

Auckland Presbyterian Hospital Trustees Incorporated - St Andrew's Village

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:	Auckland Presbyterian Hospital Trustees Incorporated
Premises audited:	St Andrew's Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 4 May 2018 End date: 4 May 2018
Proposed changes to current services (if any):	This partial provisional audit included verifying the refurbished Braemar Lodge. The refurbished Braemar Lodge (previously rest home) is connected to The Lodges via a covered corridor and secure door. The

newly refurbished house is designed as a 10-bed male only wing for residents requiring a secure dementia unit. The house is fully completed and due to open 23 May 2018.

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

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

St Andrews is an independent Charitable Trust, Not for Profit organisation. The village is large and situated across spacious grounds. The service provides care for up to 190 residents, with 170 residents on day of audit. The service is certified to provide hospital (geriatric and medical), rest home and dementia level care.

The service is resident-focussed with a vision and mission statement. Care is provided across a number of smaller houses.

This partial provisional audit included verifying the refurbished Braemar Lodge. The new Braemar Lodge (previously rest home) is connected to the Lodges via a covered corridor and secure door. The newly refurbished house is designed as a 10-bed male only wing for residents requiring a secure dementia unit. The house is fully completed and due to open 23 May 2018. The model of care for service delivery in the Braemar Lodge Memory Care unit is based on principles from the various recognised philosophies of care for people living with dementia. The also opened another similar house (Stirling lodge) last year.

This partial provisional audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included a tour of the newly refurbished house, review of documentation, medication management and food service and interviews with the management team.

The organisation has an experienced management team and the Chief Executive Officer (CEO) reports monthly to the Board of Trustees (BOT) on all aspects of service delivery, inclusive of all quality projects, data, risk management and major improvements. The BOT ensures governance of all services.

The on-site management team is made up of the CEO; human resources manager/household manager, the 'quality, risk and audit' manager, the facilities manager, the accounts manager, admission's manager, and two clinical managers (CMs) who are responsible for the day-to-day management of clinical oversight. Both CMs hold current annual practising certificates, have worked previously in management positions in aged care and have completed education and attend conferences related to caring for people with dementia. The management team are supported by a team of coordinators. The clinical managers oversee five nurse managers across the seven houses.

Clinical management of Braemar Lodge will be provided by one of the two clinical managers (CM). The CM also oversees the villages other two dementia units and is experienced in dementia care.

This audit identified that the Braemar Lodge Memory Care unit, the unit staff roster, equipment requirements, established systems and processes are appropriate for providing dementia level care.

Consumer rights

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Organisational management

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital, (medical and geriatric) and dementia care. The staff and newly refurbished Braemar Lodge are appropriate for providing dementia level care 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 resources policies are implemented for recruitment, selection and appointment of staff. The service has an implemented induction/orientation programme which includes packages specifically tailored to the position such as clinical assistant, registered nurse (RN) and so on.

Internal staff will be used to work in Braemar. All have completed the required dementia standards. The team leader for the house is an experienced senior clinical assistant that has been working in dementia care for a number of years.

Staff education and training includes the Careerforce programme for caregivers and there is an annual in-service programme in operation that includes at least eight in-service sessions a month. Specific training sessions are provided for RNs, clinical and non-clinical staff. Competencies are completed by RNs and clinical assistants and a register is maintained and monitored.

There is a staffing rationale and skills mix policy, which provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. St Andrews has developed a draft roster for the 10-bed Braemar Lodge.

Continuum of service delivery

The medication management system includes medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accordance with the guideline. An electronic medication management system is established across the village. The refurbished Braemar Lodge has a medication treatment room. All staff rostered for the Braemar Lodge have completed medication competencies. Medication management training is provided as part of the annual training programme.

There are comprehensive food service policies and procedures available. The food service is fully operational across St Andrews. Food will be transported from the kitchen in a Burlodge trolley via a small truck to the Braemar Lodge. There is a small open-plan kitchen at Braemar Lodge. It is intended that the kitchen will be used by staff and residents as per daily activities.

