

The Ultimate Care Group Limited - Ultimate Care Cambridge Oakdale

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:

Legal entity:	The Ultimate Care Group Limited
Premises audited:	Ultimate Care Cambridge Oakdale
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: 27 November 2015 End date: 27 November 2015
Proposed changes to current services (if any):	Change 15 rest home beds to dual purpose hospital-medical and geriatric.
Total beds occupied across all premises included in the audit on the first day of the audit:	37



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 Ultimate Care Group Ltd (UCG) purchased Oakdale Rest Home in Cambridge on 2 November 2015. It is proposing to extend its scope of service by designating 15 of its rest home beds to dual purpose beds to provide hospital-medical and geriatric level care. At maximum capacity this would have the facility providing 16 dedicated rest home beds, 15 dual purpose rest home or hospital beds and 16 dementia care beds.

UCG are already providing all these types of service delivery across the 17 aged care facilities it operates. The organisation demonstrates knowledge and understanding about the requirements for providing safe and effective medical and geriatric hospital level care.

This partial provisional audit also assessed the suitability of Cambridge Oakdale in terms of the facility, staffing, medicines, food and nutrition and its infection control systems.

The onsite audit revealed that minor modifications to the environment, purchase of equipment and furniture and additional staffing were required.

Consumer rights

Not applicable to this audit.

Organisational management

The organisation has a stable and suitable governance structure with a history of providing effective hospital level care at other aged care facilities across the country. There are no barriers identified in relation to governance or management.

Action is being taken to recruit more registered nurses (RNs) to ensure that at least one RN is on site at all times. There is a requirement to implement the proposed roster for safe staffing levels in all areas of service delivery, including cleaning, laundry, kitchen and activities.

Continuum of service delivery

The medicines system in place is safe and meets best practice guidelines. There is a requirement to ensure RNs hold intravenous certificates and are assessed as competent in the use of syringe drivers.

Food and nutritional services meet the requirements for the provision of hospital level care.

Safe and appropriate environment

The facility, including the 15 identified bedrooms, is suitably designed for the provision of hospital care.

There is a need to recommission the sluice room that is in close proximity to the area proposed for dual purpose beds.

Additional equipment (standing hoist and more slings) for the safe transfer of residents will likely be required. There is a need to provide more hospital/electric beds and ensure that all residents have safe and comfortable sitting chairs in their bedrooms.

Each of the bedrooms have good sized ensuite bathrooms with wet area showers, hand basins and toilets but the ability for easy wheelchair access to some of these is impeded by the current placement of hanging doors. This needs to be rectified. There is currently no ability to provide safe bathing for residents who cannot stand or sit for showering. Provision of a shower bed and more shower chairs is required.

The recreational space requires modifications to provide choices of areas for residents with different needs and there is no private area for when large family groups visit. Otherwise the dining and recreational area and furnishings are suitable for the provision of hospital care.

Cleaning and laundry services are effective. These services will not be significantly impacted by the change to hospital level care provided that sufficient staffing hours are allocated.

Essential emergency and security systems are in place and effective. There is a requirement to ensure an ability to provide ongoing electricity in the event of power outage.

All areas of the home have effective heating and ventilation systems.

Restraint minimisation and safe practice

Not applicable to this audit.

Infection prevention and control

The policies and methods in place provide effective infection control and are sufficient to protect more susceptible hospital level care residents from infectious illness or to prevent the spread of illness to other residents. UCG are providing additional support, resources and information to clinical staff to assist them with infection matters. There are no specific requirements except for those required in relation to waste management.

