

# Selwyn Care Limited - The Moxon Centre

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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:

**Legal entity:** Selwyn Care Limited

**Premises audited:** The Moxon Centre

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 23 October 2017      End date: 23 October 2017

**Proposed changes to current services (if any):** A new facility including 24 hospital/rest home rooms on level one (all dual-purpose). Serviced apartments (not certified) are being built on the ground floor and second floor. The service plans to open on 4 December 2017.

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



# 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.

## General overview of the audit

Selwyn St Andrews – the Moxon Centre is a new care centre within the retirement village. The care centre is a three-level facility. The ground and second floors include the service areas, and serviced care apartments (not certified to provide rest home level care). There are 24 (rest home and hospital [geriatric and medical] level) rooms on the 1st floor (all dual-purpose) divided into two 'households'. The service plans to open 4 December 2017.

This partial provisional audit was conducted to assess the facility for preparedness to provide rest home and hospital level care in the new facility. Interviews with the management team, a tour of the building and review of relevant documentation were completed.

The village manager (the village manager for the three Waikato Selwyn Foundation sites) who is a registered nurse with aged care management experience, will manage the village and care centre. She will be supported by the Selwyn operations manager – residential care, and the managers of the two other Selwyn Villages in the Waikato region.

The Selwyn Foundation has a well-established organisational structure, which includes a board, a management team and a clinical lead or manager. Each of the Selwyn facilities throughout is supported by this structure. The Selwyn Foundation has a comprehensive suite of policies and procedures, which will guide staff in the provision of care and services.

The audit identified the new facility, staff roster and equipment requirements and processes are appropriate for providing rest home and hospital (medical and geriatric) level care and in meeting the needs of the residents. There is a documented project plan in place for the opening of the facility and there are clear procedures and responsibilities for the safe and smooth transition of residents into the new facility.

The improvements required by the service are all related to the opening of the facility, including turning on the hot water and call bell systems and monitoring hot water temperatures, securing the medication alcove in each alcove, completing landscaping, commencing operation of the food service including temperature monitoring, obtaining sufficient food and water supplies for an emergency, employing sufficient staff, ensuring staff are orientated including a fire drill and food safety training and that staff administering medications have medication competencies and sufficient registered nurses have syringe driver competencies.

## **Consumer rights**

Not applicable

## **Organisational management**

The Selwyn Foundation have in place annual planning and comprehensive policies/procedures to provide rest home and hospital level care. Policies and procedures are developed by senior managers who provide regular updates and reviews. The newly built facility is appropriate for providing these services and in meeting the needs of residents.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Organisational human resource policies are implemented for recruitment, selection and

appointment of staff. The organisation has an induction/orientation programme, which includes packages specifically tailored to the position such as cook, housekeepers, kitchen assistants, care partners, registered nurses, and nurse manager.

There is a 2017 and 2018 training plan and a specific, prior to opening orientation programme developed to be implemented at The Moxon Centre.

There is a policy for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents and rosters are in place and are adjustable depending on resident numbers. There is a planned transition around opening and this is reflected in the draft rosters and processes around employment of new staff.

## **Continuum of service delivery**

The medication management system includes medication management policies and associated procedures that follow recognised standards and guidelines. The service is planned to implement a safe implementation of the medication system including ensuring registered nurses and care staff have completed medication training and competencies.

The facility has a large workable kitchen in a service area situated on the ground floor adjacent to the serviced apartments. The menu is designed and reviewed by a registered dietitian. Food is to be transported in hotbox food carriers, via a lift to the kitchenette in each 'household'. The service has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. The food service will be overseen by the Waikato region Selwyn Foundation chef manager. All equipment including modified cutlery and crockery are in the kitchen, which is ready for operation once staff are employed.

## **Safe and appropriate environment**

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There will be appropriate protective equipment and clothing for staff.

The unit is divided into two, twelve-bed 'households', each with a lounge/dining area, outdoor large balcony, kitchen, sluice room and a 'den' for families requiring a separate space or to stay overnight.

There are handrails in ensuites and communal bathrooms. There is a lift between the floors that is large enough for mobility equipment including a stretcher. The provider has purchased all necessary furniture and equipment including medical equipment to provide hospital (medical) level of care. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

Resident rooms all have a large wet room style full ensuite and are of sufficient space to ensure care and support to all residents and for the safe use of mobility aids.

