

# Bizcomm New Zealand Limited - Manor Park Private Hospital

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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:** Bizcomm New Zealand Limited

**Premises audited:** Manor Park Private Hospital

**Services audited:** Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services

**Dates of audit:** Start date: 5 December 2017 End date: 5 December 2017

**Proposed changes to current services (if any):** New building attached to the existing facility with a ten-bed secure dementia unit and a 21-bed hospital (geriatric and medical) unit.

**Total beds occupied across all premises included in the audit on the first day of the audit: 51**



# 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.

## General overview of the audit

Manor Park is privately owned and currently provides mental health hospital, psychogeriatric and hospital (medical) services for up to 54 residents in a combined secure facility.

This partial provisional audit was completed to verify the suitability of a new 31-bed building and the preparedness of the service to provide dementia level care and hospital (geriatric) level care. The new building is connected to the existing building. There are two separate units including a 21-bed hospital (geriatric and medical) unit and a 10-bed secure dementia unit. With the addition of the new units, the service will have a total of 85 beds. The audit was conducted over two separate days, as the building was not ready to be assessed during the initial visit. The audit included a tour of the new building and the relevant areas of the existing building, review of staff files and education, review of relevant policies and procedures and interviews with management.

The facility manager is a registered nurse with a current annual practicing certificate (APC) and has been at the service for three years. She has many years' clinical and management experience in mental health and aged care services. She is supported by a quality improvement coordinator (non-clinical) and a clinical coordinator (registered nurse) that has been at Manor Park for many years. Manor Park has a comprehensive suite of policies and procedures, appropriate to hospital (geriatric) and dementia level care.

The audit identified the new facility, staff roster and equipment requirements and processes are appropriate for providing dementia and hospital level care and in meeting the needs of the residents. Manor Park has a transition plan in place for the opening of the new units.

The improvements required by the service are all related to the completion and sign-off of the building project, staff training/orientation and implementation of the new service.

## **Consumer rights**

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## **Organisational management**

Manor Park has an established strategic and business planning process and comprehensive policies/procedures to provide four levels of care (including the addition of dementia and hospital- geriatric level of care). The new building is appropriate for providing these services and in meeting the needs of residents.

There are documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Appropriate human resource policies are implemented for recruitment, selection and appointment of staff. Staff have been employed to enable sufficient staff to open, initially the hospital unit and the dementia unit shortly after. The established induction/orientation programme, includes organisational and role specific orientations, specifically tailored to the position.

There is a planned induction for new staff prior to the opening. The 2017 documented training plan is being implemented and the 2018 training plan is documented and suitable for all levels of care that will be provided at Manor Park.

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

## **Continuum of service delivery**

The service has employed an additional full-time trained diversional therapist to provide activities in the new building. A separate programme is to be provided in each unit for half a day per unit. There is sufficient space in each of the lounges for activities to occur.

The medication management system includes medication management policies and associated procedures that follow recognised standards and guidelines for safe medicine management practice in accord with the 2011 guideline: Medicine Care Guides for residential aged care. It is planned to implement a safe implementation of the medication system including ensuring registered nurses have completed medication training and competencies.

The facility has an existing large workable kitchen and staff hours have been extended to ensure a seamless transition to providing a service to the new residents. Meals to the new units will be delivered in hot food trolleys and served by care staff. The menu is designed and reviewed by a registered dietitian. Manor Park has an established process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. All aspects of the food service are functioning and currently providing a service to the existing residents.

## **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.

All resident rooms are large and have an appropriate size ensuite with handrails. The provider has purchased all necessary furniture and equipment. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

Resident rooms are of sufficient space to ensure care and support to all residents and for the safe use of mobility aids.

Communal areas are suitable to allow for a number of activities. Activities are to occur in either of the lounge areas and each unit has a second lounge for other residents not involved in activities.

Manor Park has cleaning and laundry policies and procedures in place. There is a large laundry in the existing building with clean and dirty flow. The new units have secure areas for the storage of cleaning and laundry chemicals. Laundry and cleaning processes are 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.

Call bells have been installed and are functioning in all bedrooms, ensuites and communal areas.