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)
Standards	0	7	8	0	0	0	0
Criteria	0	27	8	0	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)
Standards	0	0	0	0	0
Criteria	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>	FA	<p>Interview with a senior management person of the Ultimate Care Group (UCG) confirmed that the company has an established and robust governance and management structure and is suitably prepared to provide hospital level care at this site. The organisation understands the processes and success factors for providing hospital level care services. UCG operate 16 other aged care facilities and have an in depth understanding about the NZ aged care sector, legislation, regulations, professional standards and contract requirements related to the operation of these services.</p> <p>The nurse manager at Oakdale Rest Home has been in the position since 2006 and has previously held management roles in other aged care facilities. The manager maintains her nursing portfolio and clinical skills and knowledge by attending regular professional development and education in subject areas related to management and care of older people. There is an intention to employ a full time clinical manager who will oversee the care provided to all residents.</p>
<p>Standard 1.2.2: Service Management</p>	FA	<p>The Ultimate Care Group has a well-established corporate structure with a management team of people who have extensive knowledge and experience in the</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>NZ Age Care system. UCG have begun implementing their policies, procedures and systems in to the day to day operations of Cambridge Oakdale. These have proven to be effective in delivering efficient and appropriate services in an aged care environment. The staff commented that the change of ownership is positive for them and they are already experiencing the advantages of being part of a larger group. Management and floor staff interviewed stated they could not perceive any impediments or barriers to providing an extended level of care and this would significantly advantage existing residents who can stay in the same home if their health status changes to requiring hospital care.</p> <p>On the days of audit there were 37 of the potential 47 beds occupied. There were four dementia beds and six rest home beds unoccupied.</p> <p>Temporary cover during the manager's planned absences is currently provided by the RN onsite with back up and support from clinicians and managers in the group.</p>
<p>Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>The service has established staffing systems which meet the requirements of the ARCC (Aged Related Residential Care Contract), legislation and demonstrates good employment practices. There is evidence that prospective staff are recruited according to the service policies using formal interviews, police checking and referee checks. New staff are inducted according to a documented orientation programme which includes training in essential emergency systems on day one and subject areas specific to different staff roles.</p> <p>Oakdale Cambridge staff commented that the HR systems within UCG are extremely supportive and extensive. Advertisements for more registered nurses have occurred and interviews are planned for next week.</p> <p>UCG are implementing their staff learning and development systems into Oakdale Cambridge. There is a month by month staff training education calendar which includes annual education topics and systems for recording individual attendance. Additional training specific to the needs of higher level care residents is identified and will be scheduled as required.</p> <p>Care staff are continuing to complete the Aged Care Education (ACE) programme. Staff also attend external courses related to their roles and scope of practice. The manager continues to attend at least eight hours of education related to the role of manager.</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>PA Negligible</p>	<p>The organisation has clearly documented policy and procedures for the safe and appropriate allocation of staff according to resident need. There are three RNs currently employed and the company intends employing five or six more to cover 24 hour shifts seven days a week. The organisation uses an electronic rostering tool which allocates staffing according to 'The Indicators for Safe Age Care and Dementia Care for Consumers'. An interview with the facility manager and the audit and interRAI manager plus consideration of a 'mock' roster reveal an intention to provide sufficient numbers of skilled and experienced staff. If the facility had maximum capacity in each area (eg, 15 hospital, 16 Rest Home and 16 dementia) the intention is to have morning shifts (7am-3pm) staffed with two RNs; one in the dementia unit who will also be responsible for the rest home residents and another RN covering residents in the hospital wing. There will also be a clinical service manager who is a RN on site Monday to Friday eight hours a day plus the RN manager who works the same hours. There will be one RN rostered each afternoon (3pm-11pm) and night (11pm to 7am) plus an on call RN 24 hours a day, seven days a week (24/7). The caregiver roster shows two caregivers rostered in the hospital from 7am to 3pm, plus one more from 8am to 11am, one for rest home residents and two in the dementia unit. Afternoon shifts (3-11pm) have two caregivers for the hospital wing, one caregiver for the rest home and two caregivers in the dementia unit. The facility will be staffed at night (11pm to 7am) by three caregivers and one RN. This effectively doubles the numbers of staff who are currently employed to work on the floor and will more than meet the requirements of the Aged Related Residential Care Contract.</p> <p>The intention is to increase the number of activities coordinators hours to provide dedicated hours each day in the dementia unit and one to one activities for hospital level care residents. A resident advocate/support person continues to be employed to transport residents to outpatient and community appointments and provide for other personal support needs. A building and grounds maintenance person is onsite 32 hours per week and there are allied health professionals who are contracted to deliver services as required (eg, podiatrist and physiotherapist). The concerns expressed at the previous audit about the number of hours allocated for cleaning and laundry services are being addressed by the new provider. There is an intention to employ a second cook and reinstate laundry and cleaning hours.</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>PA Negligible</p>	<p>There are no proposed changes to the medication systems which already meets safe medicines guidelines. There will be a RN on site 24/7 to increase safety. Medicines will continue to be supplied by the same pharmacy in a robotic administration system. A close working relationship with the dispensing pharmacy continues. The pharmacist conducts six monthly audits of the system, undertakes reconciliation of robotic packs, provides in-service training and has formal three monthly meetings with management regarding any medication queries. The pharmacy confirmed that they will be dispensing pre mixed injectable medicines as required. There is a dedicated medication fridge on site which is monitored for temperature. The medicines that are not pre-packed, such as liquid medicines, are individually supplied for each resident.</p> <p>There is an intention to purchase syringe drivers. The two oxygen cylinders already on site are being used and stored correctly.</p> <p>The medicines and pre-packed medicine sheets are checked for accuracy by the RN when delivered. The pre-packed medicines and the signing sheets are compared against the medicine prescription. The GPs conduct medicine reconciliation on admission to the service and when the resident has any changes made by other specialists.</p> <p>Safe medicine administration was observed at the time of audit in each area.</p> <p>The medicines and medicine trolley are securely stored. The controlled drugs were stored in a locked draw in the dispensary room. The controlled drugs were signed out by two staff at each administration and a weekly stock count was recorded in the controlled drug register. The additional six monthly controlled drug stocktake and reconciliation was recorded. There have been no medicine errors since the previous audit and medicine charts contain the required level of documentation to facilitate safe administration.</p> <p>A number of facilities within UCG are using 'Medimap'. The intention is for Oakdale Cambridge to introduce this within the next six months. The local GPs and the dispensing pharmacy are trialling this with one age care facility in Cambridge.</p> <p>RNs will need to demonstrate competence with the use of syringe drivers and/or other intravenous (IV) medicine administration systems before delivery of hospital level care can occur.</p>
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<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 current systems and methods for providing residents' nutritional needs are suitable for the provision of hospital level care. There are already a number of residents who require additional support and supervision with meals, so meal times are staffed accordingly. Residents are routinely weighed at least monthly, and more frequently when indicated. Kitchen staff currently provide suitable food for residents with additional or modified nutritional needs and/or specific diets. The menu was recently reviewed and approved by a dietitian. The clinical staff demonstrate knowledge, skills and experience in the management of people with difficulty in eating or who may require 'peg' feeding.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal comply with current legislation and guidelines. Kitchen staff have completed safe food handling certificates and attend ongoing education. There are sufficient stocks of modified cutlery and crockery appliances for the preparation of modified diets. It is likely that there will be a need to provide more and an industrial strength food processor in the future.</p>
<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>	<p>PA Negligible</p>	<p>Policy and procedures describe safe and appropriate disposal methods for all types of human and domestic waste including potentially infectious waste. The systems currently in use are safe. Chemical material safety data/information is available and accessible for staff. Visual inspection throughout the facility and observations of staff revealed that protective clothing and equipment (eg, goggles/visors, gloves, aprons, hats, footwear, and masks) are being provided and used appropriately. The only impact from a change to hospital care is the ability to manage more waste products with only one sluice room.</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 Negligible</p>	<p>Although the physical environment and facilities are currently safe and fit for the provision of hospital care, a few building changes would enhance resident, staff and visitor experiences. There are sturdy and correctly positioned handrails in corridors, showers and toilets which promotes safe mobilisation. All external areas inspected are being maintained safely and securely and there is appropriate outside seating and shade. Visual inspection and review of documents confirms that the facility is in good repair and that all medical equipment is checked and calibrated regularly (for example, sphygmomanometer, sitting scales and the hoist). This was confirmed by review of documentation and the calibration/performance verified stickers in place</p>

