

HealthCERT Aged Residential Care Audit Report (version 4.3)

Introduction

This report records the results of an audit against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) of an aged residential care service provider. The audit has been conducted by an auditing agency designated under the Health and Disability Services (Safety) Act 2001 for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

It is important that auditors restrict their editing to the content controls in the document and do not delete any content controls or any text outside the content controls.

Audit Report

Legal entity name:	Oceania Care Company Limited
Certificate name:	Oceania Care Company Limited - Elderslea Rest Home

Designated Auditing Agency:	Central Region's Technical Advisory Services Limited
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Types of audit:	Partial Provisional Audit
Premises audited:	Elderslea Rest Home
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: 16 October 2016 End date: 17 October 2016

Proposed changes to current services (if any):

Increasing the number of dementia beds by 13 in a new unit and decreasing the number of rest home beds by 13 as per HealthCERT letter dated 16 September 2016. On discussion with the facility the service's intention is to decrease the number of hospital level beds by 13 and increase the dementia level beds by 13. There are no changes to the overall number of beds.

Total beds occupied across all premises included in the audit on the first day of the audit:	109
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Audit Team

Lead Auditor	Helen Kjestrup	Hours on site	8	Hours off site	4
Other Auditors	Christine Davies	Total hours on site	8	Total hours off site	4
Technical Experts	Click here to enter text	Total hours on site	0	Total hours off site	0
Consumer Auditors	Click here to enter text	Total hours on site	0	Total hours off site	0
Peer Reviewer	Zdena Kaspar-West			Hours	2

Sample Totals

Total audit hours on site	16	Total audit hours off site	10	Total audit hours	26
Number of residents interviewed	7	Number of staff interviewed	13	Number of managers interviewed	5
Number of residents' records reviewed	12	Number of staff records reviewed	10	Total number of managers (headcount)	5
Number of medication records reviewed	20	Total number of staff (headcount)	121	Number of relatives interviewed	5
Number of residents' records reviewed using tracer methodology	0			Number of GPs interviewed	1

Declaration

I, Christine Marsters, TAS Audit and Assurance – Manager DAA Certification Audit Programme of Wellington hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of Central Region's Technical Advisory Services Limited, an auditing agency designated under section 32 of the Act.

I confirm that:

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

Dated Monday, 14 November 2016

Executive Summary of Audit

General Overview

This partial provisional audit has been undertaken to establish the level of preparedness of the provider to care for a further 13 dementia care residents in a new secure unit. The service has changed 13 hospital level beds and added these 13 beds to the dementia secure unit.

The audit process included the review of policies, procedures, resident and staff files, observations and interviews with residents, family, management, staff and a medical officer.

The business and care manager is responsible for the overall management of the facility and is supported by two clinical managers and two charge nurses. Staffing levels are reviewed for anticipated workloads and acuity, and there is a rationale documented to increase staffing as per the needs and acuity of residents.

Outcome 1.1: Consumer Rights

[Click here to enter text](#)

Outcome 1.2: Organisational Management

The business and care manager and the two clinical managers provide operational and clinical oversight of the service. They are supported by the regional operations manager and clinical and quality manager.

There are policies and procedures on human resources management and the validation of current annual practicing certificates for personnel who require them to practise is occurring. In-service education is provided for staff and staff are also supported to complete the New Zealand Qualifications Authority Unit Standards via the Oceania education programme. A review of staff records provides evidence that human resource processes are being followed, orientation is completed, competency assessments are completed (as appropriate) and individual education records are maintained.

The business and care manager and the clinical managers share the after-hours on call. Care staff interviewed reported there is adequate staff available and that they are able to get through their work. The business and care manager has developed a staff roster that will be implemented in stages as residents are admitted to the proposed dementia unit. Staffing levels are adequate and the policy describes how staffing will be increased if the reconfiguration of beds is approved. Interviews with residents and relatives demonstrated that there is adequate access to staff to support residents when needed.

Outcome 1.3: Continuum of Service Delivery

The planned activity programmes, overseen by the diversional therapist and the activities officers, provide residents with a variety of individual and group recreational activities and maintain their links with the community. A facility van is available for outings. The diversional therapist will be directly responsible for implementing the developed recreation plan for the residents in the new dementia service. The unit on visual inspection is fully decorated and set up with recreational resources as the main focus.

Medicines are managed according to policies and procedures based on current good practice and are consistently implemented using a blister pack system. Medications are administered by the registered nurses and senior care staff, all of whom have been assessed as competent to do so. The general practitioner completes three monthly reviews are completed in a timely manner and medicine standing orders are reviewed annually and signed off appropriately.

The food service meets the nutritional needs of the residents with special needs being catered for. A food safety plan and policies guide food service delivery, supported by kitchen and care staff with food safety qualifications. The chef is well qualified and experienced and ensures the kitchen is clean, organised and meets all food safety standards. Residents and family interviewed verified satisfaction with meals.

The new dementia service has adequate facilities and resources in the kitchen. Food will be served from a bain-marie which has been purchased for this purpose.

Outcome 1.4: Safe and Appropriate Environment

The reconfiguration of services at Elderslea Rest Home consists of creating a new secure dementia unit by refurbishing and converting an existing 13 bed hospital wing into a secure dementia unit.

An appropriate call system is available and security systems are in place. This area currently has no residents in it and the service provider is proposing to use this area once approved by HealthCERT.

There are policies and procedures for waste management, cleaning, laundry and emergency management and staff demonstrate understanding of these. Staff receive training to ensure safe and appropriate handling of waste and hazardous substances. Visual inspection provided evidence of sluice facilities in all areas, safe storage of chemicals and equipment. Protective equipment and clothing is provided and is used by staff.

Outcome 2: Restraint Minimisation and Safe Practice

[Click here to enter text](#)

Outcome 3: Infection Prevention and Control

The service has a managed environment which minimises the risk of infection for residents, staff and visitors. The infection prevention and control programme, led by an experienced and appropriately trained infection control nurse, aims to prevent and manage infections.

Standardised definitions and terms of reference are used. The infection control nurse has a detailed job description and is responsible for reporting the relevant infection control data to management monthly. The infection prevention and control programme is reviewed annually. Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and procedures and supported by regular education provided.

Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
Standards	0	16	0	0	0	0	0
Criteria	0	36	0	0	0	0	0

	UA Negligible	UA Low	UA Moderate	UA High	UA Critical	Not Applicable	Pending	Not Audited
Standards	0	0	0	0	0	0	0	34
Criteria	0	0	0	0	0	0	0	65

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)

Continuous Improvement (CI) Report

Code	Name	Description	Attainment	Finding

NZS 8134.1:2008: Health and Disability Services (Core) Standards

Outcome 1.1: Consumer Rights

Consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs.

Standard 1.1.1: Consumer Rights During Service Delivery (HDS(C)S.2008:1.1.1)

Consumers receive services in accordance with consumer rights legislation.

ARC D1.1c; D3.1a ARHSS D1.1c; D3.1a

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 1.1.1.1 (HDS(C)S.2008:1.1.1.1)

Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice.

Attainment and Risk: Not Audited

Evidence:

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Finding:

[Click here to enter text](#)

Corrective Action:

[Click here to enter text](#)

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

Standard 1.1.2: Consumer Rights During Service Delivery (HDS(C)S.2008:1.1.2)

Consumers are informed of their rights.

ARC D6.1; D6.2; D16.1b.iii ARHSS D6.1; D6.2; D16.1b.iii

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 1.1.2.3 (HDS(C)S.2008:1.1.2.3)

Opportunities are provided for explanations, discussion, and clarification about the Code with the consumer, family/whānau of choice where appropriate and/or their legal representative during contact with the service.

