

# Karaka Court Limited - Woodlands of Feilding

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## Introduction

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

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Karaka Court Limited
<b>Premises audited:</b>	Woodlands Of Feilding
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 8 March 2017    End date: 8 March 2017

**Proposed changes to current services (if any):** The service has built a new purpose-built 80 bed dual-purpose facility (hospital and rest home) within the grounds of the current Woodlands facility. The proposed opening day is 3 April 2017. The current residents at Woodlands of Feilding will transfer to the new facility on opening.

This audit also included verifying the service as suitable to provide medical level care under their current hospital certification.

**Total beds occupied across all premises included in the audit on the first day of the audit: 27**

# Executive summary of the audit

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## Introduction

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

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

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

## General overview of the audit

Karaka Court Limited operates two facilities in the Manawatu area. Woodlands of Feilding is certified to provide hospital and rest home level care for up to 39 residents. All beds at the facility are approved as dual-purpose. On the day of the audit there were 27 residents.

This partial provisional audit included verifying the preparedness of the service to provide care across two service levels (rest home and hospital/medical) in a new purpose-built building.

The service has built a new purpose-built facility within the current grounds of the village. The new facility includes a total of 80 hospital and rest home (all dual-purpose) beds. This audit also included verifying the service as suitable to provide medical level care under their current hospital certification. The service is planning to open the facility on the 3 April 2017. The intention is the

27 residents in the current Woodlands of Feilding facility will transfer across to the new building the first week of opening. The original building will then be closed for renovations.

The management team from the current facility will transfer into the new building. The service will continue to be managed by an experienced manager who has been in the role for 16 years. The manager is supported by a clinical leader (registered nurse) and she has been in the post since 2009.

The audit identified the new facility, staff roster and equipment is appropriate for providing rest home and hospital – geriatric/medical level care.

There are clear procedures and responsibilities for the safe and smooth transition of residents and staff from the current facility into the new building.

Two of the three previous audit findings under service delivery have been addressed. These include care planning, wound and medication documentation. Further improvements continue to be required around meeting InterRAI assessment timeframes.

The corrective actions required by the service are all related to the completion of the building, managing identified risks and implementation of the new service.

## **Consumer rights**

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## **Organisational management**

The clinical leader (RN) will fulfil the manager role during a temporary absence. The organisation has well developed policies and procedures that are structured to provide appropriate care for residents that require geriatric-hospital (medical), and rest home level care. The service has access to a physiotherapist, podiatrist, dietitian and GP services.

The newly built facility has been designed with input from evidence-based practice models, resident and staff consultation.

There are human resource policies including recruitment, selection, orientation and staff training. The service has an orientation programme which provides new staff with relevant information for safe work practice. A specific orientation checklist has been developed to be covered with staff prior to opening.

A draft staffing roster is in place for all areas of the facility. All current staff will transfer with the residents on opening. No further staff have been employed at this stage.

## **Continuum of service delivery**

Residents are assessed prior to entry to the service. A baseline assessment is completed upon admission and paper based assessments are undertaken within three weeks. InterRAI assessment tools have been implemented. Meeting InterRAI timeframes has been difficult for the service with only two RNs InterRAI trained. Long-term care plans reviewed were up-to-date and met the residents' current needs. Wound documentation was complete. This previous audit finding has now been addressed.

The organisations medication policy and procedures follow recognised standards and guidelines for safe medicine management practice in accord with the guideline: Safe Management of Medicines.

The service is implementing an electronic medication management system, which will continue in the new building. The previous audit finding around electronic medical records has been closed out. There are secure treatment rooms off both nurses' stations. New medication trolleys have been purchased for each treatment room. Staff are trained around the electronic medication system.

The menus have been audited and approved by an external dietitian. The new kitchen is spacious and designed for cooking, serving and an area for clearing up. The large spacious kitchen includes a walk-in chiller, freezer, storeroom and pantry.

There is an open kitchenette in the two dining areas that will service two wings each. Hotboxes have been purchased to transport the food from the main kitchen to the kitchenettes in each area.

## Safe and appropriate environment

The facility is purpose built and spacious and includes two units (each unit has two 20-bed wings). There is a spacious communal dining/lounge in each unit. All building and plant have been built to comply with legislation and is in the process of being completed. The organisation has purchased all new equipment for the facility.

There are centrally located nurse stations with windows/doors opening out into each of the lounge areas. This ensures that staff are in close contact with residents even when attending to paperwork or meetings.

