

Kumeu Village Aged Care Limited - Kumeu 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 The DAA Group 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:	Kumeu Village Aged Care Limited
Premises audited:	Kumeu 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: 5 June 2018 End date: 5 June 2018
Proposed changes to current services (if any):	Additional 15 bed secure (memory support) dementia service
Total beds occupied across all premises included in the audit on the first day of the audit:	84

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

Kumeu Village Retirement Home provides rest home, hospital and dementia care for up to 93 residents. The service is managed by a management team including a facility manager, operations manager, clinical nurse manager, administration, financial and a quality manager. This partial provisional audit was undertaken to establish the level of preparedness of the service provider to provide a new memory assist/support service from a 15-bed purpose-built villa (Vineyard Villa), increasing total bed numbers from 93 to 108 beds. Dementia bed numbers will increase from 20 to 35 in two separate units.

The management team and the project manager were available for the audit. All systems have already been set up in readiness for operation with areas identified as requiring completion prior to occupancy. Staff have been employed and an orientation day is planned for 21 June 2018. The official opening is planned for the 29 June 2018 and 02 July for residents.

There were two areas requiring improvement from the previous audit that had previously been closed out. However, one of these areas related to interRAI re-assessments not meeting requirements has been identified at this audit as requiring improvement. The certificate for public use and the approved fire evacuation plan will need to be verified prior to occupancy.

Consumer rights

Not applicable to this audit.

Organisational management

Kumeu Village Retirement Home vision and values of the organisation were clearly documented in the policy and procedure manual and in all position descriptions sighted. The policy manual has been reviewed in readiness for the new villa and includes all added information for this additional memory assist service as a guide to new staff appointed.

The facility manager and management team will provide support to any new staff. Staff will receive full orientation and new staff record folders are prepared in readiness. Staff will complete all relevant employment agreements and processes prior to the service commencing. A documented orientation booklet has been further developed for implementation for all care partners employed. The training programme reviewed will be ongoing for all staff.

The facility manager and the clinical nurse manager discussed the staffing rationale, staffing levels and skill mix to cover this 15-bed memory assist service to ensure safe service delivery. The facility will be staffed 24 hours a day, seven days a week.

Continuum of service delivery

The medication management policies and procedures are documented and have been updated to include the new service. A pharmacist is already contracted and will follow and liaise with the contracted general practitioner and clinical manager. The multidisciplinary team, in view of the additional service requirements, will ensure all legislative requirements are effectively met. There is allocated medication storage provided and all staff will be competent to administer medications. Training will be provided at the orientation sessions planned.

An Eden Alternative activities programme is developed and implemented across all services. Qualified service providers implement activities daily for the rest home and hospital level care residents. For the memory assist services, planned activities extend across the 24-hour timeframe.

The food service has policies and procedures which have been reviewed to guide staff. The meal service has been planned and all equipment and resources have been set up in readiness. Breakfast and the evening meal will be prepared onsite and the main meal at lunchtime will be transported and delivered to the memory assist service. All processes are documented and the kitchen in the memory assist villa has safety precautions in place.

Safe and appropriate environment

Vineyard Villa is a purpose-built facility which has 15 rooms (villas). Each room has a hand basin. Disability/bathrooms are separate but are in close proximity to the villas and are identifiable. Personal space was evident in all villas and can accommodate additional equipment when required.

Kumeu Village Retirement Home has a current building warrant of fitness displayed in the main facility. All electrical equipment is tested as required and medical equipment requiring calibration is monitored and checked. Records are maintained. All service areas are maintained at a comfortable temperature.

There is a large external area where residents can move freely and security and safety is promoted. Shade and seating is also provided.

Waste and hazardous substances are well managed. Staff use personal protective equipment. All equipment is safely stored. Processes for managing the laundry and cleaning services are documented to guide staff.

Staff are trained in emergency procedures, use of equipment and supplies. Fire drills are held six monthly. Security is maintained.

Restraint minimisation and safe practice

The organisation has implemented policies and procedures that support the minimisation of restraint. There were four enablers and five restraints in use at the time of audit. A comprehensive assessment, approval and monitoring process with regular reviews occurs. Use of enablers is voluntary for the safety of residents in response to individual requests. Staff demonstrated knowledge and understanding of the restraint and enabler process. No residents in the current memory assist/support service use enablers or restraint and this is the requirement for the new memory assist service.

Infection prevention and control

The infection prevention and control manual is developed to guide staff. The policies and procedures are organisation wide. Education will be provided to all new staff and the infection control programme had been reviewed and incorporated in this new service area.