Attainment and Risk: Not Audited

Evidence:

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Finding:

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Corrective Action:

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

Criterion 1.1.2.4 (HDS(C)S.2008:1.1.2.4)

Information about the Nationwide Health and Disability Advocacy Service is clearly displayed and easily accessible and should be brought to the attention of consumers.

Attainment and Risk: Not Audited

Evidence:

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Finding:

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Corrective Action:

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

Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect (HDS(C)S.2008:1.1.3)

Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.

ARC D3.1b; D3.1d; D3.1f; D3.1i; D3.1j; D4.1a; D14.4; E4.1a ARHSS D3.1b; D3.1d; D3.1f; D3.1i; D3.1j; D4.1b; D14.4

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 1.1.3.1 (HDS(C)S.2008:1.1.3.1)

The service respects the physical, visual, auditory, and personal privacy of the consumer and their belongings at all times.

Attainment and Risk: Not Audited

Evidence:

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Finding:

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Corrective Action:

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

Criterion 1.1.3.2 (HDS(C)S.2008:1.1.3.2)

Consumers receive services that are responsive to the needs, values, and beliefs of the cultural, religious, social, and/or ethnic group with which each consumer identifies.

Attainment and Risk: Not Audited

Evidence:

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Finding:

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Corrective Action:

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Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.1.3.6 (HDS(C)S.2008:1.1.3.6)

Services are provided in a manner that maximises each consumer's independence and reflects the wishes of the consumer.

Attainment and Risk: Not Audited

Evidence:

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Finding:

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Corrective Action:

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Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.1.3.7 (HDS(C)S.2008:1.1.3.7)

Consumers are kept safe and are not subjected to, or at risk of, abuse and/or neglect.

Attainment and Risk: Not Audited

Evidence:

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Finding:

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Corrective Action:

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Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.1.4: Recognition Of Māori Values And Beliefs (HDS(C)S.2008:1.1.4)

Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.

ARC A3.1; A3.2; D20.1i ARHSS A3.1; A3.2; D20.1i

Attainment and Risk: Not Audited

Evidence:

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Criterion 1.1.4.2 (HDS(C)S.2008:1.1.4.2)

Māori consumers have access to appropriate services, and barriers to access within the control of the organisation are identified and eliminated.

Attainment and Risk: Not Audited

Evidence:

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Finding:

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Corrective Action:

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Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.1.4.3 (HDS(C)S.2008:1.1.4.3)

The organisation plans to ensure Māori receive services commensurate with their needs.

Attainment and Risk: Not Audited

Evidence:

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Finding:

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Corrective Action:

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

Criterion 1.1.4.5 (HDS(C)S.2008:1.1.4.5)

The importance of whānau and their involvement with Māori consumers is recognised and supported by service providers.

Attainment and Risk: Not Audited

Evidence:

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Finding:

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Corrective Action:

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

Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs (HDS(C)S.2008:1.1.6)

Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.

ARC D3.1g; D4.1c ARHSS D3.1g; D4.1d

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 1.1.6.2 (HDS(C)S.2008:1.1.6.2)

The consumer and when appropriate and requested by the consumer the family/whānau of choice or other representatives, are consulted on their individual values and beliefs.

Attainment and Risk: Not Audited

Evidence:

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Finding:
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Corrective Action:
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Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.1.7: Discrimination (HDS(C)S.2008:1.1.7)

Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.

ARHSS D16.5e

Attainment and Risk: Not Audited

Evidence:
Click here to enter text

Criterion 1.1.7.3 (HDS(C)S.2008:1.1.7.3)

Service providers maintain professional boundaries and refrain from acts or behaviours which could benefit the provider at the expense or well-being of the consumer.

Attainment and Risk: Not Audited

Evidence:
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Finding:
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Corrective Action:
Click here to enter text

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

Standard 1.1.8: Good Practice (HDS(C)S.2008:1.1.8)

Consumers receive services of an appropriate standard.

ARC A1.7b; A2.2; D1.3; D17.2; D17.7c ARHSS A2.2; D1.3; D17.2; D17.10c

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 1.1.8.1 (HDS(C)S.2008:1.1.8.1)

The service provides an environment that encourages good practice, which should include evidence-based practice.

Attainment and Risk: Not Audited

Evidence:

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Finding:

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Corrective Action:

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Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.1.9: Communication (HDS(C)S.2008:1.1.9)

Service providers communicate effectively with consumers and provide an environment conducive to effective communication.

ARC A13.1; A13.2; A14.1; D11.3; D12.1; D12.3a; D12.4; D12.5; D16.1b.ii; D16.4b; D16.5e.iii; D20.3 ARHSS A13.1; A13.2; A14.1; D11.3; D12.1; D12.3a; D12.4; D12.5; D16.1bii; D16.4b; D16.53i.i.3.iii; D20.3

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 1.1.9.1 (HDS(C)S.2008:1.1.9.1)

Consumers have a right to full and frank information and open disclosure from service providers.

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>

Criterion 1.1.9.4 (HDS(C)S.2008:1.1.9.4)

Wherever necessary and reasonably practicable, interpreter services are provided.

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>

Standard 1.1.10: Informed Consent (HDS(C)S.2008:1.1.10)

Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.

ARC D3.1d; D11.3; D12.2; D13.1 ARHSS D3.1d; D11.3; D12.2; D13.1

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p>

Criterion 1.1.10.2 (HDS(C)S.2008:1.1.10.2)

Service providers demonstrate their ability to provide the information that consumers need to have, to be actively involved in their recovery, care, treatment, and support as well as for decision-making.

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Finding:

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Corrective Action:

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Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.1.10.4 (HDS(C)S.2008:1.1.10.4)

The service is able to demonstrate that written consent is obtained where required.

Attainment and Risk: Not Audited

Evidence:

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Finding:

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Corrective Action:

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Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.1.10.7 (HDS(C)S.2008:1.1.10.7)

Advance directives that are made available to service providers are acted on where valid.

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>

Standard 1.1.11: Advocacy And Support (HDS(C)S.2008:1.1.11)

Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.

ARC D4.1d; D4.1e ARHSS D4.1e; D4.1f

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p>

Criterion 1.1.11.1 (HDS(C)S.2008:1.1.11.1)

Consumers are informed of their rights to an independent advocate, how to access them, and their right to have a support person/s of their choice present.

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p>

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

Standard 1.1.12: Links With Family/Whānau And Other Community Resources (HDS(C)S.2008:1.1.12)

Consumers are able to maintain links with their family/whānau and their community.

ARC D3.1h; D3.1e ARHSS D3.1h; D3.1e; D16.5f

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 1.1.12.1 (HDS(C)S.2008:1.1.12.1)

Consumers have access to visitors of their choice.

Attainment and Risk: Not Audited

Evidence:

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Finding:

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Corrective Action:

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

Criterion 1.1.12.2 (HDS(C)S.2008:1.1.12.2)

Consumers are supported to access services within the community when appropriate.

Attainment and Risk: Not Audited

Evidence:

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Finding:

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Corrective Action:

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

Standard 1.1.13: Complaints Management (HDS(C)S.2008:1.1.13)

The right of the consumer to make a complaint is understood, respected, and upheld.

ARC D6.2; D13.3h; E4.1biii.3 ARHSS D6.2; D13.3g

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 1.1.13.1 (HDS(C)S.2008:1.1.13.1)

The service has an easily accessed, responsive, and fair complaints process, which is documented and complies with Right 10 of the Code.

Attainment and Risk: Not Audited

Evidence:

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Finding:

[Click here to enter text](#)

Corrective Action:

[Click here to enter text](#)

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

Criterion 1.1.13.3 (HDS(C)S.2008:1.1.13.3)

An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.