		<p>on medical equipment. The current Building Warrants of Fitness expires on 30 June 2016.</p> <p>The most significant building change proposed by the new owners is the reconfiguration of the large lounge area to create two smaller recreational areas, a family/whanau room and an additional office. This would provide more quiet and private rooms and more effective use of the existing space.</p> <p>Consideration also needs to be given to modifying the side exit/entrance in the proposed hospital/dual purpose wing to expedite ambulance and hearse transfers safely and with respect. There is also a requirement to provide at least one other hoist (standing) and additional sling carriers for residents who require these.</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>PA Negligible</p>	<p>All of the 15 bedrooms proposed as dual purpose have attached ensuite bathrooms with a shower, hand basin and toilet. Each ablution area is in good working order and there is suitable heating in each bathroom. Hot water temperatures at all water outlets are tested monthly. Temperatures are being maintained at just below 45 degrees Celsius.</p> <p>There is currently no shower bed for residents who are unable to sit or stand for bathing and a limited number of shower chairs on site.</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>	<p>PA Negligible</p>	<p>The 15 bedrooms identified as potential dual purpose rooms are suitably sized for providing hospital level care. Observations on the day of audit and interview with staff confirmed the configuration of some ensuite bathroom doors compromises movement and manoeuvrability of the sling hoist or other mobility equipment into the bathroom. Otherwise residents have sufficient space to move around safely and for one or more staff to assist them.</p> <p>There is a need to procure more electric/hospital beds. There are currently 20 on site and it is estimated five more will be required.</p> <p>There is also a need to provide more suitable and comfortable geriatric or 'fall out' chairs for use in the dual purpose rooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment,</p>	<p>PA</p>	<p>The rest home has one large communal lounge which is also used for group</p>