Communal areas are well designed and spacious and allow for a number of activities. Activities are to occur in either of the lounge areas and they are large enough to not impact on other residents not involved in activities.

The Selwyn Foundation has housekeeping and laundry policies and procedures in place. All laundry will be completed off-site. The care home will have secure areas for the storage of cleaning chemicals. Laundry and cleaning processes will be monitored for effectiveness.

The emergency and disaster management policies include (but not limited to) dealing with emergencies, fire, flood, civil defence and disasters. General living areas and resident rooms are appropriately heated and ventilated. All rooms have windows.

## **Restraint minimisation and safe practice**

Not applicable

## Infection prevention and control

There are clear lines of accountability, which are recorded in the infection control policy. A designated registered nurse will be the infection control officer. Monthly collation of infection rates will be forwarded to the nurse manager for analysis. Infection control is to be an agenda item in the monthly staff meeting. The Selwyn Foundation undertakes monthly benchmarking of infections.

### Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	11	0	5	0	0	0
Criteria	0	27	0	9	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Selwyn St Andrews – The Moxon Centre is a new care centre situated within a retirement village complex. The care centre is a three-level facility. The ground floor includes the service areas, and the ground and second floor contain serviced apartments (not being certified to provide rest home level care). There are 24 (rest home and hospital level) rooms on the 1st floor (all dual-purpose), across two households. The service plans to open on 4 December 2017.</p> <p>The service has a village manager who is an experienced aged care registered nurse and has been in the village manager role in the Selwyn Foundation Waikato region prior to the opening of this facility. A restructure in the Waikato region has resulted in a specific manager being provided to each of the Waikato facilities, who will provide mutual support to each other. The village manager is supported by the operations manager – residential care. There is a project manager who will provide support until the service is fully operational.</p> <p>The facility will be operating using the ‘The Selwyn Way’ philosophy and the household model embedded in ‘The Selwyn Way’. The Selwyn Way has been developed specifically for residential care using the integrated village model. It involves moving away from the conventional ‘nursing facility’ towards the aspiration of creating a true home (as opposed to an institution) for residents. The</p>

		<p>vision for the service is that residential aged care must be a place where older people are at home, where family enjoy visiting, where staff are caring and appreciated, where the care is good, and life is worth living.</p> <p>The Selwyn Foundation has a well-established organisational structure, which includes a board and senior management team. Each of the Selwyn Foundation facilities is supported by this structure. The Selwyn Foundation has a comprehensive suite of policies and procedures, which will guide staff in the provision of care and services.</p> <p>The Selwyn Foundation have a quality assurance and risk management programme and an operational business plan for the project. Quality objectives and quality initiatives are set annually. The organisation-wide objectives cover risk management, staff recruitment and development, resident care, and the quality programme.</p> <p>The operational business plan includes governance structure, financial management and budgets.</p> <p>There is a project plan with key tasks around opening of the facility.</p> <p>There is a village manager's job description that includes authority, accountability and responsibility including reporting requirements.</p>
<p><b>Standard 1.2.2: Service Management</b></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>A senior registered nurse will fulfil the village manager's role during a temporary absence with support from the clinical/quality manager. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home and hospital level care. The appointment of staff and building of the care home are appropriate for providing rest home and hospital level care and in meeting the needs of residents.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	<p>The Selwyn Foundation has organisational documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Additional role descriptions are in place for; infection control officer, restraint coordinator and health and safety officer.</p> <p>The service has policies around competencies and requirements for validating professional competencies. The village manager advised that copies of practising</p>

		<p>certificates are obtained from newly employed staff.</p> <p>There are human resource policies and procedures, which includes the requirements of skill mix, staffing ratios, and rostering.</p> <p>The management team advised that they are currently in the process of employing registered nurses and caregivers. To date they have employed three registered nurses including a senior RN, two that are interRAI trained and two that have experience providing for residents with complex medical needs and end of life cares. One of the employed RNs has syringe driver competency and medication competency obtained at another Selwyn facility. Two care partners have been employed, one being a transfer from another Selwyn facility. A cook has also been employed.</p> <p>The Selwyn Foundation Waikato region training plan for 2016 and 2017 will be implemented. There is a list of topics that must be completed at least two-yearly and this is reported on. Advised that further training around equipment, safe chemical handling, emergency and fire training will be implemented as part of the planned orientation being held before opening.</p> <p>The service has a contract with a local pharmacy and a local general practitioner. The physiotherapist and dietitian contract to the Selwyn Foundation Waikato will provide services to the Moxon centre.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Human resource policies include documented rationale for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents and rosters have been developed and are adjustable depending on resident numbers/mix/acuity. Draft rosters were sighted for various resident numbers and levels.</p> <p>The service has developed an initial draft roster, which includes, once the care home has more than 12 residents: one registered nurse and two care partners rostered on morning shift and one on afternoon shift in each 12-bed household and one care partner on duty for the two households (which are adjacent on the same level) overnight. This will be adjusted as residents are admitted with general ratios of 1:5 for hospital level residents and 1:10 for rest home residents or a combination as resident needs dictate.</p> <p>The roster is designed for the increase in residents. There is 24-hour RN cover with the registered nurses currently employed (link 1.2.7.3). Draft rosters have</p>