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	15	0	2	1	0	0
Criteria	0	35	0	2	1	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>The organisation has a statement of purpose with documented objectives and a quality plan which covers all aspects of service delivery. Services are planned to ensure residents' needs are being met. Documentation identifies the service operates using the Eden Alternative philosophy to ensure residents' and community input. Regular reports to the directors were provided by the facility manager and progress towards set goals are shown. The new memory assist service was discussed and all objectives for the design and build have met expectations. The new facility will be called Vineyard Villa and goals for the opening and beyond are included in the quality plan.</p> <p>The governance structure is documented. One director works as the facility manager and is supported by an operations manager who oversees non-clinical issues. The management team includes a clinical nurse manager who is a registered nurse (RN), a quality manager, an administration manager and an 'Eden Alternative' advisor. They all have job descriptions which identify their authority, accountability and responsibility for the roles they undertake. The members of the management team are suitably qualified and/or experienced for their role. All management and staff members attend education appropriate to the role they undertake.</p>

		The service currently has contracts with the district health board (DHB) to provide rest home, hospital/medical, dementia and long term chronic care for up to 93 residents. On the day of audit there were (20) dementia residents in the memory assist unit, 16 rest home level care residents and 48 hospital care residents. The new facility, Vineyard Villa, is near completion and will accommodate 15 residents.
<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>When the facility manager is absent, the operations manager carries out all the required duties under delegated authority. During absences of key clinical staff, the clinical management is overseen by a senior registered nurse who is experienced in the sector and able to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well. An on call after hours is in place. The clinical nurse manager covers all clinical issues and the operations manager covers kitchen and cleaning staff and other non-clinical issues.</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>Policies and procedures identify human resources management that reflects good employment practice and exceeds the requirements of legislation, to reflect the Eden Alternative and green house model principles.</p> <p>There are systems in place for validation of professional qualifications as part of the employment process. All staff employed to work in the memory assist service either hold or are working towards specific recognised qualifications. In preparedness for the new service, seven care partners (caregivers) are currently being employed, one of which is a diversional therapist. The Kumeu Village Retirement Home orientation pack has been updated to include Vineyard Villa. An orientation day for all new staff is planned for 21 June 2018. A workbook will be provided, and staff will be given two weeks to complete the requirements, as explained by the quality manager. The orientation planned will cover all aspects of service delivery, emergency protocols and familiarisation of policies and procedures. Manuals have been prepared for staff to access and will be located in the staff room, with some policies accessible on-line. The clinical nurse manager is the Careerforce assessor and all new staff will be offered and enrolled into relevant training. Existing staff have all completed appropriate training to level 4. Staff undertake training and education related to their appointed roles. Staff education occurs both on-site and off-site covering topics to ensure all aspects of service provision are met. This was confirmed in the education records sighted.</p>

		<p>Staff interviewed identified that residents' needs are met by the service. Positive comments were received in resident/family/staff survey results reviewed.</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>Policy documents the process undertaken to ensure staffing levels and skill mix are maintained to meet residents' needs and to comply with contractual and Eden Alternative requirements. Documentation identifies that, at all times, adequate numbers of suitably qualified staff are on duty to provide safe quality care to all residents.</p> <p>A review of rosters shows that staff are replaced when on annual leave or sick leave. Staff interviewed confirmed that there are adequate staff on each shift and that they have time to complete all tasks to meet residents' needs. Vineyard Villa roster stage one was reviewed. When the service commences, the plan developed is based on one to seven residents being admitted into Vineyard Villa. The facility manager explained how the proposed plan will be implemented. There will be two care partners on the morning shift, two on the afternoon shift and one care partner on the night duty. One care partner from the main facility will always be available to assist when required.</p> <p>When the numbers of residents increase to 15, the service hours will be increased by one full time equivalent (40 hours a week). The care partners will all have level 4 training and one new staff member will be enrolled into the required training. One registered nurse will cover the service four hours a day and the facility manager two hours a day. The clinical manager will be covering the facility and will make regular visits to Vineyard Villa. When the numbers increase, there will be two care partners on the night duty. The cleaning staff for the main facility will also cover Vineyard Villa daily, seven days a week. Staff and residents will do the personal laundry and other laundry will be contracted off-site. Staff will assist with some kitchen duties as part of the 'life enhancement' team (activities) each day. Care partners will assist the two staff designated to provide activities for the twenty-four-hour period. Two diversional therapists will oversee the programme. There are two animal coordinators employed four hours a day, seven days a week. There will be a trained first aider on every shift. The registered nurses will complete all interRAI assessments as required for each individual resident on admission and six monthly, and/or if changes occur.</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>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe electronic medication system for medicine management was observed on the day of the audit. The service has reduced the imprest system and has improved their disposal and return to pharmacy processes since the last audit and this area requiring improvement has been closed out. The clinical nurse manager and staff demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage. Annual competencies are completed and records were maintained.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The registered nurses check the medications against the prescription. In the new service there is a separate locked medication cupboard available with swipe card access. The electronic medication system implemented in the main building will be utilised in Vineyard Villa. All staff giving out medications will be trained and competent to perform this role in the new service.</p> <p>Controlled drugs (CD) are stored securely and in accordance with requirements and checks are completed by two staff for accuracy before administration. There is a controlled drug register which provided evidence of weekly and six-monthly stock checks and accurate entries. There will be a separate CD book for Vineyard Villa.</p> <p>There were no residents who were self-administering medications at the time of the audit. Appropriate processes are in place should this occur to ensure safety is promoted.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</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>The food service is provided on site by four cooks and seven kitchen hands. Two cooks are on duty each day. The food service operates in line with the food safety plan which has been approved and has an 'A' rating (Verification letter dated 18 May 2018). The menu plans have been reviewed by a dietitian and are in line with recognised national guidelines for older people. The menu follows summer and winter patterns. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. Food temperatures are monitored and recorded as part of the plan. The cook</p>