<p>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>	<p>Negligible</p>	<p>activities. There is need to provide more choice of areas for residents with a range of different capabilities and requirements. There is also a need for more private spaces for families to spend time with their loved ones, especially if the resident is ailing or palliative.</p> <p>The organisation proposes to reconfigure the lounge space into two smaller recreational areas and create a family/whanau room and additional office.</p> <p>The dining room is spacious and could easily accommodate up to 15 residents in wheelchairs. Both the dining room and lounge are easily accessible and a close distances to the proposed bedrooms. All the furniture is less than two years old and is being maintained in good condition. These were assessed as safe and suitable for both hospital and rest home level care.</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>	<p>FA</p>	<p>The laundry and cleaning policies detailed the tasks and standards for safe and hygienic practice. These included procedures for handling used and soiled laundry and an itemised cleaning schedule which listed the cleaning chemicals to be used in each area.</p> <p>Cleaning and laundry systems are safe and effective and there have been no complaints or issues since the previous audit.</p> <p>The internal audit programme monitors the effectiveness of the cleaning and laundry services. The laundry and cleaning staff interviewed are experienced and very knowledgeable about their equipment and the cleaning chemicals they are in contact with. They attend regular in service education and stated they were well supported by the chemical supply company that visits monthly. Chemicals are labelled and stored safely and securely in locked storage areas when not in use. Chemical safety data sheets are being kept current and are located in the laundry. Effective processes and appliances are in use for the disposal of soiled water/waste (eg, sluice disposable bed pans, plastic bags, and chemical cleaners). Hand washing and hand sanitising units are conveniently located and readily accessible.</p> <p>The laundry and cleaning staff are still splitting their duty hours with caregiving which they are suitably skilled and experienced to do. There is a requirement in standard 1.2.8 to ensure there is a sufficient number of hours allocated for cleaning and laundry and for the caring of residents with higher dependency. Otherwise the systems in place meet these requirements.</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>PA Negligible</p>	<p>The evacuation scheme was reviewed and approved by the NZ Fire Service in October 2014 shortly after the new fire alert and suppression system was installed. Staff engage in a desk top fire evacuation exercises every six months, most recently in November 2015. There are five zones in the facility and a change to providing hospital level care will not impact the current fire evacuation plan. Having residents who require more supervision will be counter balanced by the increase in staffing levels. All night staff, permanent afternoon care staff, senior caregivers and RNs are maintaining first aid certificates.</p> <p>Emergency procedures are included in new staff orientation and staff knowledge is tested regularly. Nurses and care staff from all shifts and auxiliary staff demonstrated knowledge and understanding about what to do in emergencies.</p> <p>The facility is kept secure by ensuring that all external doors and windows are locked and checked at night and that visitors are directed to enter and exit by the front door only.</p> <p>There is sufficient food, water and medical and personal care supplies stored on site to meet the needs of 47 residents for at least three days. The contents of the sighted civil defence kit is checked regularly. Additional blankets for warmth and alternative energy supplies (eg, barbeque, torches and batteries) are also kept on site. In the event of a power outage, emergency backup lighting system is powered by battery. There is no generator on site to provide mains electricity.</p> <p>The call bell system installed throughout the facility functions effectively and there are various choices of plug in call bell cord lengths and types to suit individual requirements.</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 internal heating systems are powered by electricity. There are panel heaters in the corridors, heat pumps in communal areas and heaters that can be individually controlled in each bedroom. There are working heaters in all bathrooms. The home has sufficient doors and external opening windows for ventilation. Each of the 15 bedrooms assessed have adequate heating systems and good sized external opening windows with security stays installed. Three on site audits of this facility in 12 months confirms that the internal temperatures and ventilation is comfortable during summer and winter months.</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>UCG are implementing their infection prevention and control policies and systems into Cambridge Oakdale. This is serving to strengthen the already effective infection prevention and management systems in place. Staff have more access to resources and information via weekly skype sessions with other clinicians and the facility's infection events will be included in the groups benchmarking. Currently the RN manager is the designated infection prevention and control coordinator. This may change when a clinical services manager is appointed. There is a clearly defined job description for the infection control coordinator role. There are clear lines of accountability for infection control matters through the current quality meetings, and relevant information is being provided to the wider group. The health and safety meeting is incorporated into the infection control committee. The infection control programme is reviewed annually.</p> <p>Staff demonstrated knowledge about how to protect residents from being exposed to infectious diseases. Staff understand they do not come to work if they are unwell. There was a notice in the staff room about different infections, signs and symptoms and exclusion periods from the workplace. Notices are placed at entrances at times of the year when there was an increased risk of infections, to ask visitors not to visit if they are unwell, or had been exposed to others who are unwell. The infection control coordinator reported that residents are asked to stay in their room if they have an infection risk. There was sanitising hand gel throughout the service for residents, visits and staff.</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 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	PA Negligible	There is an intention to employ five to six more RNs and a clinical services manager, plus a receptionist/administrator and increase hours for activities, cleaning and kitchen staff.	The provider is unable to fully demonstrate that suitably qualified staff are allocated for increased resident needs until there is a change to the service configuration.	<p>Ensure there are sufficient numbers of suitably qualified staff on site to meet the needs of all residents 24 hours a day seven days a week, and satisfy the requirements of the Aged Residential Care Contract.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	PA Negligible	The current medicine administration, recording and storage systems are safe and met best practice guidelines. It is anticipated that RNs will be required to use syringe drivers and/or other IV administration systems. None of the	RNs will need to demonstrate competence with the use of syringe drivers and/or other intravenous medicine administration systems before delivery of hospital level care	Ensure there is at least one RN on site at all times who holds current IV certification and is competent with syringe

