

# Selwyn Care Limited - Selwyn Oaks

---

## 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>	Selwyn Care Limited
<b>Premises audited:</b>	Selwyn Oaks
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 9 January 2018 End date: 9 January 2018
<b>Proposed changes to current services (if any):</b>	The service has built a new facility next door to the current facility. All residents and staff from the current facility will transfer to the new facility. The facility plans to open on 14 February 2018.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	44

# Executive summary of the audit

---

## Introduction

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

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

## General overview of the audit

Selwyn Oaks is a Selwyn Foundation aged care facility located in Auckland. The facility is certified to provide rest home and hospital (geriatric and medical) levels of care for up to 66 residents. On the day of audit there were 45 residents. Eighteen rooms have been decommissioned in the current facility.

The organisation is in the process of completing a purpose-built care centre adjacent to the current facility. The residents and staff will move across to the new facility on opening. The new care centre is a three-level facility and includes a total of 48 beds. The ground floor includes the service areas. Level one and level two (mirror-image of each other) are divided into households. There are two households of 12-beds on each of the two floors. All rooms are dual-purpose. The service plans to open 14 February 2018.

This partial provisional audit was conducted to assess the new facility for preparedness to provide rest home and hospital level care. Interviews with the management team, a tour of the building and review of relevant documentation were completed. As part of this audit, the shortfalls identified at their last audit in service delivery have been included in the scope of the audit.

The village manager has been in the roles for three years and is experienced in managing healthcare facilities. The care home is overseen by the care manager who is a registered nurse with aged care experience and has been in the role for over a year. The managers are supported by the Selwyn operations manager – residential care.

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 three previous shortfalls identified at their last unannounced surveillance audit have all been addressed. These related to care plan interventions, implementation of care/documentation and medication management.

The improvements required by the service at this audit are related to the completion and opening of a new building.

## **Consumer rights**

Not audited

## **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 current staff are moving across to the new building.

There is a 2017 and 2018 training plan, and this will continue in the new building.

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**

Care plans reviewed at the current Selwyn Oaks facility all included interventions to support current care needs.

As part of the Selwyn Way household model, the current diversional therapist with support from the care partners will be providing the activities in each of the four households in the new facility.

The medication management system includes medication management policies and associated procedures that follow recognised standards and guidelines. All RNs and senior care partners have completed medication training and competencies.

The facility has a large workable kitchen in a service area situated on the ground floor. 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'. All residents have a nutritional profile completed on admission, which is provided to the kitchen. The food service is provided on-site by an external contractor.

## **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 service is divided into four, 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 two households on floor one and floor two. The ground floor is service areas and village communal lounges and café.

There are handrails in ensuites and communal bathrooms. There are two lifts between the floors that are 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 including lounges on the ground floor 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 has secure areas for the storage of cleaning chemicals.

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

## Restraint minimisation and safe practice

There is a restraint minimisation procedure. The procedure includes definitions of restraint and enablers that is congruent with the definition in NZS 8134. The restraint coordinator is an RN. The service is restraint-free and currently has no enablers.

## Infection prevention and control

There are clear lines of accountability, which are recorded in the infection control policy. A designated registered nurse is the infection control officer. Monthly collation of infection rates is completed and analysed. Infection control is 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	16	0	3	0	0	0
Criteria	0	34	0	5	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 Oaks is a Selwyn Foundation aged care facility located in Auckland. The facility is certified to provide rest home and hospital (geriatric and medical) levels of care for up to 66 residents. On the day of audit there were 45 residents. Eighteen rooms have been decommissioned in the current facility.</p> <p>The organisation is in the process of completing a purpose-built care centre adjacent to the current facility. The residents and staff will move across to the new facility on opening. The new 48-bed care centre is across three-levels. The ground floor includes the service areas and community lounges. Level one and level two (mirror-image of each other) are divided into households. There are two 12-bed households on each of the two floors. All rooms are dual-purpose. The service plans to open 14 February 2018.</p> <p>The village manager has been in the role for three years and is experienced in managing healthcare facilities. The village manager is supported by a care manager (RN) who oversees clinical care. The managers are supported by the Selwyn operations manager – residential care. There is a project manager who will provide support until the new facility is fully operational. The managers will not change and will transition across with staff to the new facility. Both managers have completed at least eight hours of professional development activities related</p>