		<p>also been developed for one to twelve residents (on opening) which includes two care partners on morning shift, two on afternoon shift and one on night shift in addition to the registered nurse 24 hours per day. One of the care partners (a senior) will be appointed the household lead on each morning shift and a senior registered nurse will be appointed and will work five days per week.</p> <p>Other staff include the village manager, kitchen staff and housekeeping. The maintenance man completes this role across the three Selwyn Waikato facilities.</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>The policy manual includes a range of medication policies. The service is planning to use a two weekly pre-packed sachet medication system, with a contract in place from a local pharmacy, for the provision of this service. There is a medication alcove in each household with medication trolley's and a medication fridge. The medication room will store stock medications and other medical equipment. The medication room and medication alcoves are not yet secure. A self-medicating resident policy and procedure is available if required. The medication administration policies identify that medication errors are treated as an incident, and captured as part of the incident management system. Medication training and competencies are to be completed at orientation. Registered nurses will undertake syringe driver competency assessments completed by the hospice.</p> <p>Policies and procedures reflect medication legislation and reference the medicines care guides for residential aged care. Advised that only registered nurses deemed competent, will be responsible for administration of medications. A competency policy and competency assessment are available. Care partners will also receive education and training and complete competencies as they may be required to check medications. The service is intending to roll out medi-map. Training is to be booked around the implementation of medi-map.</p> <p>The medication system is to be fully established at The Moxon Centre.</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>	PA Low	<p>The Selwyn Foundation has comprehensive nutritional management policies and procedures for the provision of food services for residents. The provision of meals at will be completed on-site by the kitchen staff, overseen by the Waikato chef manager. A cook has been employed and other kitchen staff will be employed (link 1.2.7.3). The dietitian approved organisational menu will be used with</p>

		<p>provision to meet likes, dislikes and special diets.</p> <p>The facility has a large purpose-built kitchen on the ground floor adjacent to the dining area of the care apartments. There is a walk-in chiller and pantry and a large upright freezer. The food is to be transported in a hot box (purchased and on-site) to the kitchen/dining area in each household. Meals are to be served to residents from a hot box in each household by care staff that are familiar with the residents' nutritional needs. There is a lift, that will transport the hot box to the first level and dishes back to the kitchen. All crockery, cutlery and kitchen appliances and equipment have been purchased. The kitchen is completed and operational for when the service opens.</p> <p>All residents are required to have a nutritional profile completed on admission, which is provided to the kitchen. There is access to a community dietitian.</p> <p>Regular audits of the kitchen fridge/freezer temperatures and food temperatures will be undertaken and documented as part of the food safety programme. Food safety in-service training will be conducted.</p>
<p><b>Standard 1.3.7: Planned Activities</b></p> <p>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.</p>	<p>FA</p>	<p>As part of the Selwyn Way household model, the care partners will be providing the activities in each of the two households. They will be overseen by the organisations diversional therapist and training around the expectations and requirements of implementing the household model will be provided during the orientation. One of the primary roles of the household lead on each morning and afternoon shift is to ensure the model and the inherent activities within it is adhered to. The roster includes additional hours for care partners, similar to the activity coordinator hours at other Selwyn facilities, to allow them to provide activities in addition to care roles.</p> <p>There are planned 'standard activities' that will occur on a weekly schedule such as bingo, happy hours, visits from the clown doctors, entertainers, church services and outings (initially they will share a vehicle for outings with the other Waikato Selwyn Foundation facilities).</p> <p>Other activities are intended to be driven by the residents. It is planned that activities will be varied on a day-by-day and week-by-week basis (other than those on the regular schedule) as the residents' desire. As part of the household model, activities are likely to include tasks undertaken in normal home such as folding washing, setting tables and cooking/baking. Each household has a kitchen that is</p>

