# Presbyterian Support Services Otago Incorporated - Aspiring Enliven Care Centre

## 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Presbyterian Support Otago Incorporated

**Premises audited:** Aspiring Enliven Care Centre||Elmslie House

**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: 26 August 2016 End date: 26 August 2016

**Proposed changes to current services (if any):** Proposal to open a newly built 40 bed facility in Wanaka. The new facility is to be called Aspiring Enliven care centre and will provide rest home, hospital and dementia care. The new build and PSO Elmslie rest home in Wanaka, form Enliven Wanaka.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 0

# 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

Aspiring Enliven Care Centre is a new, purpose-built facility situated in Wanaka. The new facility and nearby Presbyterian Support Otago (PSO) Elmslie House, also situated in Wanaka, form Enliven Wanaka. The newly built facility is a combined project between Presbyterian Support Otago and the Aspiring Lifestyle Retirement Village. The facility will be governed by a Board of Directors, with operational management provided by PSO. The new facility consists of two areas – a 20 bed unit for rest home and hospital level care residents and a 20 bed secure unit for dementia specific residents.

Enliven Wanaka is now one of seven residential aged care services operated by the Presbyterian Support Otago Incorporated Board. Enliven Wanaka will be managed by a registered nurse manager who reports to the director of Enliven residential aged care services. The manager will be supported by a clinical manager, registered nurses, an operations support manager, a quality advisor and a clinical nurse advisor. Presbyterian Support Otago has established quality and risk management systems in place.

This partial provisional audit was conducted to assess the service’s ability to provide rest home, hospital and dementia level care within the newly built facility at Aspiring Enliven Care Centre and to review clinical findings at Elmslie House from the last audit. Audit processes included a tour of the new facility, review of documentation, medication management and food service and interviews with the director of aged care services, management and staff. The service has addressed the two of two clinical findings from the previous surveillance audit conducted at Elmslie. They related to care plan interventions and medication management.

Improvements are required at the Aspiring Enliven Care Centre around the following: orientation of new staff, development of an activities programme for the dementia residents, full implementation of the medication management system, provision of personal protective equipment for staff, monitoring of hot water temperatures, completion of safe external areas and provision of an approved fire evacuation scheme.

## Consumer rights

N/A

## Organisational management

The PSO director of aged care services, clinical advisor and quality advisor will provide governance and support to the manager and staff at Enliven Wanaka. The manager is a registered nurse with experience in aged care management and will oversee both sites. The clinical manager will act as manager in her absence. Human resources processes are managed in accordance with good employment practice, meeting legislative requirements. The service has recruited a full complement of staff. A planned orientation programme is to be provided for all new staff. A proposed roster has been developed for staffing cover and will be increased in line with occupancy.

## Continuum of service delivery

A diversional therapist has been recruited to facilitate the activities programme for dementia unit residents. Staff who will be responsible for medicine administration will be trained and have current medication competencies. Food service at Aspiring Enliven Care Centre will be provided from the Elmslie Home kitchen and transported to the new service.

## Safe and appropriate environment

Enliven Wanaka has documented processes for waste management. The service has a policy for investigating, recording and reporting incidents involving infectious material or hazardous substances. Annual testing and tagging of electrical equipment and calibration and service of medical equipment will be conducted when required. All equipment has been purchased and is ready for use. There are sufficient bathroom facilities including full ensuites for the majority of rooms. The service has policies and procedures for fire, civil defence and other emergencies. There will be staff on duty with a current first aid certificate. General living areas and rooms are appropriately heated and ventilated. The residents will have access to communal areas for entertainment, recreation and dining. Residents will be provided with safe and hygienic cleaning and laundry services, which will be appropriate to the setting.

## Restraint minimisation and safe practice

N/A

## Infection prevention and control

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. These reflect the needs of the service and are readily available for staff access. Infection control education will be provided to all service providers as part of their orientation and as part of the ongoing in-service education programme.