Attainment and Risk: Not Audited

Evidence:

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Finding:

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Corrective Action:

Click here to enter text

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

Outcome 1.2: Organisational Management

Consumers receive services that comply with legislation and are managed in a safe, efficient, and effective manner.

Standard 1.2.1: Governance (HDS(C)S.2008:1.2.1)

The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.

ARC A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.3d; D17.4b; D17.5; E1.1; E2.1 ARHSS A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.5

Attainment and Risk: FA

Evidence:

Oceania Care Company Limited (Oceania) is the governing body and is responsible for the services provided at Elderslea Rest Home. The Oceania quality and risk management systems are implemented at Elderslea and the documented scope, direction, goals, vision, values, mission statement and philosophy are reviewed. The service philosophy is in an understandable form and is available to residents and their family/representative or other services involved in referring residents to the service.

Systems for monitoring the services provided at Elderslea including regular monthly reporting by the business and care manager (BCM) and the clinical managers (CM) to Oceania support office via the Oceania intranet are in place. Reporting includes: reporting on quality and risk management issues; occupancy; human resource issues; quality improvements; internal audit outcomes; and clinical indicators. Monthly business status reports are provided to the Oceania executive team and link to the organisation's business plan.

The current BCM has been in the role for two months, which is an interim role, with confirmation of a permanent position pending at the end of October 2016. The interim BCM has extensive aged care experience having worked as the regional administrator for the central and southern region for Oceania for 10 years. The BCM is supported by two CMs who have been in the roles for five years and are responsible for the clinical care provided to residents.

The area that was used for 13 hospital residents has been decommissioned and refurbished to accommodate 13 residents assessed as requiring dementia level care.

Criterion 1.2.1.1 (HDS(C)S.2008:1.2.1.1)

The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.

<p>Attainment and Risk: FA</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>
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Criterion 1.2.1.3 (HDS(C)S.2008:1.2.1.3)

The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.

<p>Attainment and Risk: FA</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>
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Standard 1.2.2: Service Management (HDS(C)S.2008:1.2.2)

The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.

ARC D3.1; D19.1a; E3.3a ARHSS D3.1; D4.1a; D19.1a

Attainment and Risk: FA**Evidence:**

There are appropriate systems in place to ensure the day-to-day operations of the service continue should the BCM and/or the CMs be absent. The CMs relieve the BCM if they are absent with support from the regional clinical and operations manager from Oceania. Twenty four hour registered nurse cover is provided. The CMs job share and there is always one CM on the morning shift, seven days a week.

Additional support and assistance is provided by other personnel from Oceania support office as required. Services provided meet the specific needs of the resident group within the facility. Job descriptions and interviews of the BCM and CMs confirm their responsibility and authority for their roles.

Criterion 1.2.2.1 (HDS(C)S.2008:1.2.2.1)

During a temporary absence a suitably qualified and/or experienced person performs the manager's role.

Attainment and Risk: FA**Evidence:**

[Click here to enter text](#)

Finding:

[Click here to enter text](#)

Corrective Action:

[Click here to enter text](#)

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

Standard 1.2.3: Quality And Risk Management Systems (HDS(C)S.2008:1.2.3)

The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.

ARC A4.1; D1.1; D1.2; D5.4; D10.1; D17.7a; D17.7b; D17.7e; D19.1b; D19.2; D19.3a.i-v; D19.4; D19.5 ARHSS A4.1; D1.1; D1.2; D5.4; D10.1; D16.6; D17.10a; D17.10b; D17.10e; D19.1b; D19.2; D19.3a-iv; D19.4; D19.5

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 1.2.3.1 (HDS(C)S.2008:1.2.3.1)

The organisation has a quality and risk management system which is understood and implemented by service providers.

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Finding:

[Click here to enter text](#)

Corrective Action:

[Click here to enter text](#)

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

Criterion 1.2.3.3 (HDS(C)S.2008:1.2.3.3)

The service develops and implements policies and procedures that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at regular intervals as defined by policy.

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Finding:

[Click here to enter text](#)

Corrective Action:[Click here to enter text](#)**Timeframe (days):** [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)**Criterion 1.2.3.4 (HDS(C)S.2008:1.2.3.4)**

There is a document control system to manage the policies and procedures. This system shall ensure documents are approved, up to date, available to service providers and managed to preclude the use of obsolete documents.

Attainment and Risk: Not Audited**Evidence:**[Click here to enter text](#)**Finding:**[Click here to enter text](#)**Corrective Action:**[Click here to enter text](#)**Timeframe (days):** [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)**Criterion 1.2.3.5 (HDS(C)S.2008:1.2.3.5)**

Key components of service delivery shall be explicitly linked to the quality management system.

Attainment and Risk: Not Audited**Evidence:**[Click here to enter text](#)**Finding:**[Click here to enter text](#)**Corrective Action:**[Click here to enter text](#)**Timeframe (days):** [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.3.6 (HDS(C)S.2008:1.2.3.6)

Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i></p>
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Criterion 1.2.3.7 (HDS(C)S.2008:1.2.3.7)

A process to measure achievement against the quality and risk management plan is implemented.

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i></p>
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Criterion 1.2.3.8 (HDS(C)S.2008:1.2.3.8)

A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p>

Finding:[Click here to enter text](#)**Corrective Action:**[Click here to enter text](#)**Timeframe (days):** [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)**Criterion 1.2.3.9 (HDS(C)S.2008:1.2.3.9)**

Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whānau of choice, visitors, and those commonly associated with providing services. This shall include:

(a) Identified risks are monitored, analysed, evaluated, and reviewed at a frequency determined by the severity of the risk and the probability of change in the status of that risk;

(b) A process that addresses/treats the risks associated with service provision is developed and implemented.

Attainment and Risk: Not Audited**Evidence:**[Click here to enter text](#)**Finding:**[Click here to enter text](#)**Corrective Action:**[Click here to enter text](#)**Timeframe (days):** [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)**Standard 1.2.4: Adverse Event Reporting (HDS(C)S.2008:1.2.4)**

All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.

ARC D19.3a.vi.; D19.3b; D19.3c ARHSS D19.3a.vi.; D19.3b; D19.3c

Attainment and Risk: Not Audited**Evidence:**[Click here to enter text](#)

Criterion 1.2.4.2 (HDS(C)S.2008:1.2.4.2)

The service provider understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required.

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>

Criterion 1.2.4.3 (HDS(C)S.2008:1.2.4.3)

The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>

Standard 1.2.7: Human Resource Management (HDS(C)S.2008:1.2.7)

Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.

ARC D17.6; D17.7; D17.8; E4.5d; E4.5e; E4.5f; E4.5g; E4.5h ARHSS D17.7, D17.9, D17.10, D17.11

Attainment and Risk: FA

Evidence:

All registered nurses (RN) and the two CMs hold current annual practising certificates.

Other practitioners' practising certificates include the general practitioner (GP), dietitian, podiatrist and physiotherapist. The staff education planner for 2016 was reviewed and monthly in-service education is provided. Education and training hours exceed eight hours a year for all staff with relevant training according to each role. Staff are required to attend the compulsory Oceania education sessions each year to progress through the Oceania career pathway programme. In-service education plans, staff competency registers and staff education records are maintained and were reviewed for 2016.

The CMs are responsible for oversight of the in-service education programme. Individual records of education are maintained for each staff member in their staff files. The skills and knowledge required for each position is documented in job descriptions and contained in the staff files, including reference checks, police checks and interviews. Orientation checklists sighted included relevant components of the service. There is an annual appraisal process in place with all staff having a current performance appraisal. First aid certificates are held in staff files along with other training records and a list retained on a register on the intranet. Healthcare assistants (HCA) are paired with a senior healthcare assistant for shifts until they demonstrate competency on a number of tasks including personal cares. Annual medication competencies are completed for all registered nursing staff who administer medicines to residents. Mandatory training is identified on an Oceania wide training schedule. There are folders of attendance records and training with a spreadsheet maintained by the BCM with all training included.