Safe and appropriate environment

There are documented processes for waste management. There is a home-like laundry in Braemar Lodge. There are locked cupboards in the laundry for the storage of chemicals.

The Braemar Lodge Memory Care unit is connected to the Lodges via a covered corridor and secure door. The house is fully completed and due to open end May. There have been no structural changes to the original building and therefore no certificate of public use is required. There is a current building WoF for all the buildings at St Andrews which expires 30 June 2018. The house is designed as a home-like environment with only a total of 10 residents. There is a centrally located open-plan living area which includes kitchen and dining area.

There is a secure outdoor area that is accessible by residents from three different exits. This allows for easy indoor/outdoor flow and supervision. There is a double-gate entry for relatives into the garden area. The paths are rubber to prevent injury and landscaping is in the process of being completed.

Every resident's room has an ensuite with toilet and hand basin. Toilets are visible from the resident's bed. There are three spacious communal showers. There is an open-plan living area in the centre of the unit. A large 12-seater table has been built and installed in the dining area so residents can eat together and complete activities together if they wish.

The organisation provides housekeeping and laundry policies and procedures which are robust and ensure all cleaning and laundry services are maintained and functional at all times. In Braemar Lodge, there is a small laundry. Personal laundry will be completed in the house and all other laundry completed in the main laundry.

The organisation has a documented emergency and disaster plan in place as per the Health and Safety programme. The approved emergency evacuation plan signed off by the New Zealand Fire Service, does not require amendments with the refurbished

Braemar Lodge. Six monthly trial fire evacuations are conducted. Civil defence processes are in place and the service has a generator.

There are call bells and emergency bells in all resident rooms and common areas. The system software is able to be monitored. Staff in Braemar Lodge will wear call bell pendants to get assistance in an emergency.

General living areas and resident rooms are appropriately heated and ventilated.

Restraint minimisation and safe practice

The policies and procedures are based on the Restraint Minimisation and Safe Practice Standard NZS 8134.2008. There are clear definitions of restraint and enablers. Restraint/enabler training and education is regularly completed. The use of enablers is voluntary and the least restrictive option to meet the needs of the resident with the intention of promoting or maintaining resident independence and safety.

The restraint coordinator, an experienced nurse manager, maintains accurate and up-to-date records and oversees the use of restraint and enabler use across the organisation. On the day of the audit there were two residents using body suits, which they define as restraints, and one resident using a bedrail as an enabler.

Infection prevention and control

There are comprehensive infection prevention control (IPC) policies in place that meet the Infection Prevention and Control Standard SNZ HB 8134.3.1.2008. There are clear lines of accountability to report to the IPC team on any infection control issues. The organisation has a clearly set out infection control programme that is reviewed annually. IP & C is being managed by an experienced registered nurse who undertakes the role of IP & C coordinator. There is an IC rep in each area and they all attend the monthly infection control committee meetings. The organisation benchmarks with Simple Solutions.

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	1	0	0	0
Criteria	0	36	0	1	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>St Andrews is an independent Charitable Trust, Not for Profit organisation. The village is large and situated across spacious grounds. The service provides care for up to 190 residents with 170 residents on day of audit. The service is certified to provide hospital (geriatric and medical), rest home and dementia level care.</p> <p>The service is resident-focussed with a vision and mission statement. The organisation has a mission, which is commitment to person-centred aged care, including dementia care. Care is provided across a number of smaller houses. There are seven houses across the grounds. All houses have been designed to provide a homely environment giving due consideration to the comfort and safety of the residents: (i) House one (Hector) includes a 30-bed hospital and rest home level care. Twenty of the beds are dual-purpose and there are two DHB respite funded beds. On the day of audit there were nine rest home (including one respite) and 20 hospital residents. (ii) House two (Marion Ross hospital unit) includes 30-beds with 29 residents (27 hospital and two rest home). (iii) House three (Bruce hospital unit) – includes 30 hospital level care beds (including three Orthopaedic Interim Care Programme beds [OICP]). Occupancy was 23 hospital residents and five rest home and one residents on OICP funding; (iv) House four (Douglas) – provides hospital level care and has a specific palliative care wing</p>