## **Restraint minimisation and safe practice**

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## Infection prevention and control

There are clear lines of accountability, which are recorded in the infection control policy. A registered nurse is the infection control coordinator. Monthly collation of infection rates occurs and is analysed with trends and outcomes reported at facility meetings.

### 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	12	0	3	1	0	0
<b>Criteria</b>	0	29	0	7	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>Manor Park Private Hospital is privately owned. The service currently provides care for up to 54 residents. There are 47 designated beds for psychogeriatric level of care residents and 7 designated hospital level mental health beds. On the day of audit, there were 44 psychogeriatric residents (under the ARHSS contract), and 7 mental health residents under the mental health contract.</p> <p>This audit has assessed the service as suitable to provide dementia level care in a secure unit and hospital (medical and geriatric) level care in a 23-bed unit. Both units are in a new building that joins the current facility, but also has a separate entrance. The service plans to open as soon as they are certified to do so, with the hospital unit opening initially and the dementia unit opening when the hospital unit is established (an estimated one month later) as detailed in the transition plan and agreed with the DHB. Hospital (geriatric) and dementia level care have not previously been provided at Manor Park previously.</p> <p>The owner of the service provides support for the facility manager with regular meetings on-site. He also takes responsibility for financial management, and has documented the strategic/business plan. The 2017 strategic plan contains the mission and the goals and objectives for the service.</p>

		<p>A specific transition plan has been developed to support the transition to providing hospital and dementia level care in the new building.</p> <p>The facility manager is a registered nurse with a current annual practicing certificate (APC) and has been at the service for three years. She has many years' clinical and management experience in mental health and aged care services and has completed eight hours of professional development relating to the role. She is supported by a quality improvement coordinator (non-clinical), a clinical coordinator (registered nurse) that has been at Manor Park for many years, and a team of registered nurses and other staff.</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 of the facility manager, the clinical coordinator (RN) undertakes the role of manager. The quality improvement coordinator also supports the clinical coordinator as required on non-clinical matters. The facility manager (RN) and senior RN oversee the clinical coordinator role during temporary absence.</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 Moderate	<p>Manor Park hospital has 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 policy around required competencies and requirements for validating professional competencies. The manager advised that copies of practising 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>At the time of the audit, staff had been employed to enable the opening of the hospital unit with up to ten residents, as documented in the draft roster, including:</p> <p>Caregivers: 3.1 FTE (consisting of 4 employees) caregivers in addition to two caregivers currently employed in the existing facility and moving to the new units. Two of the newly employed caregivers and the two existing caregivers have completed the required NZQA dementia standards.</p> <p>Registered nurses: 4.2 FTE (5 employees) registered nurses (RN) in addition to</p>

		<p>one RN currently employed in the existing facility moving to the new units. The RN moving to the new unit and one newly employed RN are interRAI trained.</p> <p>1 FTE qualified diversional therapist (DT)</p> <p>Cleaners: – 2.4 FTE (consisting of 3 employees). One has commenced in the existing service to undertake a comprehensive orientation period.</p> <p>Laundry staff: Hours have been increased to provide a further five hours per day, seven days per week, in the evenings.</p> <p>Kitchen: Two kitchen staff currently working 20 hours per week have increased to 40 hours per week.</p> <p>Sufficient caregivers to provide service in the dementia unit when this opens have not all yet been employed.</p> <p>A 2017 training plan is being implemented at Manor Park. A two-day orientation programme is planned for the week prior to opening, that will include all topics currently covered in the existing documented staff orientation, with modifications and additions to meet the needs of the different levels of care and the new building. Fire and emergency training and a fire drill are included as part of the planned orientation. Registered nurses will complete a third day of orientation specific to the competencies (including medication competencies) and responsibilities required for the role.</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. Draft rosters were sighted for various resident numbers and levels.</p> <p>The service has developed an initial draft roster, to cater for up to ten hospital level residents at the time of opening. This includes one registered nurse 24 hours per day and two caregivers on the morning and afternoon shifts and one overnight.</p> <p>The draft roster includes a roster for the first ten hospital beds (as above, the opening of the ten dementia unit (two care staff on morning and afternoon shift and one on night shift, plus the already employed diversional therapist four hours per day, five days per week, and with registered nurse cover/input being provided by the 24/7 registered nurse in the adjacent hospital unit), and then for the opening of the final beds in the hospital (the additional of an extra registered nurse to work across both units on morning and afternoon shift). The manager stated the roster</p>