Material safety datasheets are to be available in the laundry and the sluices. Gloves, aprons and goggles are available for staff.

All rooms and communal areas allow for safe use of mobility equipment. The facility has carpet throughout with vinyl surfaces in bathrooms/toilets, under beds and kitchen areas. There is adequate space in each wing for storage of mobility equipment.

There is a mobility bathroom with shower in each wing.

There is a large lobby/gallery area at the entrance. Off the gallery is a media room, hairdresser, meeting rooms, chapel, library and gym. A café is being introduced into the gallery area for residents and relatives. There are accessible courtyards off both lounges.

All wings have mobility toilets off the lounge. Each resident room has a single ensuite. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment.

Appropriate training, information, and equipment for responding to emergencies is provided at induction and as part of the annual training programme. Call bells are available in all areas with visual display panels.

There is underfloor heating throughout the facility.

## Restraint minimisation and safe practice

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## Infection prevention and control

The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is a job description for the infection control coordinator. There is an implemented infection control programme that is linked into the quality management system. The programme is reviewed annually.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	8	0	9	0	0	0
<b>Criteria</b>	0	25	0	12	0	0	0

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

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Woodlands of Feilding provides care for up to 39 residents across two service levels (rest home and hospital). On the day of audit there were 17 rest home residents and 10 hospital residents. All rooms are dual-purpose rooms.</p> <p>The service has built a new purpose-built 80 bed dual-purpose facility (hospital and rest home) within the grounds of the current Woodlands facility. The proposed opening day is 3 April 2017. The intention is the 27 residents in the current Woodlands of Feilding facility will transfer across to the new building the first week of opening. The original building will then be closed for renovations.</p> <p>This audit also included verifying the service as suitable to provide medical level care under their current hospital certification.</p> <p>The manager reports to the director/owner who lives locally and has a regular presence at the facility. Karaka Court Limited has a 2016-2017 business contingency plan that includes goals and objectives and has been updated to include the new facility. A transition plan has been developed around opening of the new facility.</p> <p>There is a quality programme being implemented that includes monthly discussion about clinical indicators (eg, incident trends, infection rates), at the</p>



		<p>monthly staff meeting. A quality &amp; risk manager has been recruited to commence 2 days a week.</p> <p>The service is managed by a non-clinical manager who has been in post since 2001 (and was previously a caregiver). The manager is supported by a full time clinical nurse leader (RN) and has been in post since 2009. There is a team of registered nurses who have experience within the aged residential care environment.</p> <p>The manager and clinical lead have maintained at least eight hours annually of professional development activities related to managing a hospital through attending regular DHB provider meetings.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>During a temporary absence, the clinical nurse leader will cover the manager's role. A senior RN will oversee the clinical nurse leader when she is on leave. Both the manager and clinical nurse leader are on-call afterhours dependant on the issue (ie, clinical vs non-clinical). The director/owner is also available afterhours.</p> <p>A review of the documentation, policies and procedures and from discussion with staff identified that the service operational management strategies, QI programme, which includes culturally appropriate care, to minimise risk of unwanted events and enhance quality.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	<p>There are human resources policies to support recruitment practices. A list of practising certificates is maintained.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists.</p> <p>All staff working at Woodlands Feilding will transfer across into the new building on opening. The manager advised that no new staff will need to be recruited for opening. There is sufficient staff to cover the roster on opening and to provide RN cover across 24/7. The management team are currently advertising and interviewing for new staff for when numbers increase.</p> <p>All staff will complete a site-specific induction to the new building on opening.</p>

		<p>There is an education plan that includes all required education as part of these standards. A competency programme is in place with different requirements according to work type (eg, caregiver, registered nurse and kitchen). Core competencies are completed and a record of completion is maintained. Competencies are up-to-date. There is a current staff member with a current first aid certificate on every shift.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	PA Low	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a draft roster for the new building that provides sufficient and appropriate coverage for the effective delivery of care and support. All rooms are dual-purpose.</p> <p>Initially, the service is opening one unit (two wings of 20 beds each). The draft roster allows for flexibility depending on the needs of the residents (ie, hospital or rest home level). The initial roster (for up to 40 residents) includes the CNL five mornings a week, a RN 24/7. There is a mix of caregivers on long and short shifts.</p> <p>There is a further draft roster for the opening of the second unit (proposed for up to 60-80 residents). A further RN will be rostered 24/7 in that unit. The roster also allows for the for 'float/lounge carer' for each lounge as deemed necessary.</p> <p>The manager and clinical leader are both on call. There is a DT employed to work five days a week. Two cleaners provide 3 hours a day, Monday to Sunday. Currently caregivers' complete laundry. With the size of the facility and location of the laundry it is unclear how this will be managed effectively.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Low	<p>There are policies and procedures for the medicines management system to guide staff. Prescribing is managed by the resident's GP. Residents have their own GPs. There are several GPs who attend residents at the facility. Dispensing is managed by one pharmacy. This will continue with the new facility.</p> <p>Administration of medicines is managed by RNs and caregivers who have been deemed competent. Medication competencies are up-to-date and medication training was last provided April 2016.</p> <p>The service continues to implement a computerised medication system. The</p>