		<p>to managing an aged care facility.</p> <p>The new 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 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. 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. There is a project plan with key tasks around opening of the facility.</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>	<p>FA</p>	<p>The care manager will oversee the village managers role during a temporary absence. A senior registered nurse will fulfil the care manager's role during a temporary absence. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home and hospital level care. The current 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>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>	<p>FA</p>	<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. These are implemented at Selwyn Oaks. All staff currently at Selwyn Oaks will transfer with the residents to the new building. At this stage, no further staff are required to be employed.</p> <p>The service has policies around competencies and requirements for validating</p>

		<p>professional competencies. Copies of practising certificates are obtained from newly employed staff.</p> <p>The orientation programme provides new staff with relevant information for safe work practice. All care partners achieve level two on completion of their orientation. There is an implemented annual education and training plan that exceeds eight hours annually. The implemented 2017 plan was reviewed and the 2018 plan sited. Incidental training is provided according to identified need and at staff request. There is an attendance register for each training session and an individual staff member record of training.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses including (but not limited to): medication competencies, syringe driver, restraint competencies, controlled drug competencies, oxygen and insulin competencies. All staff complete manual handling competencies.</p> <p>All six RNs (including the care manager) are interRAI trained.</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. The service has developed a roster, for each of the households. The management team have determined the current mix/acuity levels of residents to assist in the preparation of the roster and each household. All residents will be transferred across on the same day, to the new building. A project plan is in place to assist with the move.</p> <p>The households are designed so that a care partner floats assists across two households to provide extra support where needed. Where households have a mix of hospital/rest home residents, there are a number of lounges including the ground floor for socialising.</p> <p>There is a full-time village manager (non-clinical) and a full-time care manager for clinical oversight.</p> <p>Household One (12 hospital)</p> <p>RN – across household one &amp; two</p> <p>Two care partners AM and PM shift</p>

		<p>One care partner - across household one &amp; two AM shift  Night – one care partner - across household one &amp; two  Night – one RN across all households  Household two (12 hospital)  Two care partners AM and PM shift  One care partner - across household one &amp; two AM shift  Night – one care partner - across household one &amp; two</p> <p>Household three (12 hospital and rest home)  RN – across household three &amp; four  One care partner AM and PM shift  One care partner - across household three &amp; four AM shift  Night – one care partner - across household three &amp; four  Household four (12 hospital and rest home)  One care partner AM and PM shift  One care partner - across household three &amp; four AM shift  Night – one care partner - across household three &amp; four</p> <p>Medical and allied health contractors will continue the same in the new building.  The house GP visits weekly, as necessary and on-call. There is a Selwyn physiotherapist that visits weekly and a dietitian is available through medirect.</p>
<p>Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>The policy manual includes a range of medication policies. The service uses two weekly pre-packed sachet medication system and electronic medication system. The contract in place from a local pharmacy, for the provision of this service will continue to the new building. There is a secure medication room on each floor with medication trolleys. There is a secure cupboard in each household for the checking and preparation of medication and a stock medication room on the group floor connected to the doctors/treatment room. This stock medication room</p>

		<p>will store stock medications and other medical equipment. The medication room and medication cupboards are not yet secure. A self-medicating resident policy and procedure is available if required.</p> <p>Registered nurses are responsible for the administering of medications and have completed annual medication competencies and annual medication education. Care partners who act as a second checker also complete a medication competency. This will continue in the new facility.</p> <p>As part of this audit, 10 current medication charts were reviewed and the previous shortfalls around medication management were reviewed. It was identified that the two oxygen cylinders were now secured, eye medication currently in use were all dated on opening and the sharps bin was stored appropriately. The service uses a medi-map and this will transfer across to the new facility. All 10 medication charts met medication guideline and legislation.</p> <p>Policies and procedures reflect medication legislation and reference the medicines care guides for residential aged care. The medication system is to be fully established at the new Selwyn Oaks facility.</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 Selwyn Foundation has comprehensive nutritional management policies and procedures for the provision of food services for residents. The food service at Selwyn Oaks is provided by an external contractor and this will continue in the new building. There is a newly purpose-built kitchen in the service area of the ground floor. The kitchen has been designed to have a clean and a dirty area. There is a serving area that opens out into a communal café area. The dietitian approved organisational menu will continue to be used with provision to meet likes, dislikes and special diets. There is a walk-in chiller, pantry and 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 are two available lifts, that will transport the hot boxes to each floor and dishes back to the kitchen. All crockery, cutlery and kitchen appliances and equipment have been purchased. The kitchen refurbishment is near completion.</p> <p>All residents are required to have a nutritional profile completed on admission, which is provided to the kitchen. These will transfer across with kitchen staff on opening. There is access to a community dietitian.</p> <p>Regular audits of the kitchen fridge/freezer temperatures and food temperatures are currently undertaken and documented as part of the food safety programme.</p>