		<p>is flexible and that additional staff will be rostered on duty depending on the needs of the residents admitted.</p> <p>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. The roster is designed for the increase in residents. Staff have been employed to cover the initial roster.</p> <p>The current GP, physiotherapist, chaplaincy service, podiatrist, pharmacy and cultural supports have agreed to variations in their contracts to include the new residents.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>The service has a range of medication policies and currently uses a two weekly pre-packed blister medication system, which will continue for the new units, with the pharmacy having agreed to an extended contract to cater for this. There is a double locked medication cupboard in the key pad secured nurses' area in the new building where controlled drugs for the hospital and dementia units will be stored. The nurses' area is large with a large number of cupboards including some lockable cupboard. The nurses' area also has a sink and a medication fridge. The area has entrances and windows into both the hospital unit and the dementia unit. Medications will be stored in the temperature monitored medication fridge and the two newly purchased medication trolley's (one for the hospital and one for the dementia unit) which are chained securely when not in use. Bulk and stock supplies of medication will be stored in the large dispensary in the existing building, near the door that joins the two buildings. The dispensary also has an appropriate space to complete procedures that require a more sterile environment than that provided in the nurses' area in the new building. 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 and a medication error analysis is to be completed. Medication training and competencies are to be completed at orientation.</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 assessment is available. A paper based medication system, already implemented in the existing facility will continue and be extended to the new building.</p>

<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The existing kitchen will provide all meals, baking and snacks for the new units. There are two qualified cooks employed during the week, a weekend cook and kitchenhands. Two kitchenhands that currently work 20-hours per week each have had their hours increased to forty-hours per week each to cater for the additional requirements of the extra residents. All kitchen staff have completed food safety training. The dietitian has reviewed a four-weekly menu. The cook receives a nutritional assessment when resident needs change that includes dietary needs, special/modified diets and resident preferences. These are catered to. Meals to the new units will be delivered in hot food trolleys to kitchenettes/dining rooms. Special lip plates and utensils are available for residents to help promote independence with meals. Snacks are currently available 24 hours per day and this will continue in the new dementia unit. Fridge and freezer temperatures and end point cooking temperatures are recorded daily.</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>The service currently employs a qualified diversional therapist (DT) and two activity officers to provide the seven day a week programme from 8.00 am to 6.30 pm in the mental health/psychogeriatric units. An additional trained full-time diversional therapist has been employed to provide activities in the dementia and hospital units for eight hours per day over five days per week. In the dementia unit, the care staff will be mentored by the DT and supported by the activities staff on duty in the existing building to provide activities and stimulation for residents when the DT is not on duty. Equipment has been ordered to be kept in the dementia unit for care staff and families to engage in activities with residents.</p> <p>The DT will provide one programme in the hospital unit, and another in the dementia unit. The plan is for the DT to be in the hospital in the mornings and the dementia unit in this afternoons, but the manager stated this plan is flexible and will be reviewed according to the specific requirements of the residents admitted.</p>
<p><b>Standard 1.4.1: Management Of Waste And Hazardous Substances</b></p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste,</p>	<p>FA</p>	<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 are locked areas to securely store chemicals. There is a secure sluice room</p>

<p>infectious or hazardous substances, generated during service delivery.</p>		<p>in the existing building, close to the door of the new hospital wing.</p> <p>The planned induction includes 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 (link 1.2.7.4).</p> <p>Gloves, aprons, and goggles have been purchased. 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>	<p>PA Low</p>	<p>A new building has been built as an addition to the existing facility, and is joined to the existing facility via a door into the psychogeriatric/mental health wing. A certificate of public use has not yet been issued. There is a separate entrance from the road for the new wings with an attractive reception area. The new building is divided into two units and is all on one level.</p> <p>The dementia unit is secured with keypad locks, and has a wide central corridor with 10 large single rooms, each with an ensuite, a small lounge/quiet room and a larger lounge/dining room with a kitchenette. There is a large outdoor area which is in the process of being completed and secured. The landscape design includes paths where residents can wander. The outdoor area is accessed from the lounge/dining area. Shade cloths and outdoor furniture have been purchased.</p> <p>The hospital unit follows three corridors that join, with a large and a smaller lounge/dining area. Rooms are large and of sufficient size to cater for the needs of hospital level residents including required equipment and care staff. Each room has an ensuite suitable to meet the needs of hospital level residents. There is also a large communal toilet. The outdoor area is in the process of being completed and sail cloths and outdoor furniture have been purchased for the outdoor area.</p> <p>There is a very large nurses' station which has large windows that provide visibility into both the dementia and hospital units. The nurses' station has a medication storage area, a sink and benches and several storage cupboards.</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>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</p>