		<p>(Dove wing) that has three DHB funded palliative care beds (run in conjunction with Eastern Bays, or Dove Hospice). Occupancy in the house was two rest home and 26 hospital including one palliative resident in Dove wing; (v) House five (Henry Campbell) – included 29 residents across a 30-bed secure dementia unit; (vi) The lodges – is a 20-bed rest home with current occupancy of 18 residents including one on respite. (vii) Stirling Lodge – (female only unit, opened August 2017) included 10 residents across a 10-bed secure dementia unit.</p> <p>The service also holds a YPD contract, however there were no current residents under that contract.</p> <p>This partial provisional audit included verifying the refurbished Braemar Lodge. The refurbished Braemar Lodge (previously rest home) is connected to the Lodges via a covered corridor and secure door. The newly refurbished house is designed as a 10-bed male only wing for residents requiring a secure dementia unit. The house is fully completed and due to 23 May 2018. The model of care for service delivery in the Braemar Lodge Memory Care unit is based on principles from the various recognised philosophies of care for people living with dementia and follows along with the current 10-bed Stirling Lodge situated next door to Braemar Lodge. With the opening of the Lodge, St Andrews bed numbers remain the same at 190 beds.</p> <p>The organisation is governed by a Board of Trustees. Business planning is undertaken at executive level with input from all levels of staff across the organisation. The quality management framework clearly identifies the organisation’s commitment to including all health care services, staffing and meeting the needs of residents and family/whānau. Both the business and quality plans are reviewed throughout each year to measure achievement. The organisation’s goals and direction are clearly described and match the organisation’s mission, vision, values and strategies put in place to assist all resident needs to be met.</p> <p>The organisation has an experienced management team and the Chief Executive Officer (CEO) reports monthly to the Board of Trustees (BOT) on all aspects of service delivery, inclusive of all quality projects, data, risk management and major improvements. The BOT ensures governance of all services. There are subcommittees for strategic planning, finance and risk, clinical governance and property. The monthly meetings ensure that the strategic direction is being maintained, they monitor the progress of business and quality key performance indicators via information from departmental reports received.</p>
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<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>The HR manager undertakes the CEO role when required, to cover annual leave or sick leave. St Andrews Village undertakes succession planning to ensure cover for members of the executive team.</p> <p>The two clinical managers (RN) provide clinical oversight for each other. Nurse managers in each area are supported by senior registered nurses.</p> <p>The organisation completes annual planning and has comprehensive policies/procedures to provide rest home, hospital (medical and geriatric) and dementia level care.</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>	FA	<p>There are documented job descriptions for all positions which detail each position's responsibilities, accountabilities and authorities. A job description (Memory Care Practitioner) is in place for the caregivers (clinical assistants) employed to work in the house.</p> <p>A sample of four staff files (staff moving to the unit) was reviewed. All evidenced implementation of the recruitment process, employment contracts, completed</p>