		<p>previous audit identified that 'withheld medication' was not clearly documented on the electronic record of the reason why. A review of medication records identified this is now clearly documented. The electronic medication system now allows for monitoring/auditing of records to ensure documentation is fully completed.</p> <p>The self-medicating policy includes procedures on the safe administration of medicines. There is currently one resident who self-administered and records are maintained.</p> <p>The service will continue to use four weekly blister packs and utilise an electronic medication system. There is a treatment room off the nurses' stations in each of the two units (yet to be secure). New medication trolleys have been purchased for each unit. There is a CD safe to be installed in each treatment room.</p> <p>The treatment room is yet to be fully completed and furnished.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>PA Low</p>	<p>There are food service policies and procedures. Internal audits are currently completed around the food service and will continue in the new building.</p> <p>The new facility includes a large workable kitchen in a service. The kitchen was in the process of being completed/furnished and therefore could not be fully verified by the auditor. The kitchenettes were currently being furnished including placement of the hot water cylinder and fridge. There are three cooks employed to cover seven days and three kitchen assistants. Cooks have completed food safety training.</p> <p>The kitchen includes a walk-in chiller, freezer, pantry, storeroom and pantry. There is a service portico for the arrivals of kitchen stocks. The menu is designed and reviewed by a contracted dietitian. Food is to be plated in the kitchen and transported in hot boxes to the two unit kitchenettes. The kitchenettes in each dining room will have access to hot water which is stored securely behind a locked cupboard.</p> <p>A nutritional profile completed on admission is provided to the kitchen as per current practice. There is access to a community dietitian.</p> <p>Special equipment such as 'lipped plates' and built up spoons are available as needs required. Equipment has been purchased for the new dining</p>

		rooms/kitchenettes in each unit.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	PA Low	<p>Five files were reviewed (three hospital and two rest home). All residents are admitted with a care needs level assessment completed by the needs assessment and service coordination team prior to admission. There was an initial nursing assessment completed within twenty-four hours of admission for all five files reviewed and a long-term care plan completed within three weeks.</p> <p>Pain assessments were evidenced as completed with ongoing monitoring recorded, for residents requiring administration of controlled medication as part of prescribed pain management plan.</p> <p>Two of the current five RNs are InterRAI trained. The service has struggled accessing training for the other three RNs. All residents had comprehensive paper based assessments and also InterRAI assessments completed, however none of the InterRAI assessments and evaluations (reassessments) have been completed within the required timeframes. While the service has addressed the previous finding around completing InterRAI assessments, the finding remains open as timeframes have not been met.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>A review of five care plans identified interventions to support residents' current needs, activities of daily living and identified risks. Short-term care plans are utilised for acute changes in health status and care plan addendums are added to LTCPs where interventions require more detail and regular review ie, managing a PEG. The previous finding around interventions has been closed out.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described.</p> <p>The wound care plan folder identifies two residents with current wounds (one toe ulcer and one skin tear). There are no documented pressure injuries. The ulcer included a documented assessment, management plan, assessment and progress at wound changes and evaluation. The skin tear included a STCP for the management of the skin tear, assessment and evaluation. Wound</p>