		current RNs hold current IV certificates or have been assessed as competent with syringe drivers.	can occur.	driver use. Prior to occupancy days
<p>Criterion 1.4.1.1</p> <p>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.</p>	PA Negligible	The only operational sluice room on site is located a distance from the proposed dual purpose rooms.	The area previously designated as a sluice room which is in close proximity to the proposed dual purpose rooms, does not have a sterilizer.	<p>Ensure there is a readily accessible and suitably equipped sluice room for the disposal of human waste in close proximity to the dual purpose bedrooms.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Negligible	<p>Although the physical environment and facilities are currently safe and fit for the provision of hospital care, a few building changes would enhance resident, staff and visitor experiences. There is a proposal to reconfigure the large lounge area to create two smaller recreational areas, a family/whanau room and an additional office. This would increase choices for residents and their visitors and provide more effective use of the existing space. There is one sling hoist on site which is maintained in good condition. This may not be sufficient as the numbers of residents who require hoists for lifting increases.</p> <p>The system for ambulance and hearse transfers is already effective, but consideration could be given to modifying the side entrance to allow direct transfer from the hospital wing. This is desirable,</p>	There is a need to provide more space and areas for family to visit in private, especially when a resident is requiring palliative care. It is likely that there will be insufficient hoists for the increase in hospital level care residents.	<p>Ensure the physical environment is maximised to provide more choices for residents, and provide a separate family/whanau area.</p> <p>Provide sufficient equipment for the safe movement and transfer of frail residents.</p> <p>Prior to occupancy days</p>