	<p>orientation, training, competencies and annual performance appraisals</p> <p>The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g., RN, clinical assistant) and includes documented competencies. New staff are buddied for a period of time (e.g., clinical assistants, two weeks, RN four weeks), and during this period they do not carry a clinical load. The clinical assistants when newly employed, complete an orientation booklet that has been aligned with foundation skills unit standards. A Careerforce assessor works with all new clinical assistants across three months to complete orientation. There are six Careerforce assessors at St Andrews and 95% of clinical assistants have a recognised qualification.</p> <p>Internal staff are moving to the Braemar Lodge on opening. There are 10 existing staff (clinical assistants) that will work in Braemar. Nine of the ten have completed the required dementia standards. The team leader for the house is a senior clinical assistant currently working in the Stirling unit.</p> <p>Staff rostered for Braemar will meet prior to opening and cover key training such as (but not limited to), emergency management, and the call bell system, fire drill and specific household roles. They have already completed this training in other areas of the facility.</p> <p>Staff education and training includes the Careerforce programme for caregivers and there is an annual in-service programme in operation that includes at least eight in-service sessions a month. Specific training sessions are provided for RNs, clinical and non-clinical staff. Competencies are completed by RNs and clinical assistants and a register is maintained and monitored. The HR manager monitors education offered off-site to ensure all staff have the opportunity to attend courses they are interested in, and that as many different staff gain knowledge and skills in the areas they are employed to work. Attendance at training is paid for by the organisation including external training. There is a mandatory training programme in place. Training is repeated regularly and at various times to ensure all staff attend. A training register is monitored, and staff are followed up when they haven't attended.</p> <p>St Andrews ensures RNs are supported to maintain their professional competency. The organisation has an approved professional development and recognition programme in place for all RNs and ENs. This is undertaken in conjunction with Auckland DHB. Currently 37 of the 38 RNs working at St Andrews are InterRAI trained.</p>
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<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>There is a staffing rationale and skills mix policy, which provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. St Andrews has developed a draft roster for the 10-bed Braemar Lodge.</p> <p>One of the two clinical manager's and a nurse practitioner are responsible for the three dementia homes including Braemar.</p> <p>There are two staff rostered (0700 – 1900 and 0700 – 1500). One is the team leader. There is one staff member 1500 – 2300 and one 1900 – 0700. The majority of the staff rostered in Braemar hold the LCP Careerforce dementia certificate and have level 3 or level 4 qualifications in either health of the older person or diversional therapy. There will also be an emergency contact to the adjoining rest home care (the Lodges) if assistance is needed. The two staff will assist the residents to "live" in their home so they can eat their meals when it suits them, they can assist in supervised meal preparation, initiate and engage in activities inside and in the outdoor garden care.</p> <p>The village has contracts with four house GP's services. A GP visits the village at least daily and on-call and afterhours is provided by one medical centre.</p> <p>A physiotherapist is available three days per week. The physiotherapist is supported by a team of three physiotherapy assistants daily.</p> <p>Contracts are also available with a podiatrist, dietitian, and mobile dentist service.</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>FA</p>	<p>Medicines management and medimap (electronic medication system) is established across the St Andrews village. Medicines for residents are received from the pharmacy and are in a pre-packed delivery system (robotics). There is an electronic medication system in place. Policies and procedures reflect current medication legislation and current guidelines. Only registered nurses/enrolled nurses/senior clinical assistants who have been assessed as competent are permitted to administer medicines to residents. All staff rostered for the Braemar Lodge have completed medication competencies. Medication management training is provided as part of the annual training programme.</p> <p>There is a small secure swipe (fob)-pad to access the treatment room in Braemar Lodge. A new medication trolley and fridge has been installed in the room. Any controlled drugs will be stored and managed by the adjoining rest home 'The</p>

		<p>Lodges'. The process for reporting medication errors or omissions is detailed within the policy. The process for identifying residents and administering medications is detailed along with documentation responsibilities and this becomes part of the quality improvement programme.</p> <p>A contract with a pharmacy is in place. The village has contract with four house GP's services. A GP visits the village at least daily and on-call and afterhours is provided by one medical centre.</p> <p>The service has a specific fridge for the storage of vaccines within the main building. They have a current cold chain accreditation (cert dated 28/2/18) and fridge monitoring records were up-to-date.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All baking and meals are cooked on-site at St Andrews in a purpose-built kitchen. The kitchen is spacious and includes areas for food preparation, cooking, baking, serving and cleaning areas. There are four chillers and walk-in freezers/fridges. There is a team of kitchen staff including a catering manager, three chefs, and eight kitchen assistants. All kitchen assistants have either completed a national training programme. Kitchen staff are supported to complete the level two catering assistant course. All kitchen staff have completed food handling through orientation and via external national programmes.</p> <p>The summer and winter menus are reviewed annually by an external consultant dietitian. There is access to a community dietitian.</p> <p>Food is plated within the kitchen on individually named trays and then transported to each house in covered trolleys. Cooked/served food temperatures are completed prior to transport and completed before serving as part of the internal audit programme (records sighted). Kitchen fridge/freezer temperatures and food temperatures are monitored at least daily. Corrective actions for temperatures outside of range are documented and re-tested. Food stored in the fridge and chillers is covered and dated. There are designated chillers for dairy, meat and vegetable/grocery items. Dry goods are stored in dated sealed containers in the pantry and kept off the ground. Chemicals are stored safely. Cleaning schedules were sighted and maintained. The service has a verified food control plan.</p> <p>All residents have a nutritional profile completed on admission, a copy of which is provided to the Catering Manager who is also notified (daily where necessary) of any dietary changes, weight loss or other dietary requirements. Menu choices are</p>