		documentation was complete. Consequently, this previous finding has been closed out.
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	PA Low	<p>There are policies related to waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan.</p> <p>There are documented policies, procedures and an emergency plan to respond to significant waste or hazardous substance management. The sluices are not yet complete or furnished. The sluices in each unit are yet to be secure. Advised material safety datasheets are to be available in the laundry and the sluices in each unit. Advised there are to be locked cupboards in the sluice rooms for safe storage of chemicals. Procedures have not been updated to include safe transportation to the sluice through the lounge/dining area. For example: one wing will need to transport through the lounge/dining room to access the sluice.</p> <p>Gloves, aprons and goggles are to be available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>The facility is purpose built and spacious and includes four wings (20 resident rooms in each wing). There are two spacious communal dining/lounge rooms that are shared between two wings. Each unit is designed to be stand-alone with a locked nurses' station and lounge/dining areas. All building and plant have been built to comply with legislation and is in the process of being completed. Therefore, a CPU is yet to be obtained. There is a chattel list developed and approved by the directors for all new equipment (including medical equipment).</p> <p>There are centrally located nurse stations with windows/doors opening out into each of the lounge areas. This ensures that staff are in close contact with residents even when attending to paperwork or meetings.</p> <p>The facility has carpet throughout with vinyl surfaces in bathrooms/toilets, under beds and kitchen areas. The communal areas are yet to be completed. There is adequate space in each wing for storage of mobility equipment. There are</p>

		<p>handrails in ensuites, communal bathrooms and hallways. All rooms and communal areas to allow for safe use of mobility equipment.</p> <p>There is a large lobby/gallery area at the entrance. Off the gallery is a media room, hairdresser, meeting rooms, chapel, library and gym. A café is being introduced into the gallery area for residents and relatives.</p> <p>Residents can bring their own possessions into the home and can adorn their room as desired. The maintenance schedule includes checking of equipment. All electrical equipment and other machinery is to be checked as part of the annual maintenance and verification checks. Hi-lo/electric beds have been purchased for all areas.</p> <p>All rooms have been designed for hospital level care. There is a mobility bathroom with shower bed on in each wing.</p> <p>Most landscaping around the facility is completed. There are courtyards off the lounges in each unit. Furnishing of the courtyards with chairs and shade is yet to be completed. There are two sliding doors off the two lounge/dining areas. The doors open into enclosed landscaped courtyards. Wedges are yet to be installed at the doorways off the lounges for the use of mobility equipment.</p> <p>There are building compliance audits, which will be completed as part of the internal audit programme.</p> <p>There is a planned maintenance programme to ensure all buildings, plant and equipment are maintained. Maintenance is performed by external contractors. Maintenance is to be logged in a book for management to action. Reactive and preventative maintenance occurs and is overseen by the owner.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. Every resident's room has an ensuite with a disability friendly shower, toilet and hand basin. There are also well placed communal toilets off the communal areas including the lounge and dining room. Bathrooms are still in the process of being completed (link 1.4.2.1 and 1.4.7.5).</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p>	<p>FA</p>	<p>Residents rooms in each unit are spacious and allow care to be provided and for</p>

<p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>		<p>the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensembles. The open plan lounge areas are spacious. Residents requiring transportation between rooms or services can be moved from their room either by trolley, bed, lazy boy or wheelchair.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>There is a spacious open plan lounge/dining area in each of the two units (shared between two 20-bed wings). There is a centrally located nurse station directly off the open plan aspect of the lounge areas. The communal areas are in the process of being completed (link 1.4.2.1). There is a large lobby/gallery area at the entrance. Off the gallery is a media room, hairdresser, meeting rooms, chapel, library and gym. A café is being introduced into the gallery area for residents and relatives.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>PA Low</p>	<p>There are written policies and procedures for effective management of laundry and cleaning practices. Ecolab will continue to provide monitoring and training of their supplied chemicals in both the laundry and cleaning services. Chemical safety information datasheets are to be available for staff to access. There is an internal audit programme in place that includes audit of the cleaning and laundry.</p> <p>Laundry of personal clothing and towels etc. is done onsite and sheets will continue to be outsourced to a commercial operator. All laundry is currently done by caregivers. The new laundry is in the service area. Due to the size of the facility and the placement of display panels it is unclear whether caregivers working in the laundry would hear the call bells or be aware if they were needed (link 1.2.8.1). There are two washing machines and one large commercial drier. There is a clean storage room off the laundry. There is a sluice on entrance to the laundry and staff can soak heavily soiled clothing.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Low</p>	<p>Appropriate training, information, and equipment for responding to emergencies is provided. There is a draft evacuation plan currently with the fire service. Fire evacuations are to be held six monthly and is to be completed on induction to the new facility. There is staff across 24/7 with a current first aid certificate. There is a civil defence and emergency plan in place. The civil defence kits are</p>