		<p>equipped for cooking including an oven (which only care partners can switch on to make it operational as a safety measure), a large, domestic type fridge, a microwave, a dishwasher and an island bench with lowered areas at each end and alcoves to allow for residents with wheelchairs to access it, and to allow for all residents to gather around the bench. There is a handwashing basin in the island bench. Residents will only be involved in activities of any type, but particularly domestic like tasks if they choose.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are documented policies and procedures for waste disposal and chemical storage. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is a locked cleaner's cupboard in each level of the care centre. The sluices are secure.</p> <p>Waste management is part of the environment and equipment audit conducted as part of the quality assurance audit programme.</p> <p>During induction, all staff are required to complete training regarding the management of waste. Chemical safety training is a component of the compulsory two yearly training and orientation training. All new staff will complete waste management training and PPE at orientation through the employees' induction programme (link1.2.7.4).</p> <p>Gloves, aprons, and goggles have been purchased and installed in the sluice room and cleaners' cupboards. 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 care centre is currently a three-level facility, which includes service areas and serviced care apartments on the ground floor. The serviced apartments are not intended to provide rest home level care. On level one, the care centre includes 24 rest home and hospital level care beds (all dual-purpose). Level one has two households of the same design with all resident rooms coming off the open plan dining/lounge area.</p> <p>The service plans to open on 4 December 2017, receiving residents initially into household one. All resident rooms have large picture windows, call bell system and lighting. Installation of floor coverings and soft furnishing has been completed</p>

	<p>and the first floor is fully completed and ready for operation with the exception of the securing of the medication alcoves and medication room (link 1.3.12.1). A certificate of public use was provided on 20 October 2017. All building and plant have been built to comply with legislation.</p> <p>There is a large lift between floors. This lift is to be used to transport the food hot box from the kitchen and also to be used by staff, visitors and residents. One lift is sufficient for the size of the facility. Advised that they have a contract with the installer of the lift to maintain service (including emergency service) when needed. The lift is large enough for mobility equipment including a stretcher. There is a stairwell in the centre of the building that resident access can be monitored by staff.</p> <p>There is a nurses' alcove (station) in each household. A treatment room (where bulk supplies are located), doctor's room and offices are situated on the ground floor.</p> <p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired. The maintenance schedule includes checking of equipment.</p> <p>Each household has a 'den' where families who wish to stay to be near an unwell or end of life resident or that are visiting from out of town can have a private place. Each den has lounge furniture, an ensuite, and a 'tilt away' queen size bed that lowers from a wall unit when needed. All electrical equipment and other machinery are to be checked as part of the annual maintenance and verification checks. The service has an extensive list of medical and nursing equipment purchased and installed, including a ceiling hoist in every room and electric beds with posture temp pressure relieving mattresses in each room. The new furniture and equipment is appropriate for this type of setting and for the needs of the residents. The hot water has not yet been turned on.</p> <p>A new call bell system has been installed throughout the facility; however, this is yet to be commissioned. The call system is installed in all bedrooms, bathrooms, dining and lounge areas. The system is connected to an individual staff pager system, which all care staff will carry and has an escalation process through the registered nurses when bells are not able to be answered promptly. The call bell system in both households is interconnected.</p> <p>There is a large balcony off the lounge in each household. Seating and outdoor furniture has been purchased and delivered. Residents are also able to access the outdoor areas via the lift. These areas are not yet landscaped. There are</p>
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		<p>handrails in ensuites and bathrooms. All rooms and communal areas allow for safe use of mobility equipment. There is adequate space for storage of mobility equipment in each household. There is adequate equipment for each, so equipment such as hoists will not need to be borrowed.</p> <p>An accessibility advisor has assessed the service and some minor adjustments made to ensure all the recommendations were implemented so that the facility is easily accessible for those requiring wheelchairs or other mobility equipment. This included (but is not limited to) fitting electric sockets and light switches at a level where those in wheelchairs can easily reach them.</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>	FA	<p>Every room has a large full ensuite. There is a communal toilet available in each household close to lounge/communal areas, a visitors toilet near the central left area and staff toilets in the staff area on the first floor. Communal toilets have privacy locks that can be opened by staff in an emergency.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Residents rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and communal toilets and bathrooms. Every room has a ceiling hoist, a safe for valuables and a television installed.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Each household has a kitchen (see 1.3.13) and a large dining/lounge area. All bedrooms are off the central area, with a wall providing privacy to the doorway for three rooms for residents that prefer extra privacy. The balcony for each household is accessed through large ranch sliders off the lounge. There is another sunny seating area between the two households. The dens can be used for visits with friends and family when not being occupied. Each lounge has a large gas fire with a safety guard, to provide a cosy, homelike atmosphere. The gas fires will provide some heat but are not the primary heating for the facility.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p>	FA	<p>There are policies for cleaning and infection prevention and linen handling and processing. These policies ensure that all cleaning and laundry services are</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>maintained and functional at all times. All laundry will be completed off-site. There is a small domestic laundry for staff or capable residents that wish to launder delicate items requiring hand washing or a gentle wash. The chemical company that supplies all Selwyn Foundation facilities has been contracted to provide chemicals for the service. There is a chute for dirty laundry to be transported to the area on the ground floor where it is collected. Linen trolleys have been purchased.</p> <p>There are documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are to be commenced as per the quality assurance programme.</p> <p>The service has a secure area for the storage of cleaning chemicals and a cleaning cupboard. Material safety datasheets will be provided by the contracted company and to be displayed in the cleaning cupboard and sluice. The cleaning areas have hand-washing facilities.</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>The site-specific emergency manual for the Moxon Centre and St Andrews village contains the emergency and disaster policies and procedures including (but not limited to) fire and evacuation and dealing with emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. The planned orientation includes emergency preparedness and day one of the orientation is a first aid course so that all staff have a first aid certificate. Fire drills are scheduled for staff during induction, the week before opening.</p> <p>The service has cooking facilities (a barbeque) available in the event of a power failure. The service has access to a diesel generator available in the event of a power failure for emergency power supply. Battery operated emergency lighting is in place for two hours. There are also extra blankets available. There is a civil defence storage area, which will include all necessary civil defence requirements. Water for emergency supplies will be stored there also.</p> <p>A new call bell system has been installed throughout the facility; however, this is yet to be activated. The call system involves a pager system whereby staff are alerted to a resident's call bell via the personal pagers held by each care staff member. The system escalates so that if call bells are not answered promptly the registered nurse's pager sounds. There are also separate call bell plugs at floor</p>