		<p>completed (documented) daily by staff which include any likes/dislikes or specific choices by the residents for meal options that day. There are three choices for the lunch meal and two choices at night. Special diets such as diabetic desserts, vegetarian, pureed and alternative choices for dislikes are accommodated. The residents named meal tray includes key alerts regarding allergies or food dislikes/preference on the card for staff reference. Advised that a tray of sandwiches, fruit and biscuits are provided to the dementia unit daily for extra snacks across 24/7. There is a small open-plan kitchen at Braemar Lodge. It is intended that the kitchen will be used by staff and residents as per daily activities. Safety has been considered with lockable drawers and an induction hob that is not hot to touch.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as required.</p>
<p>Standard 1.3.7: Planned Activities</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>Across the St Andrews village there is a qualified Diversional Therapist (DT) who works full time and oversees seven activity coordinator staff who work various hours Monday – Saturday. All are diversional therapy trained. All DTs rotate 3 monthly. One of the rotating DT's from the activity team will support clinical assistants in the Braemar Lodge to provide activities with residents.</p> <p>It is intended that all staff working in the house provide activities as part of resident-centred care. Staff will be supported and trained around implementing an activities programme including spontaneous activities. One the clinical assistants in the house is also a trained DT. All staff are trained around managing behaviours that challenge and de-escalation.</p> <p>The aim of the Braemar Lodge memory care unit is to provide a positive experience of care and support by strengthening the culture of partnership and engagement with both the person with dementia and their family and whānau. There is a documented Braemar main lounge activity programme plan that includes a number of activities including (but not limited to) van outings, theme days, exercise, games, and church. There is a man-cave (garden shed) that is to be set up with activities that men enjoy. This is in the process of being completed.</p> <p>“The Journey of my Life” form is to be completed by family on admission. An activity assessment is also to be completed on admission by a trained DT and an individualised activities plan will be implemented from that.</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>	<p>FA</p>	<p>There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is locked home-like laundry in Braemar Lodge. There are secure cleaning cupboards in the adjoining rest home.</p> <p>Waste management audits are part of the internal audit programme.</p> <p>All staff are required to complete training regarding the management of waste during induction. Chemical safety training is a component of the compulsory two-yearly training and orientation training.</p> <p>Gloves, aprons and goggles are available in the sluice and cleaners' cupboards within the adjoining rest home, which can be accessed by staff as needed. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Training on the use of PPE is included in the general induction programme for all staff.</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 service refurbished an existing building to become a 10-bed secure dementia (memory care) unit for male residents. The unit was previously a rest home unit, as part of and has been refurbished and is ideally suited for the proposed purpose.</p> <p>The Braemar Lodge Memory Care unit is connected to the Lodges via a covered corridor and secure door. The house is fully completed and due to open 23 May 2018. There have been no structural changes to the original building and therefore no certificate of public use is required. There is a current building WoF for all the buildings at St Andrews expires 30 June 2018.</p> <p>The house is designed as a home-like environment with only a total of 10 residents. There is a centrally located open-plan living area which includes kitchen and dining area. There are two short hallways which run roughly north and south from the communal lounge with a second short hallway running west of the junction of the southern hallway. The north hallway includes an open door that encourages wandering into well-landscaped paths and garden areas. The secure outdoor area is accessible by residents from four different exits. This allows for easy indoor/outdoor flow and supervision. However, one door was locked and had an unnecessary keypad. This was removed on the day of audit.</p>