Criterion 1.2.7.2 (HDS(C)S.2008:1.2.7.2)

Professional qualifications are validated, including evidence of registration and scope of practice for service providers.

Attainment and Risk: FA

Evidence:

[Click here to enter text](#)

Finding:

[Click here to enter text](#)

Corrective Action:

[Click here to enter text](#)

Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.7.3 (HDS(C)S.2008:1.2.7.3)

The appointment of appropriate service providers to safely meet the needs of consumers.

<p>Attainment and Risk: FA</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>
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Criterion 1.2.7.4 (HDS(C)S.2008:1.2.7.4)

New service providers receive an orientation/induction programme that covers the essential components of the service provided.

<p>Attainment and Risk: FA</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>
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Criterion 1.2.7.5 (HDS(C)S.2008:1.2.7.5)

A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.

<p>Attainment and Risk: FA</p> <p>Evidence: Click here to enter text</p>
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Finding:[Click here to enter text](#)**Corrective Action:**[Click here to enter text](#)**Timeframe (days):** [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)**Standard 1.2.8: Service Provider Availability (HDS(C)S.2008:1.2.8)**

Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.

ARC D17.1; D17.3a; D17.3 b; D17.3c; D17.3e; D17.3f; D17.3g; D17.4a; D17.4c; D17.4d; E4.5 a; E4.5 b; E4.5c ARHSS D17.1; D17.3; D17.4; D17.6; D17.8

Attainment and Risk: FA**Evidence:**

The staffing policy is the foundation for workforce planning. Staffing levels are reviewed for anticipated workloads, identified numbers and appropriate skill mix, or as required due to changes in the services provided and the number of residents. Rosters sighted reflected staffing levels that meet resident acuity and bed occupancy. The new unit's roster has been developed and staff are being trained to work in the area. All the HCAs that are rostered to work in the new dementia unit must be enrolled in the dementia training programme and have completed medication competencies. Staff that are allocated to work in the new unit are in the process of completing the required training and medication competencies. The staffing levels met the specifications outlined in the Aged Related Residential Care Services Agreement.

The service has a reciprocal agreement with another local Oceania provider who is soon to start a refurbishment programme to their dementia unit. Residents and staff will relocate to the new unit during the renovation period.

A proposed roster and transition plan for staffing the new 13 bed dementia unit indicated that there will be at least one HCA on each shift in the new unit. A designated diversional therapist is rostered in the new unit Monday to Friday from 9.30 am to 4.30 pm daily. A second HCA will be added to the shifts as the resident occupancy increases.

Interviews with staff, residents and families confirmed that there is enough staff on duty to provide adequate care.

Criterion 1.2.8.1 (HDS(C)S.2008:1.2.8.1)

There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.

Attainment and Risk: FA**Evidence:**[Click here to enter text](#)**Finding:**[Click here to enter text](#)

Corrective Action:

[Click here to enter text](#)

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

Standard 1.2.9: Consumer Information Management Systems (HDS(C)S.2008:1.2.9)

Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.

ARC A15.1; D7.1; D8.1; D22; E5.1 ARHSS A15.1; D7.1; D8.1; D22

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 1.2.9.1 (HDS(C)S.2008:1.2.9.1)

Information is entered into the consumer information management system in an accurate and timely manner, appropriate to the service type and setting.

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Finding:

[Click here to enter text](#)

Corrective Action:

[Click here to enter text](#)

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

Criterion 1.2.9.7 (HDS(C)S.2008:1.2.9.7)

Information of a private or personal nature is maintained in a secure manner that is not publicly accessible or observable.

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Finding:
Click here to enter text

Corrective Action:
Click here to enter text

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

Criterion 1.2.9.9 (HDS(C)S.2008:1.2.9.9)

All records are legible and the name and designation of the service provider is identifiable.

Attainment and Risk: Not Audited

Evidence:
Click here to enter text

Finding:
Click here to enter text

Corrective Action:
Click here to enter text

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

Criterion 1.2.9.10 (HDS(C)S.2008:1.2.9.10)

All records pertaining to individual consumer service delivery are integrated.

Attainment and Risk: Not Audited

Evidence:
Click here to enter text

Finding:
Click here to enter text

Corrective Action:
Click here to enter text

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

Outcome 1.3: Continuum of Service Delivery

Consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.

Standard 1.3.1: Entry To Services (HDS(C)S.2008:1.3.1)

Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.

ARC A13.2d; D11.1; D11.2; D13.3; D13.4; D14.1; D14.2; E3.1; E4.1b ARHSS A13.2d; D11.1; D11.2; D13.3; D13.4; D14.1; D14.2

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 1.3.1.4 (HDS(C)S.2008:1.3.1.4)

Entry criteria, assessment, and entry screening processes are documented and clearly communicated to consumers, their family/whānau of choice where appropriate, local communities, and referral agencies.

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Finding:

[Click here to enter text](#)

Corrective Action:

[Click here to enter text](#)

Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.2: Declining Referral/Entry To Services (HDS(C)S.2008:1.3.2)

Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.

ARHSS D4.2

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 1.3.2.2 (HDS(C)S.2008:1.3.2.2)

When entry to the service has been declined, the consumers and where appropriate their family/whānau of choice are informed of the reason for this and of other options or alternative services.

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Finding:

[Click here to enter text](#)

Corrective Action:

[Click here to enter text](#)

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

Standard 1.3.3: Service Provision Requirements (HDS(C)S.2008:1.3.3)

Consumers receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcome/goals.

ARC D3.1c; D9.1; D9.2; D16.3a; D16.3e; D16.3l; D16.5b; D16.5ci; D16.5c.ii; D16.5e ARHSS D3.1c; D9.1; D9.2; D16.3a; D16.3d; D16.5b; D16.5d; D16.5e; D16.5i

Attainment and Risk: Not Audited

Evidence:

[Enter comment here:]

Pressure injury (PI) information (please do not change the text in red)

Ω No. of PI on day of audit: [0]

Ω Facility acquired PI: [0]

Ω Non-facility acquired PI: [0]

Ω No. Stage 1 PI: [0]

Ω No. Stage 2 PI: [0]

Ω No. Stage 3 PI: [0]

Ω No. Stage 4 PI: [0]

Ω No. Stage 5 (Unstageable (depth unknown)) PI: [0]

Ω No. Stage 6 (Suspected deep tissue injury) PI: [0]

Ω Assessed level of care: Hospital: [0]

Ω Assessed level of care: Rest Home: [0]

Ω Assessed level of care: Dementia: [0]

Ω Assessed level of care: Psychogeriatric: [0]

Ω Assessed level of care: Young person: [0]

Component (Yes/No and Comment)

Ω PI being treated at the time of the audit: [Yes/No] Comment [Enter in text]

Ω Policy/guideline: [Yes/No] Comment [Enter in text]

Ω Internal audit programme: [Yes/No] Comment [Enter in text]

Ω Meeting minutes: [Yes/No] Comment [Enter in text]

Ω Adverse event reporting: [Yes/No] Comment [Enter in text]

Ω Annual training programme: [Yes/No] Comment [Enter in text]

Ω Equipment: [Yes/No] Comment [Enter in text]

Ω Staff interview: [Yes/No] Comment [Enter in text]

Criterion 1.3.3.1 (HDS(C)S.2008:1.3.3.1)

Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is undertaken by suitably qualified and/or experienced service providers who are competent to perform the function.