		Food safety in-service training has been completed.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Six resident files (four hospital and two rest home) were reviewed. The service is currently moving from paper-based care plans and documentation to an electronic system. As interRAI assessments and care plans are due for review these are being transitioned across.</p> <p>All six care plans reviewed included support documented for current assessed needs. Two hospital resident files reviewed included a change in health status and current pressure injuries. Interventions included PI prevention strategies and management strategies. Where increase in nursing support was required these had been updated in the care plan. One hospital resident with behavioural concerns had management strategies documented and a monitoring chart implemented. Three residents on controlled drugs had pain management interventions documented.</p> <p>The previous audit finding around care plan interventions has been addressed.</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>When a resident's condition changes, the RN initiates a GP/NP visit or nursing specialist referral. One resident file reviewed included a resident with acute change in health status and recent reassessment for hospital level care. The interRAI and care plan had been updated.</p> <p>Continence products are available and resident files include a three-day 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 by the RNs interviewed. There are adequate wound products available and this was described by the care manager.</p> <p>Wound care plans included an assessment, wound management and evaluation forms and a short-term care plan. All seven wounds reviewed (including one grade-two PI and one grade-three PI) had been completed on individual forms and this was an improvement on previous audit.</p> <p>Monitoring charts were in use and examples sighted included (but not limited to): weight and vital signs, blood glucose, pain, food and fluid, turning charts and behaviour monitoring as required. Food &amp; fluid charts were sighted for four residents, behaviour monitoring chart for one resident and turning charts for two residents. All charts were fully completed and linked to specific care plan</p>

		interventions. This was an improvement on previous audit.
<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>	FA	<p>As part of the Selwyn Way household model, the current diversional therapist with support from the care partners will be providing the activities in each of the four households. Training has been provided to all staff around the expectations and requirements of implementing the household model. 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 organised activities five days per week with weekend activities twice a month.</p> <p>A wide range of activities, addressing the abilities and needs of residents in the hospital and rest home, are currently being offered. Activities include physical, mental, spiritual and social aspects of life to improve and maintain residents' wellbeing. There are planned 'standard activities' that currently occur on a weekly schedule such as bingo, happy hours, visits from the clown doctors, entertainers, church services and outings. These will continue in the new facility. The service has two mobility vans to take residents out on regular outings.</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 a normal home such as folding washing, setting tables and cooking/baking. Each household has a kitchen that is 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><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, infectious or</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 on each level of the care centre. There is</p>

<p>hazardous substances, generated during service delivery.</p>		<p>one sluice on each floor which is 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.</p> <p>Gloves, aprons, and goggles have been purchased and to be available 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>	<p>PA Low</p>	<p>The care centre is currently a three-level facility, which includes service areas on the ground floor. 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. Level two is a mirror image of level one.</p> <p>The service plans to open on 14 February 2018, transferring all residents from the current facility across the entrance way to the new facility. All resident rooms have large windows, call bell system and lighting. Installation of floor coverings and soft furnishing is in the process of being completed. A partial certificate of public use has been obtained 19 December 2017 for a period of three months with further parts yet to be signed out prior to full occupancy. All building and plant have been built to comply with legislation.</p> <p>There are two large lifts between floors. These lifts can be accessed by staff/visitors and residents at the front of the lift and from the rear of the lift by service staff (such as kitchen staff). Advised that they have a contract with the installer of the lifts to maintain service (including emergency service) when needed. The lifts are 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. Handrails are in the process of being installed in the hallways and stairwells.</p> <p>There is a nurses' alcove (cupboard) in each household that will be used as the nurses' station. This can be locked up when not in use. 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</p>