		<p>The communal area allows for supervision of the lounge with a nurse's desk and locked cupboards situated as part of the décor. The closed-circuit monitoring system also assists with supervising residents in the hallways and outdoor areas. The unit's design and equipment purchased specifically considers residents with confused state. The lighting has been increased. Lighting is a mixture of ceiling and wall lights which effectively assists in the contrast between night and day. There is also plenty of natural light with large windows. Differences in colour schemes have been used with coloured toilet-seat in ensuites. The new unit has lino on padded underlay.</p> <p>Hilo electric beds have been purchased for all rooms. The service has purchased all new equipment including medical equipment. All furnishings, floorings and equipment are designed to minimise harm to residents.</p> <p>There is a double-gate entry for relatives into the garden area. There are sliding doors from the communal area that lead to a covered patio and walkways. The walkways, paths and outdoor secure area has been formally designed and landscaping is near completion. Paths are wide enough and all lead back to the building and direct residents to certain activities, such as gardening, raised herb garden, the men's shed (which is in the process of being completed) and well-placed bench seats. The external paths are rubber to prevent injury. Well positioned plants and trees will grow and eventually take away the look of the secure outdoor wooden fence.</p> <p>The design of the home includes key attributes recommended in dementia-guides, including small scale, home-like elements, access to outdoor space and opportunities for everyday activity, including cooking, gardening and laundry.</p> <p>There is a maintenance team that covers reactive and preventative maintenance at St Andrews. This includes a team leader and four other maintenance staff. There is someone on call 24-hours. All medical equipment is calibrated, testing and tagging is up-to-date and water monitoring is completed.</p> <p>Water temperature checks have been completed in Braemar Lodge.</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</p>	<p>FA</p>	<p>There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents. Every resident's room has an ensuite with toilet and hand basin. Toilets are visible from the resident's bed. There are contrasting toilet seats and hand rails. There are three spacious communal showers with</p>

requirements or receiving assistance with personal hygiene requirements.		locks that can be opened in an emergency.
<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	Residents' rooms are spacious and light and allow care to be provided and for the safe use and manoeuvring of mobility aids and wandering.
<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>There is an open-plan living area in the centre of the unit. The living area is spacious with a separate dining area. A large 12-seater table has been built and installed in the dining area, so residents can eat together and complete activities together if they wish. There are other sitting areas available where residents can be alone or in a group.</p> <p>The open-plan living area and hallways allow maximum freedom of movement while promoting the safety of residents who are likely to wander.</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>The organisation provides housekeeping and laundry policies and procedures which are robust and ensure all cleaning and laundry services are maintained and functional at all times. The laundry is in the service area off the care centre. There are a number of laundry staff. There are separate entrances for dirty and clean laundry. The laundry is spacious and has a number of commercial washing machines and dryers. There are areas within the laundry for folding and sorting of clean laundry. Linen is collected from each house via a buggy and transported to the laundry.</p> <p>The organisation has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are completed.</p> <p>The service has a secure area for the storage of cleaning and laundry chemicals. Laundry chemicals are within a closed system to the washing machine. Material safety datasheets are available. Chemicals and supporting literature are provided by Jaysol.</p> <p>In Braemar Lodge, there is a small laundry with a washing tub, washing machine and dryer. Personal laundry will be completed in the house and all other laundry completed in the main laundry. The laundry is locked. There are enclosed linen</p>