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i></p>
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Criterion 1.3.3.3 (HDS(C)S.2008:1.3.3.3)

Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i></p>
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Criterion 1.3.3.4 (HDS(C)S.2008:1.3.3.4)

The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p>

Finding:
Click here to enter text

Corrective Action:
Click here to enter text

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

Standard 1.3.4: Assessment (HDS(C)S.2008:1.3.4)

Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.

ARC D16.2; E4.2 ARHSS D16.2; D16.3d; D16.5g.ii

Attainment and Risk: Not Audited

Evidence:
Click here to enter text

Criterion 1.3.4.2 (HDS(C)S.2008:1.3.4.2)

The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.

Attainment and Risk: Not Audited

Evidence:
Click here to enter text

Finding:
Click here to enter text

Corrective Action:
Click here to enter text

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

Standard 1.3.5: Planning (HDS(C)S.2008:1.3.5)

Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.

ARC D16.3b; D16.3f; D16.3g; D16.3h; D16.3i; D16.3j; D16.3k; E4.3 ARHSS D16.3b; D16.3d; D16.3e; D16.3f; D16.3g

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 1.3.5.2 (HDS(C)S.2008:1.3.5.2)

Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Finding:

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Corrective Action:

[Click here to enter text](#)

Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.3.5.3 (HDS(C)S.2008:1.3.5.3)

Service delivery plans demonstrate service integration.

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Finding:

[Click here to enter text](#)

Corrective Action:

[Click here to enter text](#)

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

Standard 1.3.6: Service Delivery/Interventions (HDS(C)S.2008:1.3.6)

Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.

ARC D16.1a; D16.1b.i; D16.5a; D18.3; D18.4; E4.4 ARHSS D16.1a; D16.1b.i; D16.5a; D16.5c; D16.5f; D16.5g.i; D16.6; D18.3; D18.4

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 1.3.6.1 (HDS(C)S.2008:1.3.6.1)

The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Finding:

[Click here to enter text](#)

Corrective Action:

[Click here to enter text](#)

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

Standard 1.3.7: Planned Activities (HDS(C)S.2008:1.3.7)

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.

ARC D16.5c.iii; D16.5d ARHSS D16.5g.iii; D16.5g.iv; D16.5h

Attainment and Risk: FA

Evidence:

The recreation programmes are provided by one trained diversional therapist and five recreation officers for the rest home, hospital and the dementia service. Volunteers from a local church assist in the dementia service as required, for group activities.

A social recreation assessment and history is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate programmes that are meaningful to the residents. The residents' recreation needs are evaluated six monthly as part of the formal six monthly interRAI and care plan reviews.

The planned monthly recreation programmes sighted match the skills, likes, dislikes and interests identified in assessment data. The activities/recreation calendar is displayed weekly in all areas of the facility. Recreational activities reflect residents' goals, ordinary patterns of life and include normal community activities. Individual, group and regular events are offered. The recreation programme for the new dementia service has been developed in readiness and the diversional therapist will be responsible for and will implement the programme. Additional resources such as word games, crafts and floor games have been purchased for the new dementia unit.

The current recreation programmes are discussed at the minuted residents' meetings and indicated residents' input is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction with the programme and that information is used to improve the range of activities offered. Residents in the hospital and rest home interviewed, confirmed they find the programme interesting and motivating.

Recreation activities for residents in the dementia unit are specific to the needs and abilities of the people living there. Activities are offered at times when residents are most physically active and/or restless. Activities resources are available in the unit to cover the 24 hour period. Lots of activities over the 24 hour period have attributed to the reduced need for medication, improved appetite and improved sleep patterns as per the recreational and care plans reviewed.

Criterion 1.3.7.1 (HDS(C)S.2008:1.3.7.1)

Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.

Attainment and Risk: FA

Evidence:

[Click here to enter text](#)

Finding:

[Click here to enter text](#)

Corrective Action:

[Click here to enter text](#)

Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.8: Evaluation (HDS(C)S.2008:1.3.8)

Consumers' service delivery plans are evaluated in a comprehensive and timely manner.

ARC D16.3c; D16.3d; D16.4a ARHSS D16.3c; D16.4a

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 1.3.8.2 (HDS(C)S.2008:1.3.8.2)

Evaluations are documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome.

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Finding:

[Click here to enter text](#)

Corrective Action:

[Click here to enter text](#)

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

Criterion 1.3.8.3 (HDS(C)S.2008:1.3.8.3)

Where progress is different from expected, the service responds by initiating changes to the service delivery plan.

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Finding:

[Click here to enter text](#)

Corrective Action:

[Click here to enter text](#)

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

Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) (HDS(C)S.2008:1.3.9)

Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.

ARC D16.4c; D16.4d; D20.1; D20.4 ARHSS D16.4c; D16.4d; D20.1; D20.4

Attainment and Risk: Not Audited
Evidence:
[Click here to enter text](#)

Criterion 1.3.9.1 (HDS(C)S.2008:1.3.9.1)

Consumers are given the choice and advised of their options to access other health and disability services where indicated or requested. A record of this process is maintained.

Attainment and Risk: Not Audited
Evidence:
[Click here to enter text](#)
Finding:
[Click here to enter text](#)
Corrective Action:
[Click here to enter text](#)
Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.10: Transition, Exit, Discharge, Or Transfer (HDS(C)S.2008:1.3.10)

Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.

ARC D21 ARHSS D21

Attainment and Risk: Not Audited
Evidence:
[Click here to enter text](#)

Criterion 1.3.10.2 (HDS(C)S.2008:1.3.10.2)

Service providers identify, document, and minimise risks associated with each consumer's transition, exit, discharge, or transfer, including expressed concerns of the consumer and, if appropriate, family/whānau of choice or other representatives.

Attainment and Risk: Not Audited

Evidence:
[Click here to enter text](#)

Finding:
[Click here to enter text](#)

Corrective Action:
[Click here to enter text](#)

Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.12: Medicine Management (HDS(C)S.2008:1.3.12)

Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.

ARC D1.1g; D15.3c; D16.5e.i.2; D18.2; D19.2d ARHSS D1.1g; D15.3g; D16.5i..i.2; D18.2; D19.2d

Attainment and Risk: FA

Evidence:

The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide, legislation, contract obligations and the standard.

A safe system for medicine management was observed on the day of the audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff that administer medicines are competent to perform the function they manage. All registered nurses and senior healthcare assistants (HCA) attend training sessions arranged for medication management and records are maintained.

Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by a registered nurse against the prescription record sheet. All medications sighted were within current use by dates. The pharmacy completes six monthly audits and the pharmacist is available for any queries.

Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drugs are checked in the rest home and in the hospital weekly. No controlled drugs are stored in the dementia unit and this will remain the same for the new dementia unit. The charge nurse will be responsible for the new dementia service and will oversee the medicine management for the residents.

Good prescribing practices noted include: the prescriber's signature and date recorded on commencement and discontinuation of medicines, and all requirements for pro re nata (PRN) medicines are being met. The required three monthly general practitioner (GP) review is consistently recorded on the medication records reviewed.

There were no residents who self-administer medications at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner should this occur.

Medication errors are reported to the two clinical managers or the charge nurse in the dementia unit and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.

Standing orders are used, are current and comply with guidelines, legislative requirements and the standard.

