laundry services and these services are included in the internal audit programme.</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>	PA Low	<p>There is an approved fire evacuation plan in place. A change to the plan is required by the NZ Fire Service who have inspected the premises. An application was lodged with the NZ Fire Service (Dated 3 July 2015) and the Fire Service have confirmed by email (dated 22 July 2015) that they are satisfied that the application meets the requirements of the Fire Safety and Evacuation of Buildings Regulations 2006 and has recommended it for approval. The application is currently awaiting a</p>

		<p>final decision.</p> <p>A fire evacuation was conducted on 1 July 2015 involving current staff, which included all new rooms.</p> <p>The current call bell system in the hospital and rest home area will accommodate the two new dual purpose beds. The system is electronic with indicator panels in the corridors.</p> <p>The dementia unit call bell system has been designed so that each bedroom has an emergency button where the resident, staff or visitors can summon staff assistance. In addition, each bed has a sensor mattress, which triggers an alarm if the resident gets out of their bed. The system automatically turns the lights in the room and the toilet on and off as the resident moves around the room or goes back to bed. Staff will carry pagers with them, which will alert them if the individually set profile for the resident is outside pre-set parameters. There are emergency bells in the lounge/dining room area. There is a CCTV system in place for monitoring movements in the corridors and the lounge/dining room which can be monitored from the nurses' station which is located in the lounge/dining multipurpose room.</p> <p>Staff are provided with appropriate training, information, and equipment for responding to emergencies. Each shift is staffed by a person who holds a current first aid certificate.</p> <p>There is a civil defence and emergency plan in place. The civil defence kit is readily accessible. The facility is well prepared for civil emergencies and has emergency lighting, a generator, and a bore for water that is purified on site, and a gas BBQ for alternative heating and cooking. Emergency food supplies sufficient for at least three days (but usually a fortnight) are kept in the kitchen. Hoists have battery back-up. Oxygen cylinders are available. At least three days stock of other products such as incontinence products, PPE and medicines are kept. There is a store cupboard of supplies necessary to manage a pandemic.</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>The dementia unit and the two new dual purpose beds have abundant natural light through external windows. The hospital rooms have external door access.</p> <p>Ventilation in the dementia unit has been addressed by including doors that can open into secure areas and windows that can open on secure window stays. The dual purpose rooms include external opening windows and doors.</p> <p>Heating in the dementia unit is provided by an under floor electric heating system and radiators which are thermostatically controlled to low temperatures. The</p>

		<p>lounge dining room has an electric flamed fireplace which will be used for effect only, rather than heating. The facility has a designated external smoking area for rest home and hospital residents. Wall thermometers will indicate air temperatures throughout the facility. Heating in the dual purpose area is supplied by electricity.</p> <p>The dementia unit is a non-smoking area and prospective residents and their relatives will be advised. The site is non-smoking for visitors. Staff have a dedicated smoking area.</p>
<p>Standard 3.1: Infection control management</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>	<p>FA</p>	<p>There will be no changes to the existing infection prevention control programme with the new building arrangement. The content and detail of the programme is appropriate for the size, complexity, and degree of risk associated with the service. The scope of the infection control programme policy and infection control programme description is available. There is a job description for the infection control coordinator. There is an implemented infection control programme that is linked into the quality management system. The quality committee (that includes infection control and health and safety) is responsible for the development of the infection control programme and its review. The programme is reviewed annually. The facility has access to GPs, local laboratory, the infection control and public health departments at the local DHB for advice. There are monthly health &amp; safety/infection control meetings. Information from these meetings is passed on to the staff meetings (and up to the Board via monthly reporting/meetings).</p>

## 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)
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Low	<p>A review of wound management documentation for seven residents who had current wounds evidenced that information continued to be incomplete and unclear in all seven of seven wound management plans. Only two of the seven short term care plans for wound management were linked to the consumer's long term care plan.</p>	<p>Wound management documentation in short term care plans and long term care plans continues to be incompletely documented to guide care to residents.</p>	<p>Ensure wound management documentation is fully documented in both short and long term care plans.</p> <p>60 days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	<p>A change to the existing approved fire evacuation plan is required by the NZ Fire Service who have inspected the premises. An application was lodged with the NZ Fire Service (dated 3 July 2015) and the Fire Service have confirmed by email (dated 22 July 2015) that they are satisfied that the</p>	<p>There is a need to obtain a new fire evacuation plan. An application was lodged with the NZ Fire Service (dated 3 July 2015) and the Fire Service have confirmed by email (dated 22 July 2015) that they are satisfied that the application meets the requirements of the Fire Safety and</p>	<p>Obtain a new fire evacuation plan that incorporates the reconfiguration.</p> <p>60 days</p>

		<p>application meets the requirements of the Fire Safety and Evacuation of Buildings Regulations 2006 and has recommended it for approval. The application is currently awaiting a final decision.</p> <p>A fire evacuation was conducted on 1 July 2015 involving current staff, which included all new rooms.</p>	<p>Evacuation of Buildings Regulations 2006 and has recommended it for approval. The application is currently awaiting a final decision. The plan is awaiting a final decision.</p>	
--	--	---	---	--

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

---

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
--------------------

End of the report.