		<p>medical and nursing equipment purchased and installed or waiting to be installed. The new furniture and equipment is appropriate for this type of setting and for the needs of the residents.</p> <p>A new call bell system has been installed throughout the facility and is functioning. The call system is installed in all bedrooms, bathrooms, dining and lounge areas. The system is connected to ceiling units and the nurses' station and all call bells are connected throughout the entire facility (new and old).</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>All rooms are single, and each has a large 'wet room' style ensuite. All bathroom fittings including handrails are completed and are appropriate for residents at hospital and dementia level care. There are communal mobility bathrooms available in each unit and close to lounge/communal areas.</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.</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>The dementia unit has a lounge in the middle of the wing, which can be used for a quiet room or for a second dining room, depending on the needs of the residents admitted. The second lounge/dining area is larger and able to cater for the needs of up to 10 residents at dementia level of care. There is a kitchenette in the main lounge/dining area that has the ability to be secured to prevent residents accessing this when staff are not present. The larger lounge has a large glass door and leads to the garden area.</p> <p>The hospital unit has a lounge/dining area with a kitchenette, which leads to the external paved areas. The second, larger lounge dining area that ensures all residents can be catered for and can be used for entertainers etc, is near the smaller lounge. Suitable equipment including fall out chairs, dining tables and chairs etc has been ordered and some has been delivered.</p>

<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>There are policies for cleaning and infection prevention and linen handling and processing. These policies ensure that all cleaning and laundry services are maintained and functional at all times. The laundry is in the existing area and has an entrance for dirty laundry and an exit for clean. The laundry is large and has a commercial washing machine and dryer. Linen trolleys have been purchased. Currently laundry staff provide a service for eight hours per day and this will increase to provide an additional five hours per day in the evenings as occupancy increases. An additional 2.4 FTE of cleaning staff have been employed to provide the cleaning service. One of these staff is currently undergoing orientation in the existing building, as the same cleaning systems, chemicals etc. will be used. Additional cleaning products have been purchased.</p> <p>Laundry and cleaning audits are to be commenced as per the quality assurance programme.</p> <p>The service has secure areas for the storage of cleaning and laundry chemicals. Material safety datasheets have been provided by the contracted company and are displayed in the cleaning cupboards, laundry and sluice.</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 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 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. As the new building becomes an extension of the existing building there is already a staff member on duty every shift with a current first aid certificate.</p> <p>As part of the building project a large generator has been installed and checked, that is able to provide power to continue services uninterrupted in the event of power failure. There are four large water tanks to provide water in an emergency and sufficient food stored in the kitchen to cater for the additional residents. There are other alternatives such as a BBQ and extra blankets for the unlikely event that they are required.</p> <p>A new call bell system has been installed throughout the facility and is functioning. The call system is installed in all bedrooms, bathrooms, dining and lounge areas. The system is connected to ceiling units and the nurses' station and all call bells</p>