		<p>level in each room so that sensor mats can be plugged in without posing a hazard.</p> <p>As the facility has not yet opened and staff are yet to be employed, a fire drill or training around the fire evacuation procedure has not occurred. A trial run through of the fire drill is planned for the orientation week prior to opening. The fire evacuation scheme has been approved by the NZFS.</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>General living areas and resident rooms are appropriately heated and ventilated with underfloor heaters and opening louvre windows in each room and lounge. The facility is heated via underfloor heating which can be individually controlled in each resident's room. All rooms have large external windows with plenty of natural sunlight. All areas have good lighting.</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>There are comprehensive infection control policies that meet the Infection Control Standard SNZ HB 8134.3.1.2008. There are policies including (but not limited to); a) Infection control coordination, b) hand hygiene, c) surveillance, d) standard precautions, e) additional precautions, f) standard definitions of infections. The infection control team will include the IC officer (registered nurse), care manager and various care staff. There are clear lines of accountability to report to the IC team on any infection control issues including reporting and notification to the care manager. There are documented IC responsibilities that includes reporting processes and an IC officer's job description.</p> <p>Infection control will be an agenda item on staff meetings and quality meetings. Annual review of the infection control programme will be conducted. Monthly benchmarking of infections is conducted for all Selwyn facilities.</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 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	The service has commenced employing staff and is actively recruiting further staff. A contract has been completed with a local pharmacy and a general practice for pharmacy and medical services. A contracted physiotherapist, podiatrist and dietitian are available through the organisation as needed. A dietitian is available through the contracted food service.	The service has not yet completed the recruitment process to employ sufficient staff to safely operate the care home.	<p>Ensure there are sufficient registered nurses, care partners, kitchen staff and auxiliary staff employed to provide a safe service for residents.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service</p>	PA Low	All new staff are required to complete an induction and orientation. The organisation has an induction/orientation programme, which includes packages specifically tailored to the position such as registered nurses, care partners,	Orientation for staff is yet to be provided. Advised that the newly employed staff commencing will all receive a planned orientation/training at the care home prior to opening. The role specific	<p>Ensure the facility orientation is completed.</p> <p>Prior to occupancy days</p>