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

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

Attainment and Risk: FA

Evidence:
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Finding:
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Corrective Action:
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Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

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

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

Attainment and Risk: FA

Evidence:
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Finding:
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Corrective Action:
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Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

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

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

<p>Attainment and Risk: FA</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>
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Criterion 1.3.12.6 (HDS(C)S.2008:1.3.12.6)

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

<p>Attainment and Risk: FA</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>
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Standard 1.3.13: Nutrition, Safe Food, And Fluid Management (HDS(C)S.2008:1.3.13)

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

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

Attainment and Risk: FA

Evidence:

The food service is provided on site by a qualified and experienced chef and kitchen hands daily. There are two relief cooks who cover the chef's days off and any planned leave or study leave. The food service is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by the organisations dietitian within the last two years. Any recommendations made at the time have been implemented.

All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration is displayed. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The chef and kitchen hands have completed relevant food handling training.

A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to the kitchen staff and accommodated in the daily meal planning process. Residents in the secure dementia unit have access to food and fluids to meet their nutritional needs at all times. Special equipment, to meet resident's nutritional needs, is available. A whiteboard in the kitchen also displays the names of residents with specific nutritional needs to guide kitchen staff.

The lunchtime and evening meals were observed. Resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. There is sufficient staff on duty in the dining rooms at meal times to ensure appropriate assistance to residents as needed.

The chef interviewed stated that resources were constantly being updated and that all requirements for the new secure unit had been purchased such as the bain-marie, crockery, utensils, water jugs and glasses for the service. A menu board was available. Dining room tables and chairs have been appropriately sourced with residents' comfort being considered. There are adequate place settings for 13 residents in the new dementia service dining room. A café is available and residents from the dementia services have, and will continue to be taken to the café, as part of the recreation programme.

Criterion 1.3.13.1 (HDS(C)S.2008:1.3.13.1)

Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.

Attainment and Risk: FA

Evidence:

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Finding:

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Corrective Action:

[Click here to enter text](#)

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

Criterion 1.3.13.2 (HDS(C)S.2008:1.3.13.2)

Consumers who have additional or modified nutritional requirements or special diets have these needs met.

Attainment and Risk: FA

Evidence:

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Finding:

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Corrective Action:

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

Criterion 1.3.13.5 (HDS(C)S.2008:1.3.13.5)

All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.

Attainment and Risk: FA

Evidence:

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Finding:

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Corrective Action:

[Click here to enter text](#)

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

Outcome 1.4: Safe and Appropriate Environment

Services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensures physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

Standard 1.4.1: Management Of Waste And Hazardous Substances (HDS(C)S.2008:1.4.1)

Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.
ARC D19.3c.v; ARHSS D19.3c.v

Attainment and Risk: FA

Evidence:

There are documented processes for the management of waste and hazardous substances in place. Policies and procedures specify labelling requirements including the requirement for labels to be clear, accessible to read and are free from damage. Material safety data sheets are available and located in the sluice rooms and cleaners' area. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances.

Changing the hospital beds to dementia secure beds would not require any changes to the existing waste management plan.

Criterion 1.4.1.1 (HDS(C)S.2008:1.4.1.1)

Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.

Attainment and Risk: FA

Evidence:

[Click here to enter text](#)

Finding:

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Corrective Action:

[Click here to enter text](#)

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

Criterion 1.4.1.6 (HDS(C)S.2008:1.4.1.6)

Protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used by service providers.

Attainment and Risk: FA

Evidence:

[Click here to enter text](#)

Finding:
[Click here to enter text](#)

Corrective Action:
[Click here to enter text](#)

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

Standard 1.4.2: Facility Specifications (HDS(C)S.2008:1.4.2)

Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.

ARC D4.1b; D15.1; D15.2a; D15.2e; D15.3; D20.2; D20.3; D20.4; E3.2; E3.3e; E3.4a; E3.4c; E3.4d ARHSS D4.1c; D15.1; D15.2a; D15.2e; D15.2g; D15.3a; D15.3b; D15.3c; D15.3e; D15.3f; D15.3g; D15.3h; D15.3i; D20.2; D20.3; D20.4

Attainment and Risk: FA

Evidence:

A current building warrant of fitness is posted in a visible location at the entrance to the facility. There is a Code of Compliance Section 95, Building Act 2004 for the conversion of the hospital wing to a dementia secure unit dated 12 October 2016.

A majority of the rooms have been completely refurbished; they all have external windows and natural lighting. There is a large lounge, which previously had heavy doors leading into the area, these have been removed. There is a dining room and separate recreation room that has been set up specifically for the new unit. Previously the recreation room was used for staff training. The room has now been designated specifically for recreation and will only be used for training purposes on exception and in consultation with the diversional therapist. Other arrangements will be made for the residents when this occurs. There are two secure keypad access doors into the unit. There is a ramp off the enclosed veranda that accesses the outside, fenced garden with a circular path, and a newly planted fragrant garden. There is seating and shade areas in the outside garden and a shaded area on the veranda, with a designated outside dining area. The décor in the unit has been designed to provide areas of interest for the residents to be able to reminisce, which includes tactile memorabilia throughout the unit. The corridors are wide enough to allow residents to pass each other safely. The new lighting in the corridors provides sufficient light. The safety rails are secure and are appropriately located. The floor surfaces/coverings are appropriate to the resident group and setting. There is a preventative maintenance plan which includes external areas and equipment.

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

All buildings, plant, and equipment comply with legislation.

Attainment and Risk: FA

Evidence:
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Finding:
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Corrective Action:

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Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

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

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

Attainment and Risk: FA

Evidence:

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Finding:

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Corrective Action:

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Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.2.6 (HDS(C)S.2008:1.4.2.6)

Consumers are provided with safe and accessible external areas that meet their needs.

Attainment and Risk: FA

Evidence:

[Click here to enter text](#)

Finding:

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Corrective Action:

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Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

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

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

ARC E3.3d ARHSS D15.3c

Attainment and Risk: FA

Evidence:

There is adequate number of communal toilets and shower facilities in the unit. The bathroom facilities are of an appropriate design and number to meet the needs of the residents. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. All toilets have appropriate access for residents and are clearly identified with pictures of toilets on the toilet doors and shower heads on the shower doors. The toilet and shower doors are a different colour to aid residents to identify the areas.

The hot water temperatures are monitored at monthly intervals. Interviews and document review confirmed that they were in the correct ranges.

Criterion 1.4.3.1 (HDS(C)S.2008:1.4.3.1)

There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.

Attainment and Risk: FA

Evidence:

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Finding:

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Corrective Action:

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

Standard 1.4.4: Personal Space/Bed Areas (HDS(C)S.2008:1.4.4)

Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.

ARC E3.3b; E3.3c ARHSS D15.2e; D16.6b.ii

Attainment and Risk: FA

Evidence:

The proposed dementia wing has residents' bedrooms with single occupancy only. Visual inspection evidenced that adequate personal space is provided in all bedrooms to allow residents and staff to move around within the room safely.

Criterion 1.4.4.1 (HDS(C)S.2008:1.4.4.1)

Adequate space is provided to allow the consumer and service provider to move safely around their personal space/bed area. Consumers who use mobility aids shall be able to safely maneuvers with the assistance of their aid within their personal space/bed area.

Attainment and Risk: FA

Evidence:

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Finding:

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Corrective Action:

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

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

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

ARC E3.4b ARHSS D15.3d

Attainment and Risk: FA

Evidence:

There is a separate lounge in the unit and a large designated dining area. Visual inspection evidenced adequate access is provided to the lounges and appropriate seating for residents is provided. The internal physical environment of the proposed dementia unit is suitable for dementia level residents and allows for freedom of movement.

Criterion 1.4.5.1 (HDS(C)S.2008:1.4.5.1)

Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.

<p>Attainment and Risk: FA</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>
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Standard 1.4.6: Cleaning And Laundry Services (HDS(C)S.2008:1.4.6)

Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.