## Summary of attainment

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

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| **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 | 11 | 0 | 6 | 0 | 0 | 0 |
| **Criteria** | 0 | 30 | 0 | 7 | 0 | 0 | 0 |

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| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Aspiring Enliven Care Centre is a newly built facility situated in Wanaka. The new facility is a joint project between Presbyterian Support Otago (PSO) and the adjacent Aspiring Lifestyle Retirement Village. Governance will be provided by directors from both groups. Overall operational management will be provided by PSO including implementation of the PSO strategic plan and the quality and risk management plans. The new service has combined with PSO Elmslie House, a nearby rest home and hospital service owned and operated by PSO. The new combined services will be known as Enliven Wanaka. Enliven Wanaka will provide rest home, hospital (geriatric and medical) and dementia care. Elmslie House provides care for up to 31 rest home and hospital level care residents with 31 residents on the day of audit. There were 16 hospital residents and 15 rest home residents, including two rest home respite residents.  The newly built Aspiring Enliven Care Centre will be able to provide care for up to 40 residents. The Cardrona unit is a 20 bed rest home and hospital unit (all dual purpose rooms) and Hawea is a 20 bed secure dementia unit.  A manager has been appointed and has been in the role for two months. She is an experienced registered nurse and aged care manager. She will be supported by a clinical manager (currently the clinical coordinator of Elmslie), a clinical coordinator (appointed) and a team of registered nurses and care workers. Staff have been recruited. The manager and clinical manager will be responsible for over site of both homes. Advised that they will divide their time evenly between the two homes.  PSO organisation has a current strategic plan, a business plan 2015 - 2016 and a current quality plan for 2015 - 2016. There are clearly defined and measurable goals developed for the strategic plan and quality plan. The strategic plan, business plan and quality plan all include the philosophy of support for PSO. The organisational quality programme is managed by the nurse manager, quality advisor and the director of Enliven residential aged care services. The service has an annual planner/schedule that includes audits, meetings and education. Policies and procedures for PSO are in place and reflect the care requirements of hospital, rest home and dementia residents. Quality improvement activities are identified from audits, meetings, staff and resident feedback and incidents/accidents. A project plan for the building of Aspiring Enliven has been implemented. The project manager has now handed over control of the service to the director of Enliven services.  The manager has maintained at least eight hours annually of professional development activities related to managing an aged care facility. |
| Standard 1.2.2: Service Management  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. | FA | In the absence of the manager, the clinical manager will be responsible for the running of the facilities. A clinical coordinator has also been appointed for Aspiring Enliven. |
| 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. | PA Low | The recruitment and staff selection process requires that relevant checks are completed to validate the individual’s qualifications, experience and veracity. A copy of practising certificates including the registered nurses, general practitioners, physiotherapist and pharmacist is kept. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development for residential aged care. Staff recruitment for Aspiring Enliven has been conducted and staff have been appointed. The commencement date for all new staff (with exception of the manager and clinical manager) is 20 September 2016. Reference checks have been completed before employment was offered to new staff members. Orientation of staff has yet to be provided. An eight-day orientation period is planned. Full completion of the PSO orientation work books for care workers will provide them with a level three Careerforce qualification. Care workers in the dementia unit will be expected to complete the dementia unit standards within six months, if they do not already have this qualification.  There are 40 staff who work at Elmslie House. Three staff member files, who will be associated with Aspiring Enliven, were reviewed and included the manager, the clinical manager and the cook. All appropriate recruitment documentation was evidenced in the sample of files.  A total of 40 staff will be required to staff Aspiring Enliven. So far, six registered nurses and six care workers have been recruited to work in the rest home/hospital unit. One registered nurse, ten care workers and a diversional therapist have been recruited for the dementia unit. Staffing levels will be increased and further staff will be recruited as resident occupancy grows. With full occupancy, there will be six registered nurses and twelve care workers for the rest home/hospital unit and one registered nurse and fourteen care workers for the dementia unit. Further staff include kitchen hands, cleaners, laundry staff, an activities coordinator and a diversional therapist for the dementia unit. The manager, the clinical manager and one registered nurse recruited for Aspiring Enliven have completed interRAI training and competency. There are also three registered nurses at Elmslie Home who have completed interRAI training. The manager and the clinical manager are experienced in aged care.  