		<p>readily accessible.</p> <p>The new facility is well prepared for civil emergencies and has emergency lighting, a store of emergency water, gas BBQ for alternative cooking and access to a generator. Large water tanks are yet to be installed next to the building for further water supplies; however, access to the water stores in the ceiling is available. Emergency food supplies sufficient for three days are kept in the current kitchen and will transfer to the new kitchen on opening. Hoists have battery backup. At least three days' stock of other products such as incontinence products and PPE are kept. There is supplies necessary to manage a pandemic. The call bell system is not yet operational. Not all communal bathrooms and communal areas were complete and therefore call bells could not be sighted in all areas.</p> <p>There is an emergency management plan in place (dated Nov 2016) that covers the new facility and covers health, civil defence and other emergencies. There are documented security procedures in place.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>The new building is to be appropriately heated and ventilated. There is underfloor heating throughout the facility. There are heat control panels to manage different wings. There is plenty of natural light in the new rooms and all have windows.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The scope of the infection control programme policy and infection control programme description are available. There is a job description for the infection control coordinator. There is an implemented infection control programme that is linked into the quality management system. The programme is reviewed annually. The facility has access to GPs, local laboratory, the infection control and public health departments at the local DHB for advice. Infection control matters are taken to the monthly staff and registered nurse meetings.</p>



## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	<p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists. All staff will complete a site-specific induction to the new building on opening.</p>	<p>Advised that all staff will complete a site-specific induction in relation to the new building on opening.</p>	<p>Ensure all staff have completed the site-specific induction.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service</p>	PA Low	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a draft roster for the new building that provides sufficient and appropriate coverage for the effective delivery of care and support. All rooms are dual-purpose. The manager and clinical</p>	<p>All laundry is currently done by caregivers. The new laundry is in the service area. Due to the size of the facility and the placement of display panels it is unclear whether caregivers working in the laundry would hear the call bells or be aware if they were needed.</p>	<p>Review the current responsibilities for laundry, so meeting resident needs will always be ensured.</p> <p>Prior to occupancy days</p>

<p>delivery.</p>		<p>leader are both on call. There is a DT employed to work five days a week. Two cleaners provide 3 hours a day, Monday to Sunday. Currently caregivers' complete laundry. With the size of the facility and location of the laundry it is unclear how this will be managed effectively.</p>		
<p>Criterion 1.3.12.1 A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA Low</p>	<p>The service will continue to use four-weekly blister packs and utilise an electronic medication system. There is a treatment room off the nurses' stations in each of the two units (yet to be secure). New medication trolleys have been purchased for each unit. There is a CD safe to be installed in each treatment room.</p> <p>New medication fridge has been purchased for the treatment rooms and temperatures are to be commenced.</p> <p>A contract with a pharmacy is in place. GP after-hours is provided by some GPs in the area.</p> <p>These processes are well established within the current Woodlands facilities. The treatment room is yet to be fully completed and furnished. A lock is yet to be installed to secure the room. The service currently does not have any portable oxygen available onsite; however, they can access if needed from offsite.</p>	<p>The treatment room is yet to be fully completed and furnished. A lock is yet to be installed to secure the room. The service currently does not have any portable oxygen available onsite.</p>	<p>Ensure the treatment room is fully complete, equipped and functional and this is sighted prior to occupancy.</p> <p>Prior to occupancy days</p>

<p>Criterion 1.3.13.1</p> <p>Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.</p>	<p>PA Low</p>	<p>The new facility includes a large workable kitchen in a service area. The kitchen was not yet furnished and equipment in the unit kitchenettes were still being fully installed.</p>	<p>The kitchen was in the process of being completed/furnished and therefore could not be fully verified by the auditor. The kitchenettes were currently being furnished including placement of the hot water cylinder and fridge.</p>	<p>Ensure the kitchen is fully operational including checking of temperatures, and equipment installed.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.4.2</p> <p>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.</p>	<p>PA Low</p>	<p>The service continues to use a wide range of paper based assessment tools both on admission and at least six monthly. These identify key risks areas and were reflected into care plans. The InterRAI assessment tool has been completed within the sample of files reviewed, however these have been completed after the long-term care plan has been established. The service has been proactive in trying to access training for their RNs. However, there is currently no opportunities until the end of the year (letters sited). The service currently only has two of the five RNs InterRAI trained.</p>	<p>All residents have an InterRAI assessment in place. The service has struggled accessing training for all their RNs and currently only two of the five RNs have completed the training. All five files reviewed included an InterRAI assessment; however, none of these have been completed within the required timeframe. Care plans have been completed prior to the completion of the InterRAI assessment.</p>	<p>Ensure the InterRAI assessment is completed within the required timeframes and this is used to direct the care plan.</p> <p>90 days</p>
<p>Criterion 1.4.1.1</p> <p>Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority</p>	<p>PA Low</p>	<p>There are two sluices within the new facility. The sluices are shared by two wings each. The sluices are not yet complete or furnished or secure. Advised material safety datasheets are to be available in the laundry and the sluices in each unit. Advised there are to be locked cupboards in the sluice rooms for safe storage of chemicals. Procedures have not been updated to</p>	<p>The sluices are not yet complete or furnished. The sluices in each unit are yet to be secure. Material safety datasheets are to be available in the laundry and the sluices in each unit. There are to be locked cupboards in the sluice rooms for safe storage of chemicals. Procedures have not been updated to include safe</p>	<p>Ensure the sluices are complete or furnished and equipment installed. Ensure chemicals are secure and material safety datasheets are available. Ensure procedures clearly describe safe transportation to the sluice should it be through the</p>