ARC D15.2c; D15.2d; D19.2e ARHSS D15.2c; D15.2d; D19.2e

<p>Attainment and Risk: FA</p> <p>Evidence: The laundry services are completed on site. There are designated clean and dirty areas in the laundry with separate doors to take clean and dirty laundry in and out. Laundry staff are required to return linen to the rooms. The linen trolleys are clearly labelled to identify residents' individual laundry and general laundry. The laundry staff interviewed confirmed knowledge of their role including management of any infectious linen. Relatives confirmed they are satisfied with the cleaning and laundry service. There is a cleaning schedule for all the areas which includes carpet cleaning. Internal audits are completed as part of the quality audit programme. There are cleaners on site during the day, seven days a week. The cleaners have a lockable cupboard to put chemicals in and the cleaners are aware that the trolley must be with them at all times. Cleaners were observed on the days of the audit keeping the cleaning trolley in sight. All chemicals are in appropriately labelled containers. Laundry chemicals are administered through a closed system which is managed by a chemical contractor company. Products are used with training around use of products provided.</p>
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Criterion 1.4.6.2 (HDS(C)S.2008:1.4.6.2)

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

<p>Attainment and Risk: FA</p> <p>Evidence: Click here to enter text</p>
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Finding:

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Corrective Action:

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Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

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

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

Attainment and Risk: FA**Evidence:**

[Click here to enter text](#)

Finding:

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Corrective Action:

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Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

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

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

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

Attainment and Risk: FA**Evidence:**

An evacuation plan has been approved by the New Zealand Fire Service. An evacuation policy on emergency and security situations is in place. Fire drills are completed six monthly. The orientation programme includes fire and security training. Checking the fire exits daily for clearance is on the maintenance daily schedule. Staff confirmed their awareness of emergency procedures. All required fire equipment was sighted on the day of audit and all equipment had been checked within required timeframes.

A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including: food; water; blankets; emergency lighting and gas BBQs. An electronic call bell system utilises a pager system. There are call bells in all resident rooms, resident toilets, and communal areas including the hallways, dining rooms. Call bell audits are routinely completed and residents and family state that there are prompt responses to call bells.

External doors leading to the gardens and outside doors are locked after sunset; these doors can only be opened from the inside. Staff complete a security check of all outside doors in the evening that confirms that security measures are in place.

Criterion 1.4.7.1 (HDS(C)S.2008:1.4.7.1)

Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.

Attainment and Risk: FA

Evidence:
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Finding:
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Corrective Action:
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Timeframe (days): Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

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

Where required by legislation there is an approved evacuation plan.

Attainment and Risk: FA

Evidence:
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Finding:
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Corrective Action:
[Click here to enter text](#)

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

Criterion 1.4.7.4 (HDS(C)S.2008:1.4.7.4)

Alternative energy and utility sources are available in the event of the main supplies failing.

<p>Attainment and Risk: FA</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>
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Criterion 1.4.7.5 (HDS(C)S.2008:1.4.7.5)

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

<p>Attainment and Risk: FA</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>
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Criterion 1.4.7.6 (HDS(C)S.2008:1.4.7.6)

The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.

<p>Attainment and Risk: FA</p> <p>Evidence: Click here to enter text</p>
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Finding:

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Corrective Action:

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Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.8: Natural Light, Ventilation, And Heating (HDS(C)S.2008:1.4.8)

Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.

ARC D15.2f ARHSS D15.2g

Attainment and Risk: FA**Evidence:**

There are procedures to ensure the service is responsive to resident feedback in relation to heating and ventilation, wherever practicable. Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. Monthly room temperature checks are monitored. There is a designated external smoking area for residents.

Family and residents confirmed that the building is maintained at an appropriate temperature in both winter and summer.

Criterion 1.4.8.1 (HDS(C)S.2008:1.4.8.1)

Areas used by consumers and service providers are ventilated and heated appropriately.

Attainment and Risk: FA**Evidence:**

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Finding:

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Corrective Action:

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Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.8.2 (HDS(C)S.2008:1.4.8.2)

All consumer-designated rooms (personal/living areas) have at least one external window of normal proportions to provide natural light.

<p>Attainment and Risk: FA</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>
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NZS 8134.2:2008: Health and Disability Services (Restraint Minimisation and Safe Practice) Standards

Outcome 2.1: Restraint Minimisation

Services demonstrate that the use of restraint is actively minimised.

Standard 2.1.1: Restraint minimisation (HDS(RMSP)S.2008:2.1.1)

Services demonstrate that the use of restraint is actively minimised.

ARC E4.4a ARHSS D16.6

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 2.1.1.4 (HDS(RMSP)S.2008:2.1.1.4)

The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Finding:

[Click here to enter text](#)

Corrective Action:

[Click here to enter text](#)

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

Outcome 2.2: Safe Restraint Practice

Consumers receive services in a safe manner.

Standard 2.2.1: Restraint approval and processes (HDS(RMSP)S.2008:2.2.1)

Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.

ARC D5.4n ARHSS D5.4n, D16.6

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 2.2.1.1 (HDS(RMSP)S.2008:2.2.1.1)

The responsibility for restraint process and approval is clearly defined and there are clear lines of accountability for restraint use.

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Finding:

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Corrective Action:

[Click here to enter text](#)

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

Standard 2.2.2: Assessment (HDS(RMSP)S.2008:2.2.2)

Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.

ARC D5.4n ARHSS D5.4n, D16.6

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 2.2.2.1 (HDS(RMSP)S.2008:2.2.2.1)

In assessing whether restraint will be used, appropriate factors are taken into consideration by a suitably skilled service provider. This shall include but is not limited to:

- (a) Any risks related to the use of restraint;
- (b) Any underlying causes for the relevant behaviour or condition if known;
- (c) Existing advance directives the consumer may have made;
- (d) Whether the consumer has been restrained in the past and, if so, an evaluation of these episodes;
- (e) Any history of trauma or abuse, which may have involved the consumer being held against their will;
- (f) Maintaining culturally safe practice;
- (g) Desired outcome and criteria for ending restraint (which should be made explicit and, as much as practicable, made clear to the consumer);
- (h) Possible alternative intervention/strategies.

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Finding:

[Click here to enter text](#)

Corrective Action:

[Click here to enter text](#)

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

Standard 2.2.3: Safe Restraint Use (HDS(RMSP)S.2008:2.2.3)

Services use restraint safely

ARC D5.4n ARHSS D5.4n, D16.6

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 2.2.3.2 (HDS(RMSP)S.2008:2.2.3.2)

Approved restraint is only applied as a last resort, with the least amount of force, after alternative interventions have been considered or attempted and determined inadequate. The decision to approve restraint for a consumer should be made:

- (a) Only as a last resort to maintain the safety of consumers, service providers or others;
- (b) Following appropriate planning and preparation;
- (c) By the most appropriate health professional;
- (d) When the environment is appropriate and safe for successful initiation;
- (e) When adequate resources are assembled to ensure safe initiation.

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Finding:

[Click here to enter text](#)

Corrective Action:

[Click here to enter text](#)

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

Criterion 2.2.3.4 (HDS(RMSP)S.2008:2.2.3.4)

Each episode of restraint is documented in sufficient detail to provide an accurate account of the indication for use, intervention, duration, its outcome, and shall include but is not limited to:

- (a) Details of the reasons for initiating the restraint, including the desired outcome;
- (b) Details of alternative interventions (including de-escalation techniques where applicable) that were attempted or considered prior to the use of restraint;
- (c) Details of any advocacy/support offered, provided or facilitated;
- (d) The outcome of the restraint;
- (e) Any injury to any person as a result of the use of restraint;

- (f) Observations and monitoring of the consumer during the restraint;
- (g) Comments resulting from the evaluation of the restraint.