		trolleys available. Advised that the cleaner in Stirling will also clean in Braemar.
<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>	FA	<p>The organisation has a documented emergency and disaster plan in place as per the Health and Safety programme. The approved emergency evacuation plan signed off by the New Zealand Fire Service, does not require amendments with the refurbished Braemar Lodge. Six monthly trial fire evacuations are conducted. Staff rostered for Braemar will complete a fire drill prior to opening. Fire and emergency training is included in staff orientation and regular ongoing sessions are undertaken throughout the year.</p> <p>Civil defence and emergency supplies are checked every quarter. The service ensures there is emergency food and water for a minimum of three days. The emergency water tanks (two 25,000 litre tanks) have pumps which operate if the water pressure drops. There are three emergency generators on site one operates all administration equipment, such as computers and the telephone system, and the other two ensure the kitchen and laundry services and emergency lighting is maintained in resident areas in case of an emergency. There is an Emergency Response room off reception in the main building, which specifically includes procedures, analogue phones, torches, first aid kits etc. There is a generator to maintain Stirling, the Lodges and Braemar Lodge in the event of a power failure.</p> <p>The emergency management policies include (but not limited to): dealing with emergencies and disasters, essential locations, internal emergencies and external emergencies. Emergencies, first aid and CPR is included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. There are staff employed across 24/7 with a current first aid certificate.</p> <p>Staff are required to ensure doors and windows are securely closed at night. There is an approved security company who undertakes three nightly random checks of all buildings and the grounds. This service uses satellite monitoring to show which areas are checked. There is CCTV around the grounds which can be monitored as required. The secure Braemar unit has a double entry outdoor cubicle to avoid residents being able to exit the facility easily. There is a keypad entrance to/from the Lodges to Braemar into the hallway. The secure electronic keypads at the entrance into Braemar are connected to the fire alarm system. There are documented security procedures.</p>

		There are call bells and emergency bells in all resident rooms and common areas. The system software can be monitored. Staff in Braemar Lodge will wear call bell pendants to get assistance in an emergency.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	General living areas and resident rooms are appropriately heated and ventilated. There are radiators in each resident room, in Braemar Lodge. Each room has a large external window with plenty of natural light.
Standard 3.1: Infection control management 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.	FA	There is comprehensive infection prevention control (IPC) policies in place that meet the Infection Prevention and Control Standard SNZ HB 8134.3.1.2008. There are clear lines of accountability to report to the IPC team on any infection control issues. The infection control governance policy includes the terms of reference for the committee, which identifies that accountability is directly to the CEO. The organisation has a clearly set out infection control programme that is reviewed annually. IP & C is being managed by an experienced registered nurse who undertakes the role of IP & C coordinator. There is an IC representative in each area and they all attend the monthly infection control committee meetings. The organisation benchmarks with Simple Solutions. The IP & C manual includes policies around outbreak management and exposure to infectious diseases. There have been no outbreaks since last audit.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The policies and procedures are based on the Restraint Minimisation and Safe Practice Standard NZS 8134.2008. There are clear definitions of restraint and enablers. Processes are documented should restraint be considered inclusive of restraint assessment, consent obligations, monitoring, evaluation and review. Restraint training and education is a requirement and the obligations are documented. The use of enablers is voluntary and the least restrictive option to meet the needs of the resident with the intention of promoting or maintaining resident independence and safety. The restraint coordinator, an experienced nurse manager, maintains accurate and up-to-date records and oversees the use of restraint and enabler use across the organisation. On the day of the audit there were two residents using body suits,

		<p>which they define as restraints, and one resident using a bedrail as an enabler.</p> <p>All details are clearly documented on the restraint register sighted. A brochure 'Restraints and Enablers: Information for families' is given to all family members when restraints or enablers are being considered for a resident. There is a monthly restraint meeting and a register of all restraints and enablers are maintained. Each area of service has a restraint representative and they attend the restraint committee meetings.</p>
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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)
Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	There is a secure outdoor area that is accessible by residents from four different exits. This allows for easy indoor/outdoor flow and supervision. There is a double-gate entry for relatives into the garden area. The paths are rubber to prevent injury. Well positioned plants and trees will take away the look of the secure outdoor wooden fence as they grow. The external landscaping is near completion.	The external landscaping in the secure outdoor area is near completion.	Ensure the landscaping is completed Prior to occupancy 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.