Discussion with the manager and director of Enliven services confirms that a comprehensive in-service training programme has been developed and covers a two-year period. The clinical manager has a current medication competency. Other competencies for all staff will be completed during the orientation period. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | Human resources management policies include staffing levels and skills mix. A proposed roster for the rest home and hospital unit and the dementia unit was sited and evidences that sufficient staff will be rostered on to manage the care requirements of the residents. The staffing levels will be increased as resident occupancy increases. In the rest home/hospital area there will be a minimum of one RN and one care worker on each shift. As resident numbers increase to full occupancy, there will be an additional two care workers employed on the morning and afternoon shifts. In addition, there will be an activities coordinator, a kitchen hand for morning and evening shifts and cleaners and laundry staff.  In the dementia unit, there will initially be an RN on duty for 15 hours a week for the first 10 residents admitted. This will increase to 30 hours per week with full occupancy. A minimum of one care worker will be rostered on each shift. A diversional therapist has been recruited to facilitate the activities programme and care workers will also be trained in the provision of the activities programme (link 1.3.7.1). |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | PA Low | There are medication management policies and procedures in place, which relate to aged residential care. The organisation uses an electronic medication management system which is fully operational at Elmslie House. The previous surveillance audit at Elmslie House identified that a respite resident did not have a signed medication chart from which to administer medications. Ten electronic medication records were reviewed and evidenced that all residents had appropriately completed medication orders and administration records – including two residents on respite care. The service has addressed this previous finding. Registered nurses at Elmslie House administer medications and all have completed medication training and annual competencies. The service has addressed this previous finding.  Advised that the electronic medicine management system will be implemented at Aspiring Enliven. This system is not fully operational at the Aspiring Enliven site. Advised by the manager that the system will be implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal and medicine reconciliation in order to comply with legislation, protocols and guidelines. The service will use four-weekly blister dose medication packs for all residents at the new site. There is a signed agreement with a supplying pharmacy. Advised that medication packs will be checked and reconciled against medication charts upon arrival to the facility.  Registered nurses who are deemed to be medication competent, will administer medications to residents in the Cardrona rest home and hospital area. Care workers who have been deemed competent, will administer medications to the residents in the Hawea dementia unit. The clinical manager has a current medication competency completed. The service has a policy and procedure for residents who wish to self-medicate that advises three-monthly assessments by the GP of the resident's ongoing ability to safely self-medicate and a resident competency review form. This policy aligns with the aged care service requirements.  The service has contracted the local medical centres. Weekly visits from each practice are planned. The medical centre is across the car park and there is access to acute services via the med centre, pharmacy, lab X-ray ambulance etc. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | The food service at Aspiring Enliven will be provided from the kitchen at Elmslie House and transported in hot boxes twice a day. The food service facilities at Elmslie House are of sufficient size to cater for the increase in residents. The service has recently completed the HACCP programme. There is a fully functioning kitchen in each area at Aspiring Enliven and includes a dishwasher, cook top, refrigerator, microwave, cooking and food preparation space. A utility room adjacent to each kitchen will house the hot boxes and bain maries. A kitchen hand will be responsible for the provision of the breakfast meal with two staff allocated to this role – one in the dementia unit and one in the rest home/hospital area. A full range of utensils, cutlery and crockery have been ordered for each unit and includes modified equipment.  There is a large dining area in the Cardrona unit with sufficient space for chairs and mobility devices and space for staff to assist residents with their meals, if required.  In the Hawea dementia unit, there is also a large fully equipped kitchen and a large dining area for communal dining. Adjacent to the kitchen is a utility room for hot boxes and bain maries to be stored. There will be nutritious snacks available for residents over the 24-hour period.  The head cook at Elmslie House is appropriately trained and qualified and advised that the food service will be able to cater to the increase in resident numbers. The main kitchen at Elmslie House is fully equipped and of sufficient size to manage the increase in meal provision. Residents likes and dislikes and food requirements will be communicated to the kitchen via the registered nurses. Dietary profile forms are available. The service has access to a dietitian and the menu has been developed and reviewed by the PSO dietitian. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | The previous surveillance audit conducted at Elmslie House identified that not all aspects of the long-term care plans were current or reflected the resident’s care requirement; and not all new residents had been assessed with the interRAI assessment tool within 21 days of admission. Five resident files at Elmslie House were reviewed and included two hospital, two rest home and one rest home respite resident. The four long-term residents had been admitted within the past 12 months. Four of four long-term residents had been assessed with the interRAI assessment tool within 21 days of admission. One resident who had recently returned from acute hospital care had had changes made to the long-term care plan. Short-term care plans were in place for residents with infections, wounds and acute health issues. Updates and reviews of long-term care plans were evidenced in the sample of files reviewed. The service as Elmslie House has addressed the previous audit findings.  A written record of each resident’s progress is documented. Changes are followed up by a registered nurse (evidenced in all residents' progress notes sighted). When a resident's condition alters, the registered nurse initiates a review and if required, a general practitioner consultation or referral to the appropriate health professional is actioned.  The clinical manager interviewed advised that they have all the equipment referred to in care plans necessary to provide care.  Dressing supplies are available and treatment rooms are well stocked for use. Wound documentation was reviewed and included wound assessment, treatment plans, evaluations and progress notes for all wounds including one resident with a stage I pressure injury. Advised that wound care nurse specialist advice is readily available. Continence products are available and specialist continence advice is available as needed. A physiotherapist referral is initiated if required and assessment of any equipment needed. |
| Standard 1.3.7: Planned Activities  Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service. | PA Low | The activities staff for Aspiring Enliven have been recruited. A diversional therapist (DT) has been appointed for the dementia unit. This person is experienced in providing a dementia care activities programme. The DT and care workers will be responsible for the activities programme in the dementia unit. The programme will cover three hours in the afternoon Monday to Saturday with full occupancy. Advised by the manager that care workers will also be trained in the provision of the activities programme with the expectation that the programme will be delivered in the morning, in the absence of the DT. A detailed programme of activities in the dementia unit has not yet been developed. Advised that residents will be able to participate in a range of activities that are appropriate to their capabilities. Enliven Wanaka has a van, which will be shared between the two facilities and used for resident outings. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | PA Low | Waste management procedures are addressed in the health and safety policy manuals. The staff orientation process will address safe chemical usage, hazard management and the use of material safety data sheets. There is provision for secure chemical storage in lockable cleaners’ utility rooms. Appropriate sharps bins will be available. Personal protective equipment has not been provided for staff. Safe chemical handling training is planned during orientation day (link 1.2.7.4). |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | PA Low | The newly built Aspiring Enliven facility has been completed and the project manager has handed over to the PSO director of Enliven residential aged care services. The building has a certificate for public use which expires on 15 November 2016. The new Aspiring Enliven building includes a 20 bed dementia unit (Hawea) and a 20 bed rest home/hospital unit (Cardrona). All bedrooms are single occupancy rooms. The Cardrona unit has a large workable kitchen. There are two lounges and a dining area of sufficient size to accommodate residents in recliner chairs.  The dementia unit has two wings of 10 rooms with a large communal kitchen and two lounge areas. The unit is accessed by a secure key pad system at the entrance, which is functioning. There are two courtyards – one internal which is secure, and one at the end of the building which is not yet completed or secure. Advised that activities will take place in any of the living areas or outside areas.  Residents will be encouraged to bring in their own possessions and adorn their rooms as they wish. Fixtures and fittings have been installed. All beds are electric beds (20 are low-low) and all beds have posture temp mattresses. Each room in the facility has been fitted with a bed, a recliner chair, a set of drawers, a chair and a wardrobe. The service has health and safety policies and hazard registers in place. There are paths and gardens around the facility. The landscaping of outside areas is not fully complete.  All required equipment has been purchased including oxygen concentrator, blood pressure machines, nebulisers, one standing hoist, one sling hoist and a set of platform scales. The service has access to the PSO loan pool for air mattresses which are yet to be purchased. Hot water temperature monitoring has not been conducted as hot water system has not been activated as yet. Flooring surfaces and window coverings have been installed. The policy on transportation and vehicle usage describes transportation requirements. The Elmslie House van will be shared between the two facilities. Smoke detectors, fire alarms and sprinkler systems have been installed throughout the building. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  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. | FA | Sixteen rooms in the rest home/hospital area have full ensuite bathrooms and four rooms have a shared ensuite. The shared bathrooms have privacy locks. Two of the rooms in the rest home/hospital area have been designed to be used for end of life care for residents and families. There is a small lounge and kitchenette and a fold out bed available for families to use, between these two rooms. Each of these rooms has its own full ensuite. The Cardrona rest home/hospital unit also has two communal assisted shower rooms and a shower trolley.  Eighteen rooms in the dementia unit have full ensuites and two rooms have a shared bathroom. Privacy locks have been installed.  The service has purchased shower seats and shower chairs on wheels. There are also over toilet seats available. Residents requiring assistance will be able to be safely managed within all bathrooms. |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | The facility comprises a 20-bedroom rest home and hospital unit and a 20-bedroom secure dementia unit. All rooms are of sufficient size to accommodate either rest home, hospital or dementia residents. All rooms are spacious enough to allow residents to safely move about with mobility aids and for the use of a hoist. There is adequate space to allow residents to personalise their rooms. All rooms are fully furnished. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | The Cardrona rest home/hospital unit has a large dining room and two lounge areas, as well as small seating areas around the facility. The dining room is spacious and has sufficient room to allow for tables, chairs and mobility devices. The majority of activities will occur in any of these areas. Residents will be able to use alternate areas if communal activities are being run in one of these areas and they do not want to participate in them. There will be sufficient space to store mobility aids while residents are having their meals. Seating has been arranged to allow both individual and group activities to occur.  In the Hawea dementia unit, there is a large central communal dining room and on either side, there are two lounge areas. Activities will occur in any of these areas. Seating has been arranged to facilitate group or individual activities. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | The service has PSO policies and procedures in place for the management of laundry and cleaning practices. Advised that designated staff will provide the cleaning and personal laundry service. The laundry service for large items (sheets, towels etc.) has been outsourced to a local firm. The service will own all the large linen items and these have been ordered. There are designated utility rooms for receiving and dispatching of clean and dirty linen. Residents personal laundry will be done on-site.  Cleaning chemicals are yet to be purchased, however, there is secure cleaning rooms available for chemical storage. There is a locked sluice room in each unit, with a sanitiser and toileting equipment available. The personal laundry room has one washing machine and one drier and been designed for dirty/clean flow. Staff have yet to be provided with chemical safety training (link 1.2.7.4). Cleaning and laundry audits are included in the annual audit schedule. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | PA Low | Emergency management plans are documented for Aspiring Enliven to ensure health, civil defence and other emergencies are covered. Fire and evacuation training is to be provided at orientation (link 1.2.7.4). Appropriate training, information and equipment for responding to emergencies are part of the orientation of new staff. There is an emergency management manual and a fire and evacuation manual. External providers will carry out system checks on alarms, sprinklers, fire reels and extinguishers once it is fully functioning.  Annual fire and evacuation training will be compulsory for all staff who work for Aspiring Enliven. The clinical manager has completed first aid training. First aid training is also part of the orientation week planned for new staff (link 1.2.7.4)  The service does not yet have an approved New Zealand Fire Service fire evacuation scheme. The building is divided into fire cells.  Emergency lighting is provided by way of battery backup. Civil defence supplies are available including a 5000 litre water tank.  A call bell system has been installed and is fully functional. Call bells are situated in communal areas, bedrooms and bathrooms. The system staff pagers and a call bell light panel in each nurses’ station. There are two nurses’ stations in the Cardrona unit and one in the Hawea unit. The manager advised that staff will be conducting regular checks on residents within the facility and will ensure that the facility is secure at night.  The building work has been completed with responsibility of the site now in the hands of the director of residential aged care services for PSO. All contractors and visitors must present to the reception area and sign in and out. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | General living areas, hallways and bedrooms are heated by a wood chip burner heating system and heating is transferred via a ceiling ducted system. The facility was warm on the day of audit. All rooms have windows for ventilation. An air conditioning unit will provide cooled air in the warmer months. Residents will have access to light in their rooms and there is adequate light in communal areas. The service is smoke-free. |