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>

Criterion 2.2.3.5 (HDS(RMSP)S.2008:2.2.3.5)

A restraint register or equivalent process is established to record sufficient information to provide an auditable record of restraint use.

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>

Standard 2.2.4: Evaluation (HDS(RMSP)S.2008:2.2.4)

Services evaluate all episodes of restraint.

ARC D5.4n ARHSS D5.4n, D16.6

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p>

Criterion 2.2.4.1 (HDS(RMSP)S.2008:2.2.4.1)

Each episode of restraint is evaluated in collaboration with the consumer and shall consider:

- (a) Future options to avoid the use of restraint;
- (b) Whether the consumer's service delivery plan (or crisis plan) was followed;
- (c) Any review or modification required to the consumer's service delivery plan (or crisis plan);
- (d) Whether the desired outcome was achieved;
- (e) Whether the restraint was the least restrictive option to achieve the desired outcome;
- (f) The duration of the restraint episode and whether this was for the least amount of time required;
- (g) The impact the restraint had on the consumer;
- (h) Whether appropriate advocacy/support was provided or facilitated;
- (i) Whether the observations and monitoring were adequate and maintained the safety of the consumer;
- (j) Whether the service's policies and procedures were followed;
- (k) Any suggested changes or additions required to the restraint education for service providers.

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Finding:

[Click here to enter text](#)

Corrective Action:

[Click here to enter text](#)

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

Criterion 2.2.4.2 (HDS(RMSP)S.2008:2.2.4.2)

Where an episode of restraint is ongoing the time intervals between evaluation processes should be determined by the nature and risk of the restraint being used and the needs of the consumers and/or family/whānau.

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Finding:

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Corrective Action:

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

Standard 2.2.5: Restraint Monitoring and Quality Review (HDS(RMSP)S.2008:2.2.5)

Services demonstrate the monitoring and quality review of their use of restraint.

ARC 5,4n ARHSS D5.4n, D16.6

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 2.2.5.1 (HDS(RMSP)S.2008:2.2.5.1)

Services conduct comprehensive reviews regularly, of all restraint practice in order to determine:

- (a) The extent of restraint use and any trends;
- (b) The organisation's progress in reducing restraint;
- (c) Adverse outcomes;
- (d) Service provider compliance with policies and procedures;
- (e) Whether the approved restraint is necessary, safe, of an appropriate duration, and appropriate in light of consumer and service provider feedback, and current accepted practice;
- (f) If individual plans of care/support identified alternative techniques to restraint and demonstrate restraint evaluation;
- (g) Whether changes to policy, procedures, or guidelines are required; and
- (h) Whether there are additional education or training needs or changes required to existing education.

Attainment and Risk: Not Audited

Evidence:

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Finding:

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Corrective Action:

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

NZS 8134.3:2008: Health and Disability Services (Infection Prevention and Control) Standards

Standard 3.1: Infection control management (HDS(IPC)S.2008:3.1)

There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.

ARC D5.4e ARHSS D5.4e

Attainment and Risk: FA

Evidence:

The service has a documented infection prevention and control programme which is reviewed as part of the annual review. The programme is signed off by management. The infection prevention and control programme aims to minimise risk of infections to residents, staff and family/whānau and visitors to the facility.

Infection prevention and control is managed by an experienced registered nurse who has been appointed the infection control nurse for this facility. A job description is available which states the accountability and responsibilities involved in this role. The infection control nurse (ICN) monitors all infections, uses standardised definitions to identify infections appropriately, and carries out surveillance monitoring of organisms, related to antibiotic use. Monthly records are maintained. Infection prevention and control is presented at the quality and staff meetings.

The infection control nurse interviewed fully supports the programme and has a good understanding of the early detection of suspected infections. Healthcare assistants are skilled and ensure they notify the registered nurses of any concerns when caring for the residents. The shift handovers are also a forum for reporting incidences of infection. Short-term care plans are used, for example for wound care and other infections. Fluid balance records are also discussed. Infection records were reviewed.

A process is identified in policy for the prevention of exposing others to infection. Staff interviewed knew when not to come to work and when to return. Signage is available and used in the facility as required. Sanitising hand gel is available throughout the facility and there are adequate hand washing facilities for staff, visitors and residents. This was clearly evident in the new dementia service on visual inspection. Infection control advice can be sought from the GPs, microbiologist and from representatives of the district health board infection control team if and when required. The GP interviewed is well informed of obligations and reporting systems if needed for notifiable outbreaks of disease or illness. No outbreaks were reported. Guidelines and a pandemic plan are in place should an incident arise.

Criterion 3.1.1 (HDS(IPC)S.2008:3.1.1)

The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters in the organisation leading to the governing body and/or senior management.

Attainment and Risk: FA

Evidence:

[Click here to enter text](#)

Finding:
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Corrective Action:
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Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 3.1.3 (HDS(IPC)S.2008:3.1.3)

The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.

Attainment and Risk: FA

Evidence:
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Finding:
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Corrective Action:
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Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 3.1.9 (HDS(IPC)S.2008:3.1.9)

Service providers and/or consumers and visitors suffering from, or exposed to and susceptible to, infectious diseases should be prevented from exposing others while infectious.

Attainment and Risk: FA

Evidence:
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Finding:
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Corrective Action:
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Timeframe (days): [Choose an item](#) (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 3.2: Implementing the infection control programme (HDS(IPC)S.2008:3.2)

There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.

ARC D5.4e ARHSS D5.4e

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 3.2.1 (HDS(IPC)S.2008:3.2.1)

The infection control team/personnel and/or committee shall comprise, or have access to, persons with the range of skills, expertise, and resources necessary to achieve the requirements of this Standard.

Attainment and Risk: Not Audited

Evidence:

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Finding:

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Corrective Action:

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

Standard 3.3: Policies and procedures (HDS(IPC)S.2008:3.3)

Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.

ARC D5.4e, D19.2a ARHSS D5.4e, D19.2a

Attainment and Risk: Not Audited

Evidence:

[Click here to enter text](#)

Criterion 3.3.1 (HDS(IPC)S.2008:3.3.1)

There are written policies and procedures for the prevention and control of infection which comply with relevant legislation and current accepted good practice.

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>

Standard 3.4: Education (HDS(IPC)S.2008:3.4)

The organisation provides relevant education on infection control to all service providers, support staff, and consumers.

ARC D5.4e ARHSS D5.4e

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p>

Criterion 3.4.1 (HDS(IPC)S.2008:3.4.1)

Infection control education is provided by a suitably qualified person who maintains their knowledge of current practice.

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p>

Corrective Action:

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

Criterion 3.4.5 (HDS(IPC)S.2008:3.4.5)

Consumer education occurs in a manner that recognises and meets the communication method, style, and preference of the consumer. Where applicable a record of this education should be kept.

Attainment and Risk: Not Audited

Evidence:

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Finding:

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Corrective Action:

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

Standard 3.5: Surveillance (HDS(IPC)S.2008:3.5)

Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.

[Click here to enter text](#)

Attainment and Risk: Not Audited

Evidence:

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Criterion 3.5.1 (HDS(IPC)S.2008:3.5.1)

The organisation, through its infection control committee/infection control expert, determines the type of surveillance required and the frequency with which it is undertaken. This shall be appropriate to the size and complexity of the organisation.

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>

Criterion 3.5.7 (HDS(IPC)S.2008:3.5.7)

Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.

<p>Attainment and Risk: Not Audited</p> <p>Evidence: Click here to enter text</p> <p>Finding: Click here to enter text</p> <p>Corrective Action: Click here to enter text</p> <p>Timeframe (days): Choose an item (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</p>