		<p>adorn their room as desired. The maintenance schedule includes checking of equipment. There is a full-time maintenance person that completed reactive and preventative maintenance.</p> <p>Each household has a family room (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.</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 new 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. There is adequate communal equipment including new equipment where needed. The hot water has not yet been turned on.</p> <p>There is a large covered balcony off the lounge in each household. Seating and outdoor furniture has been purchased and delivered. These areas are not yet landscaped. There are handrails in ensuites, communal bathrooms and hallways. 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>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>Every resident room has a large full ensuite. There is a communal toilet available in each household close to lounge/communal areas. Visitor and staff toilets are available. 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>	<p>FA</p>	<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 and a large dining/lounge area. The lounge/dining area is the hub of each household with resident's rooms within proximity. All resident rooms are off the central area. The balcony for each household is accessed through large ranch sliders off the lounge. 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. The ground floor has a large communal lounge, multi-use room, communal café and chapel. These areas will be utilised by villages and residents in the care centre.</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>	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 maintained and functional at all times. All laundry is currently outsourced, and this will continue in the new building. Laundry is collected and returned daily. There is a small domestic laundry on each floor 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 from the sluice on each floor to the dedicated dirty laundry room on the ground floor where it is collected. There is a clean linen room for storage of laundry on the ground floor also. 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. The current housekeeping staff will transfer to the new building.</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>	PA Low	<p>The site-specific 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. The planned orientation to the new building includes emergency preparedness and staff will complete fire drills the week before</p>

		<p>opening.</p> <p>The service has cooking facilities (a barbeque) available in the event of a power failure. The service has access to a generator available in the event of a power failure for emergency power supply. Battery operated emergency lighting is in place. There are also extra blankets available. There is a civil defence storage area, which includes all necessary civil defence requirements. There are emergency tanks of water available.</p> <p>A new call bell system has been installed throughout the facility; however, this is yet to be activated. The call system is installed in all bedrooms, bathrooms, dining and lounge areas. The system is connected to an individual staff pager system and annunciator panels in each household 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. The Austco security system, includes sensor lights in resident rooms; so, when a resident gets up at night, the lights illuminate in the ensuite. This is connected to the security system and can be timed to alarm if the resident does not return to their bed. There are also separate call bell plugs at floor level in each room so that sensor mats can be plugged in without posing a hazard.</p> <p>The fire evacuation scheme has been approved by the NZFS since the audit day (22 January 2018). There are fire curtains situated around the internal lounge/dining area that are activated in the event of a fire to make the area a fire cell.</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. 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. There is an IC officer (registered nurse) at Selwyn Oaks. 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</p>

		<p>description.</p> <p>Infection control is 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>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There is a restraint minimisation procedure. The procedure includes definitions of restraint and enablers that is congruent with the definition in NZS 8134. The restraint coordinator is an RN. The service is restraint-free and currently has no enablers.</p> <p>Staff training is in place around restraint minimisation and enablers, falls prevention and management of challenging behaviours.</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 1.3.12.1</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>	PA Low	<p>There is a secure medication room on each floor with medication trolleys. There is a secure cupboard in each household for the checking and preparation of medication and a stock medication room on the ground floor connected to the doctors/treatment room. This stock medication room will store stock medications and other medical equipment. The medication room and medication cupboards are not yet secure.</p>	<p>The medication room and medication cupboards are not yet secure. The medication fridge is not yet installed.</p>	<p>Ensure the medication room and alcoves are secured.</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	<p>The building is near completion with furnishings and completion of electrics still to be finished. A partial CPU has been obtained to date. The service has an extensive list of medical and nursing equipment purchased and installed. The</p>	<p>(i) A partial certificate of public use has been obtained 19 December 2017 for a period of three months with further parts yet to be signed out prior to full occupancy. (ii) Hot water is not</p>	<p>(i) Ensure a complete CPU is obtained. (ii) Provide evidence that hot water temperatures in resident areas are within the required</p>

		new furniture and equipment is appropriate for this type of setting and for the needs of the residents.	yet available, therefore monitoring of safe hot water temperatures has not occurred.	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. Landscaping around the outside of the building is in the process of being completed.	External gardens, paths and seating areas are in the process of being completed.	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 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. Registered nurses all have current first aid certificates. Orientation includes emergency preparedness. Fire drills are scheduled for staff two week before opening.	As the building has not yet opened, staff have not completed a fire drill.	Implement a fire drill for all staff in the new building.  Prior to occupancy days
Criterion 1.4.7.5  An appropriate 'call system' is available to summon assistance when required.	PA Low	A new call bell system has been installed throughout the facility. The call system involves an annunciator in each household and links to a staff 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	A call bell system is in place throughout the care centre however, this is yet to be activated.	Ensure that the call bell system is fully functioning throughout the care centre.  Prior to occupancy

		and lounge areas of each household. The call bell system is yet to be activated.		days
--	--	--	--	------

## Specific results for criterion where a continuous improvement has been recorded

---

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

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

If, instead of a table, 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
--------------------

End of the report.