| Standard 3.1: Infection control management  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. | FA | Aspiring Enliven has an infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The clinical advisor for PSO is the designated infection control nurse, with support from the manager and clinical manager. The infection control programme is linked into the incident reporting system. Infection control will be part of the staff meeting and is also linked to the management team meeting and will include discussion and reporting of infection control matters. The infection control programme has been reviewed annually. Regular audits are scheduled to take place that include hand hygiene, infection control practices, laundry and cleaning. Education will be provided for staff on orientation (link 1.2.7.4) and is to be included in the annual programme. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.2.7.4  New service providers receive an orientation/induction programme that covers the essential components of the service provided. | PA Low | Staff have been recruited to work at the new Aspiring Enliven facility. An eight-day orientation programme is planned for all new staff. The programme will be tailored to care staff, registered nurses, kitchen staff, cleaners and laundry staff. The orientation programme for all new staff will cover: infection prevention and control, emergency management, civil defence response, fire training and fire evacuation drills, code of consumer rights and advocacy and safe chemical handing. Registered nurses and care workers will also complete aged care related training including: medication management, pressure injury prevention and management, restraint minimisation, manual handling, documentation, pain, nutrition and hydration, palliative care and reporting processes. Registered nurses will also complete syringe driver training and competencies and first aid. Staff who will be responsible for medication administration (RN’s in rest home/hospital unit and care workers in the dementia unit) will also complete medication competencies. Staff files reviewed included all relevant documentation including contracts, copies of qualifications, training records and annual appraisals. Position descriptions for all roles are documented. | New staff at Aspiring Enliven have yet to be provided with an orientation to the service. | Ensure that all new staff are provided with an orientation to the rest home, hospital and dementia units.  Prior to occupancy days |
| Criterion 1.3.12.1  A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines. | PA Low | The newly built Aspiring Enliven facility has two designated rooms for medication storage – one in the Cardrona area and one in the Hawea dementia unit. Both rooms have secure access. Medication trollies have been purchased. Medication fridges and a controlled drug storage unit have yet to be acquired. | i)There is currently no provision for the storage of controlled drugs or medications requiring refrigeration at Aspiring Enliven; and ii) the electronic medication management and administration system at Aspiring Enliven is not yet implemented. | i)Provide evidence that controlled drugs can be stored securely and that medications requiring refrigeration are stored appropriately at Aspiring Enliven; and ii) ensure that a medication management system is fully implemented at Aspiring Enliven.  Prior to occupancy days |
| Criterion 1.3.7.1  Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer. | PA Low | A diversional therapist will be responsible for overseeing the activities programme in the dementia unit. Care workers will be expected to facilitate the programme in the absence of the DT. The programme has not been developed. | The activities programme for dementia unit residents has not been fully developed or documented. | Provide evidence that an activities programme for residents living in the dementia unit has been fully developed.  Prior to occupancy days |
| Criterion 1.4.1.6  Protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used by service providers. | PA Low | The service has access to supply companies that provide personal protective equipment. Alcohol hand gel will be available to staff and residents. | Personal protective equipment is yet to be provided for staff. | Ensure that personal protective equipment is provided including gloves, aprons, eye protection and alcohol hand gel.  Prior to occupancy days |
| Criterion 1.4.2.4  The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group. | PA Low | The service has fully furnished and fitted out the building. Water and power are connected, however, hot water has not been started as yet. | Hot water is not yet available. Since the draft report, the provider has reported that plumbers have adjusted the hot water temperatures and they will ensure that all hot taps are at 45°C | Provide evidence that hot water temperatures have been monitored and recorded, at 45 degrees Celsius or below.  Prior to occupancy days |
| Criterion 1.4.2.6  Consumers are provided with safe and accessible external areas that meet their needs. | PA Low | The entrance to the facility is complete with a covered portico and tar sealed drive and parking spaces. The dementia unit has two courtyards. The internal courtyard has pathways and two raised garden beds; the courtyard at the end of the building is not fully fenced or secure. The outdoor garden environment is not fully completed. | The external environment is incomplete including lawns, gardens and secure courtyard fencing at the end of the dementia unit. | Ensure that a safe external environment is provided for all residents, including the secure external courtyard at the end of the dementia unit.  Prior to occupancy days |
| Criterion 1.4.7.3  Where required by legislation there is an approved evacuation plan. | PA Low | The Aspiring Enliven building is now complete. A certificate for public use has been issued. The fire service has been contacted for sign off of an approved evacuation scheme (emails sighted). | The service does not have an approved fire evacuation scheme. | Provide evidence that the facility has been issued with a New Zealand Fire Service approved fire evacuation scheme.  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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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End of the report.