		<p>interviewed and all food service staff have completed relevant food handling training. A nutritional assessment is completed by one of the registered nurses for each individual resident on admission to the facility. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. The current residents in the memory support service have access to food and fluids to meet their nutritional needs at all times. Special equipment, to meet resident's nutritional needs is available.</p> <p>Evidence of resident satisfaction with meals is verified by resident and family satisfaction surveys and residents' meetings minutes. Planning and preparedness in Vineyard Villa was evident with the kitchen being self-contained. All equipment and resources have been purchased and stored appropriately with all new appliances which have been electrically checked. The food service staff will oversee the food service in Vineyard Villa. Breakfast and the evening meal will be prepared onsite with care partners and residents participating. The main meal will be delivered from the kitchen at lunchtime in a bain-marie and served by a kitchen hand or care partners. Temperature of the food will be monitored as explained by the cook interviewed. Documentation has been prepared in readiness. Baking will be part of the diversional activities promoted for this homely environment. The kitchen area has gated locked access for safety purposes. The power can be turned off in the kitchen area as well when needed.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>PA Moderate</p>	<p>Information is documented using validated nursing assessment tools, such as pain scale, falls risk, skin integrity, nutritional screening and depression scales, as a means to identify any deficits and to inform care planning. The records reviewed were integrated with a range of resident-related information. Individual records are prepared for residents on admission to Vineyard Villa. The records will be stored in a locked cupboard in the library behind the nurses' station. The previous area identified for improvement in the last audit had been previously closed out with interRAI assessments being completed. However, when reviewed for this audit it was observed that interRAI assessments were overdue by up to 90 days to be reviewed.</p>
<p>Standard 1.3.7: Planned Activities</p>	<p>FA</p>	<p>The activities programme is provided by a diversional therapist, activities coordinator, assistants, volunteers and care partners. The diversional therapist is a</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>trained hydro-therapist and the service has a heated swimming pool onsite (maintenance being undertaken presently). Two animal coordinators have been appointed who will be responsible for the residents' interaction and care of the home and farm animals onsite at the facility.</p> <p>A social history and assessment is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated as part of the formal six-monthly care plan review.</p> <p>Activities reflect residents' goals, ordinary patterns of life and include normal community activities, individual and group activities, and regular events offered. Residents and families/whanau are involved in evaluating and improving the programme through monthly residents' meetings. A family representative from the memory support service attends the meetings. A family/representative for Vineyard Villa will also be included when the new service commences.</p> <p>Activities for the current residents from the memory support service are specific to the needs and abilities of the people living there. Activities are offered at times when residents are most physically active and/or restless. This includes activities being available for the twenty-four-hour period. All programmes sighted were printed off weekly. The activities are provided Monday to Sunday over the 24 hour period.</p> <p>The theme and programme for Vineyard Villa is planned in preparedness for opening the Villa and include 'activities at home' and the Sunshine Club, already implemented, which is by invitation only with other residents in the main building. The Eden Alternative philosophy is well embedded into all aspects of service delivery and activities provided at this home. A sensory room is available in the main building which the residents will have access to as well. Residents in the main facility in all service areas were seen to be enjoying the activities provided. Family were welcome to participate, and families were able to take their family member out on outings in the community.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are</p>	<p>FA</p>	<p>Staff follow documented processes for the management of waste, infectious and hazardous substances. Appropriate signage is displayed where necessary. A contracted external company is contracted to supply and manage chemicals and cleaning products and they also provide relevant training. Training is planned for all</p>

protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.		new staff for Vineyard Villa. Material data sheets were displayed in the main building and are also displayed appropriately in Vineyard Villa. Personal protective equipment and resources are readily available. Staff interviewed knew what to do should any chemical spill/event occur. A spill kit is available.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>The main building has a current warrant of fitness, dated expiry 20 February 2019. This is framed and displayed at the entrance to the facility. The project manager was interviewed. The lift to join the two facilities internally has not yet been installed. There is safe external access to the main building. The project manager has applied for a Certificate of Public Use and all relevant inspections have been completed.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed, interviews with maintenance personnel, the project manager and observation of the main facility and Vineyard Villa. All efforts have been made to ensure the environment is hazard free, that residents are safe and independence is promoted.</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting. All provision for safety has been promoted for the new facility and external areas.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	There are adequate numbers of accessible bathroom and toilet facilities throughout the new facility. This includes three bathrooms and one staff bathroom. There is a separate visitor toilet. Appropriately secured and approved handrails are provided in the bathrooms and other equipment/accessories are available to promote residents' independence.
<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	Adequate personal space is provided to allow residents and staff to move around within their bedrooms (villas) safely. All bedrooms in Vineyard Villa provide single accommodation. Rooms are decorated and curtains and bedside furniture is in place. Residents will be able to personalise their own villa when admitted. Villas are numbered on the door. The doors are fire compliance width as each villa is a

		<p>separate fire cell. Residents who use mobility aids will be able to move freely, and should they require a hoist, this would be able to be moved around the room safely. A new hoist has been purchased for Vineyard Villa. The rooms in the main facility are all of an adequate size and all rooms are personalised by the individual residents and family.</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>Communal areas are available for residents to engage in activities. The dining and lounge areas in the main building are spacious and enable easy access for residents and staff. Residents can access areas for privacy if required. Furniture is appropriate to the settings and residents' needs.</p> <p>Vineyard Villa has designated dining and lounge areas which are open planned and will enable easy access for the residents and care partners. All furniture has been ordered and examples of furniture to be used were available. Internal and external furniture to be used is comfortable and a welcoming and homely environment is anticipated.</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>Laundry and cleaning services are managed well in the main building and all requirements are effectively met for all areas of service delivery. Staff interviewed clearly understand the rationale of dirty to clean flow and handling of soiled linen and other laundry processes. Chemicals are stored and refillable in the main building. All cupboards and containers are clearly labelled. Cleaning and laundry processes are monitored by the contracted service provider representatives and through the internal audit programme as part of the health and safety obligations and is linked to the service's quality management system.</p> <p>Vineyard Villa has all new equipment, such as a commercial washing machine and dryer installed. Chemicals will be automatically fed into the washing machine by a sensor system. The designated representative will provide regular checks and inspections and will be responsible for the reordering of products. Care partners will be responsible for the laundry in this villa and residents will be encouraged to participate safely. There are adequate supplies of linen in readiness for the kitchen and dining room, resident individual villas and bathroom use.</p> <p>There is a separate cleaning and separate sluice room. The cleaning trolley can be stored when not in use. The rooms have swipe card access. No spare chemicals will be stored in Vineyard Villa for safety purposes. The cleaners will replenish</p>