		<p>are connected throughout the entire facility (new and old).</p> <p>As the new building has not yet opened and staff have not completed orientation, 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 not yet 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. All rooms including bedrooms and communal areas have external windows that can be opened and are fitted with security stays. There is an individual heat pump in each room and in all in communal areas.</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 current and appropriate policies. There are clear lines of accountability to report to the infection control (IC) team on any infection control issues including a reporting and notification to manager. There are documented IC responsibilities that includes reporting processes and an IC officer's job description.</p> <p>Infection control is an agenda item at facility meetings. Annual review of the infection control programme has been completed annually.</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	<p>The service has employed sufficient registered nurses with dementia care experience, a diversional therapist, kitchen staff, cleaning staff and laundry staff for when the second dementia unit opens with up to ten residents, approximately four weeks after the hospital unit opens. As the time of the partial provisional report not all caregivers required to staff the dementia unit were employed.</p>	<p>The service has not yet employed sufficient caregivers to provide 24 hour cover for the projected roster when the dementia unit opens.</p>	<p>Ensure sufficient staff are employed to provide an effective and safe service in the dementia unit, prior to residents being admitted to the dementia unit.</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</p>	PA Low	<p>All new staff are required to complete an induction and orientation. Manor Park has an induction/orientation programme, which is individualised to the various roles.</p> <p>Prior to opening, all new staff will</p>	<p>Orientation for staff is yet to be provided. Advised that the newly employed staff commencing will all receive a two-day orientation/training at the facility prior to opening. The current orientation packages will be</p>	<p>Ensure the planned orientation is completed.</p> <p>Prior to occupancy days</p>

service provided.		complete a two-day orientation which will include health and safety, fire safety training, infection control, medication management, use of medical equipment and supplies, incontinent products, challenging behaviour and manual handling. The registered nurses are scheduled to complete an additional day specific to the required competencies and responsibilities of the role. Competencies such as medication will also be completed at this time.	completed with modifications and additions to include the altered levels of care. Training such as fire drill/safety is to be provided before opening. Registered nurses are to complete an extra orientation day, specific to their role.	
<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	PA Low	All registered nurses will complete medication training and competency. This is to be completed at commencement of employment during the induction period and annually.	Registered nurses will be employed to manage and administer medications. Advised that medication competencies will be completed during induction and annually.	<p>For new staff commencing who will have medication administration responsibilities, ensure all have completed medication competencies.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	As the building is not yet completed, a certificate of public use has not been issued. Heating, lighting and hot water systems are functioning, but the hot water temperature has not yet been adjusted to the correct temperature or monitored. All electrical equipment and other machinery are to be checked as part of the annual maintenance and verification checks. The service has a list of medical and nursing equipment purchased and awaiting installation. The new furniture and equipment is	a) The Certificate of Public Use has not yet been signed off; b) hot water has not yet been adjusted to the correct temperature, therefore monitoring of safe hot water temperatures has not occurred.	<p>a) A Certificate of Public Use must be sighted by DHB/HealthCERT prior to opening; b) provide evidence that hot water temperatures in resident areas are within the required limits.</p> <p>Prior to occupancy days</p>

		appropriate for this type of setting and for the needs of the residents.		
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	<p>Gardens and pathed areas are completed within the internal courtyard. Areas around the outside of the building are in the process of being completed. There is an outdoor courtyard for each unit that is yet to be completed with furniture and ramped for ease of access, and the dementia outdoor area is not yet secure.</p>	<p>(i) Outdoor areas are yet to be completed with furniture and ramped for ease of access. External gardens, paths and seating areas require completion.</p> <p>(ii) The dementia unit outdoor area is not yet secure.</p>	<p>(i) Provide evidence that the external areas and surfaces are safe and accessible for residents.</p> <p>(ii) Provide evidence that the outdoor area for the dementia unit is secure.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	<p>The emergency and disaster policies and procedures include fire and evacuation and dealing with emergencies and disasters. Emergencies and fire drills are included in the mandatory in-services programme. Orientation includes emergency preparedness. Fire drills are scheduled for staff during induction, the week before opening. As the units have not yet opened and staff for both units are yet to be employed, a fire drill or training around the fire evacuation procedure has not occurred.</p>	<p>As the facility has not yet opened, staff have not completed a fire drill or training around the fire evacuation procedure.</p>	<p>Implement fire drills for all staff in the new building.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	<p>Fire and emergency management is detailed in policy. Fire drills and training are scheduled to take place during orientation week prior to opening. The Fire Evacuation scheme has not yet been approved by the New</p>	<p>The fire evacuation scheme has not yet been approved by the New Zealand Fire Service.</p>	<p>Provide evidence that the NZFS has approved a fire evacuation scheme for Manor Park.</p>

		Zealand Fire Service.		30 days
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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.