<p>provided.</p>		<p>activities staff, and housekeeping staff.</p> <p>Human resource management policies are in place for the recruitment of staff including the selection process, including police and reference checking.</p> <p>The staff orientation policy provides guidelines regarding the orientation programme for all new staff and includes general orientation and specific orientation for registered nurses. Prior to opening, all new staff will complete a planned and documented orientation period which will include health and safety, fire safety training, infection control, medication management, use of medical equipment and supplies, incontinent products and manual handling. Competencies such as medication will also be completed at this time.</p>	<p>orientation workbooks will be completed. On-site specific training (such as fire drill/safety) is to be provided before opening.</p>	
<p>Criterion 1.3.12.1</p> <p>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 organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Organisational human resource policies are implemented for recruitment, selection and appointment of staff. The organisation has an induction/orientation programme, which includes packages specifically tailored to the position such as cook, housekeepers, kitchen assistants, care partners, registered nurses, and nurse manager.</p>	<p>The medication room and alcoves are not yet secure.</p>	<p>Ensure the medication room and alcoves are secured.</p> <p>Prior to occupancy days</p>

<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	<p>PA Low</p>	<p>All registered nurses and senior care partners responsible for administering and/or checking medication will complete medication training and competency. This is to be completed at commencement of employment and annually. The hospice has agreed to complete syringe driver competencies for registered nurses.</p>	<p>Registered nurses will be employed to manage and administer medications. Advised that medication training and competencies will be completed during induction and annually.</p>	<p>For new staff commencing who will have medication administration responsibilities, ensure all have completed medication competencies prior to administering medication.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	<p>PA Low</p>	<p>The Selwyn Foundation has comprehensive nutritional management policies and procedures for the provision of food services for residents. The provision of meals at the Moxon centre will be undertaken by the kitchen staff, who also will cater for the serviced apartment residents. The kitchen staff and care staff orientations will include the food service, food handling, menu, dishwashing, sanitation, and personal hygiene. There is access to a community dietitian. Regular audits of the kitchen fridge/freezer temperatures and food temperatures will be undertaken and documented as part of the food safety programme.</p>	<p>The food service has not yet been commenced.</p>	<p>Kitchen service to be fully established and operational including checking of temperatures, menu planning, delivery and storage.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with</p>	<p>PA Low</p>	<p>The first floor is completed, and a certificate of public use has been issued. The hot water system is not yet fully functioning. All electrical</p>	<p>Hot water is not yet available, therefore monitoring of safe hot water temperatures has not occurred.</p>	<p>Provide evidence that hot water temperatures in resident areas are within the required</p>

legislation.		equipment and other machinery are to be checked as part of the annual maintenance and verification checks. The service has an extensive list of medical and nursing equipment purchased and installed. The new furniture and equipment is appropriate for this type of setting and for the needs of the residents.		limits.  Prior to occupancy days
Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	The balcony off each household is completed and there is outdoor furniture for these areas. Areas around the outside of the building are in the process of being completed.	External gardens, paths and seating areas require completion.	Provide evidence that the external areas and surfaces are safe and accessible for residents.  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	The site-specific St Andrews emergency manual contains the emergency and disaster policies and procedures including (but not limited to) fire and evacuation and dealing with emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. Fire drills are scheduled for staff during induction, the week before opening. All staff will complete current first aid certificates during the orientation prior to opening. As the facility has not yet opened and staff are yet to be employed, a fire drill or training around the fire evacuation	As the facility has not yet opened, staff have not completed a fire drill or training around the fire evacuation procedure.	Implement fire drills for all staff at the Moxon Centre.  Prior to occupancy days

		procedure has not occurred		
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p>	PA Low	<p>A new call bell system has been installed throughout the facility. The call system involves an individual pager system, which alerts staff when a resident activates a call bell. Call bells are situated in resident rooms, ensuites and in the communal dining and lounge areas of each household. The call bell system is yet to be activated.</p>	<p>A call bell system is in place throughout the care centre however, this is yet to be activated.</p>	<p>Ensure that the call bell system is fully functioning throughout the care centre.</p> <p>Prior to occupancy days</p>

## 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.