requirements.		include safe transportation to the sluice through the lounge/dining area. For example: one wing will need to transport through the lounge/dining room to access the sluice.	transportation to the sluice through the lounge/dining area.	lounge/dining area.  Prior to occupancy days
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	The facility is purpose-built and spacious and includes four wings (20 resident rooms in each wing). There are two spacious communal dining/lounge rooms that are shared between two wings. Each unit is designed to be stand-alone with a locked nurses' station and lounge/dining areas. All building and plant have been built to comply with legislation and is in the process of being completed. Therefore, a CPU is yet to be obtained. The communal areas are yet to be completed.	The building is in the process of being completed. Not all resident rooms and communal areas are completed. Not all handrails and chattels are installed. The building certificate for public use (CPU) is yet to be completed.	Ensure all areas are reviewed and signed off by the DHB on completion. Ensure a Certificate of Public Use (CPU) must be sighted by DHB/HealthCert prior to opening.  Prior to occupancy days
Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	Most landscaping around the facility is completed. There are courtyards off the lounges in each unit. Furnishing of the courtyards with chairs and shade is yet to be completed. There are two sliding doors off the two lounge/dining areas. The doors open into enclosed landscaped courtyards. Wedges are yet to be installed at the doorways off the lounges for the use of mobility equipment.	(i) Seating and shade on the ground floor is yet to be installed; (ii) Wedges are yet to be installed at the doorways off the lounges for the use of mobility equipment.	(i) Ensure seating and shade is available outside; (ii) Ensure doorways to the outside allow for the safe use of mobility equipment.  Prior to occupancy days
Criterion 1.4.6.3	PA Low	Laundry of personal clothing and towels etc. is done onsite and sheets will	Sheets are outsourced externally to a commercial operator. Sheets	Ensure processes are clearly in place to

Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.		continue to be outsourced to a commercial operator. Currently with the setup of the laundry, the dirty sheets will cross the clean area to be picked up to go off site. The laundry and sluice area is not large. With the increase in resident numbers the service will need to review how dirty linen is stored and managed.	are to be picked up 2x weekly. Currently with the setup of the laundry, the dirty sheets will cross the clean area to be picked up to go off site.	demonstrate a dirty to clean flow.  Prior to occupancy days
Criterion 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.	PA Low	Emergencies, first aid and CPR is included in in-services programme every two years and the annual training plan includes emergency training. There is staff employed with a current first aid certificate to cover 24/7. Orientation includes emergency preparedness. Emergency management/security/civil defence and fire drill is scheduled for staff as part of the induction on opening (also link 1.2.7.4).	A fire drill is yet to be held for the new facility.	Ensure a fire drill occurs for staff in the new facility.  Prior to occupancy days
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Low	Smoke alarms, sprinkler system and exit signs are in place in the building. The fire evacuation plan is in draft and currently with the fire service awaiting approval.	The draft fire evacuation plan is yet to be approved by the fire service.	Ensure the fire evacuation scheme is approved.  90 days
Criterion 1.4.7.5 An appropriate 'call system' is available to summon assistance when required.	PA Low	The call bell system is to be available in all areas with visual display panels in hallways and nurses' station. In ensuites there is a call bell at the end of a long cord which can be shared between the toilet and shower.	The call bell system is not yet operational. Not all communal bathrooms and communal areas were complete and therefore call bells could not be sighted in all	Ensure the call bell system is operational in all areas.  Prior to occupancy days

		Emergency call bells are also placed in communal areas and communal bathrooms. The call bell system is not yet operational. Not all communal bathrooms were complete and therefore call bells could not be sighted in all areas.	areas.	
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.