		not a requirement.		
<p>Criterion 1.4.3.1</p> <p>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.</p>	PA Negligible	Each of the proposed bedrooms has an ensuite with wet area shower, hand basin and toilet. These are large enough for one or more staff and a resident to carry out personal care. There is no shower bed on site and insufficient numbers of shower chairs. Although it is not a current requirement there may be a need to purchase a larger size/bariatric chair in the future.	There is currently no shower bed for residents who are unable to sit or stand for bathing and a limited number of shower chairs on site.	<p>Ensure there is an adequate number of mobile or stationary shower chairs and install a safe and suitable solution for residents who are unable to sit or stand for showering.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.4.1</p> <p>Adequate space is provided to allow the consumer and service provider to move safely around their personal space/bed area. Consumers who use mobility aids shall be able to safely maneuvers with the assistance of their aid within their personal space/bed area.</p>	PA Negligible	Observations reveal that each of the 15 proposed dual purpose bedrooms is sufficiently spacious and suitably located close to staff areas to allow for provision of hospital care. The positioning of some bedroom and bathroom doors restricts access to the ensuite bathrooms if the resident requires transferring in a shower chair. Not all rooms have hospital beds or comfortable easy chairs.	Easy access to some of the ensuite bathrooms is impeded by the position of the bathroom doors. There are insufficient numbers of electric/ hospital beds on site to meet the needs of more dependent and fragile residents. Each dual purpose room requires a safe and comfortable chair suitable for people with a limited range of movement.	<p>Ensure there is no impediment to access any of the ensuite bathrooms. Provide each dual purpose room with an electric/hospital bed and a safe and comfortable sitting chair.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.5.1</p> <p>Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.</p>	PA Negligible	Although the physical environment and facilities are currently safe and fit for the provision of hospital care, a few building changes would enhance resident, staff and visitor experiences. There is a proposal to reconfigure the large lounge area to create two smaller recreational areas, a family/whanau room and an	The current recreational area is a large open plan lounge. This may restrict choices for some residents. There is no separate family/whanau area.	Ensure there is sufficient private space for visiting families and that residents have a choice of different spaces for recreational activities.

		additional office. This would increase choices for residents and their visitors and provide more effective use of the existing space.		Prior to occupancy days
Criterion 1.4.7.4 Alternative energy and utility sources are available in the event of the main supplies failing.	PA Negligible	Additional blankets for warmth and alternative energy supplies (eg, barbeque, torches and batteries) are also kept on site. In the event of a power outage, emergency backup lighting system is powered by battery. There is no generator on site to provide mains electricity	There is no generator on site to provide mains electricity.	Ensure there is a system for providing electricity in the event of a long term power cut. Prior to occupancy days

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.