		supplies from the main building only for this additional service and will be responsible for cleaning this facility daily.
<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>All policies and guidelines for emergency planning, preparation and response are accessible and known to all current staff. Disaster and civil defence planning guides the facility in their preparation for disasters and describes procedures to be followed in the event of fire or other emergencies. Trial evacuation drills occur six monthly and records are maintained by the facility manager. The fire alarms are directly connected to the fire service, inclusive of the new building. All rooms in Vineyard Villa have a fire detector which activates if a fire is evident, alarmed from each room to the main building display unit, and staff can see immediately the location of the fire. The fire evacuation process differs from the main building and is a total evacuation. The facility manager is awaiting approval of the fire evacuation scheme. Training for all new staff is planned for 21 June 2018. Ranch slider doors will automatically unlock when the alarm is activated. There is a manual unlocking system for staff to use during the day. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency including water, blankets, mobile phones and a gas barbeque were sighted and meet the requirements for 93 residents in the main building and extra supplies have already been planned for the additional 15 resident occupancy in Vineyard Villa. There is a generator on site and emergency lighting throughout both facilities. Internet backup is available.</p> <p>Call bells alert staff to residents requiring assistance. Call bells and emergency call bells are available in all service areas and individual villas.</p> <p>Appropriate security arrangements are in place. There are cameras located in all areas of the main building. Vineyard Villa has cameras in all residents' villas. Weight sensor mattresses on beds alert staff when residents move unsafely in bed and/or get out of bed. Staff will have pagers which will display the individual villa and a light will show up outside the villa. Staff will provide security checks on all shifts. The external area has a perimeter fence to promote residents' safety. Security gates are visible.</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>	<p>FA</p>	<p>All residents' rooms and communal areas are heated and ventilated appropriately. All rooms have natural light, opening external windows and doors to the outside garden. Heating is provided by heat pumps and wall heaters in the main building. The total facility is maintained at a comfortable temperature.</p> <p>Vineyard Villa is heated by heat pumps and ducted throughout the facility to all rooms and communal living areas. The facility was safe and warm on the day of the audit. Lighting is appropriate in the communal area and in the individual villas. All rooms have a ranch slider to facilitate easy access and light.</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>	<p>FA</p>	<p>The service implements an infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive and current infection prevention and control manual with input from an external infection control contracted provider and the DHB infection control nurse specialist team, if required. The infection control programme and manual are reviewed annually and was last signed off 21 September 2017.</p> <p>The clinical nurse manager is the designated infection prevention and control coordinator whose role and responsibilities are defined in a job description. Infection control issues, including surveillance results are reported monthly to the facility manager. The infection control committee includes the facility manager, clinical nurse manager, operations manager, the health and safety officer and representatives from the kitchen and household staff.</p> <p>Signage at the main entrance to the facility requests anyone who is or has been unwell not to enter the facility. The infection prevention and control manual provides guidance to staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities.</p> <p>Staff newly employed will receive training on infection prevention and control at the planned training day prior to Vineyard Villa services commencing. The new facility had infection prevention and control input into the design and the resources available and this was sighted on the day of audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is</p>	<p>FA</p>	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The restraint coordinator is a registered nurse but was not available for</p>

<p>actively minimised.</p>		<p>interview. A job description was reviewed. The clinical nurse manager interviewed demonstrated a good understanding of the organisation's policies, procedures and practice. On the day of audit there were four residents using enablers and five using a restraint. No restraints or enablers are used in the current memory assist unit and Vineyard Villa has already been included in the restraint policy. Restraint is used as a last resort when all alternatives have been explored. Restraint approval group minutes, and staff verified this occurs.</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)
<p>Criterion 1.3.4.2</p> <p>The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.</p>	PA Moderate	The integrated records have been set up in readiness for admitting new residents. Nursing assessment tools are available, and records are integrated with divisions between all sections in the records sighted. The initial care plans were in each resident’s records reviewed. The interRAI assessments reviewed are not all current with some being overdue by up to 90 days. Staff interviewed explained that they have been focused on the new service but plan to address this as soon as possible.	The previous area requiring improvement had been closed, out but when reviewed at the time of audit, it was observed that 38 of 84 interRAI re-assessments are overdue by up to 90 days.	<p>Provide evidence that all interRAI assessments are completed and up to date.</p> <p>90 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	The project manager was interviewed. The building warrant of fitness for the main building was sighted. The lift has been purchased but has not been installed at the time of audit. An application has been sent to the appropriate body	The project manager for this new building and memory support service has applied for a Certificate of Public Use (CPU) and is awaiting	To provide evidence of the Certificate of Public Use (CPU) prior to the service opening.

		for a Certificate of Public Use (CPU). All relevant checks and inspections have been completed for the building.	confirmation of this prior to occupancy.	Prior to occupancy days
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Low	The facility manager was interviewed. All fire compliance inspections and relevant checks of all equipment and resources have been completed by the contracted company and information has been provided to the New Zealand Fire Service. Fire safety training for all new staff has been scheduled for 21 June 2018.	The facility manager has not received the approval from the New Zealand Fire Service for the fire evacuation scheme approval which is a legislative requirement.	To provide evidence of the approved fire evacuation scheme to meet the legislative requirement prior to the service opening. 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.