

CHT Healthcare Trust - Halldene Rest Home

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:	CHT Healthcare Trust
Premises audited:	Halldene Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 17 September 2018 End date: 17 September 2018
Proposed changes to current services (if any):	Halldene Rest Home is currently in an older building that will be demolished as part of stage 2 of a new build. This audit included verifying stage one of the new build which is a modern, spacious, purpose-built facility. While the new build is a 40-dual purpose facility, only 32 beds are verified as part of this audit (eight remaining bedrooms [four on each floor] already built will be used as egress until stage two has been completed). The verification included the ground floor, (that is the reception area; offices for the clinical manager and unit manager; kitchen; dirty and clean linen rooms and staff

room) and levels one and two (bedrooms with an ensuite in each; lounges and a dining area on each level and other service and storage spaces).

This audit will potentially decrease the number of beds in the interim on completion of stage one to 32 beds. At the end of stage two (an extension onto the new building, a further 24 beds will be completed thus bringing the total number of beds to 60.

Total beds occupied across all premises included in the audit on the first day of the audit: 26

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

CHT Halldene Rest Home provides care for residents requiring rest home or hospital level care (dual purpose beds). The service is currently located on an adjoining site to the new build. The new build will replace the existing facility which will then be demolished to allow for the building of stage two (a further 20 dual purpose bed unit connected to the stage one building). The new building has a total of 40 single bedrooms however only 32 have been verified at this audit as four on each floor are to be used as egress until stage two is completed.

This partial provisional audit verified stage one of the build. The new building is modern and spacious and extends across three levels with a garage at basement level. The building is on a semi-sloping site with a lower level garage. The entrance and reception area is on the ground floor with office spaces and service areas (laundry rooms, kitchen and other) almost completed. Levels one and two have dual purpose bedrooms each with an ensuite, a lounge/dining area and service rooms. There is a central lift with service rooms located next to the lift to ensure that there is ease of access.

The service plans to open a further 20 dual purpose beds in October 2019. On completion of stage two, there will be a total of 60 beds. The plan is for the site foreman of the new building to hand this over to the service on 8 October 2018 with residents moved in on the 10 October 2018. The existing building is to be demolished with a new building erected connecting this to the stage one building.

The managers are experienced in management and have completed inductions for their role. They are supported by area and property managers along with a team at head office.

This audit identified improvements required to be completed prior to occupancy. These are related to completion of the building, completion of security and outdoor areas and completion of emergency systems all prior to occupancy. Equipment is yet to be installed.

Consumer rights

[Click here to enter text](#)

Organisational management

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, and hospital, (medical and geriatric) level care.

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 service has an implemented induction/orientation programme.

There is a documented rationale for determining staffing levels and skill mixes for safe service delivery. Staffing is already in place and will transfer over with residents to the new building. There is a planned orientation for staff to the new building prior to opening.

The draft staffing roster allows for assessed service type and acuity of residents and considers the configuration of the new building.

Continuum of service delivery

The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accord with the guideline. A medication treatment room is located on level two opposite the lift. The drug trolley will easily be able to be used on any level. The service is using an electronic medication system.

The facility has built a large workable kitchen in a service area on the ground floor. The menu is designed and reviewed by a registered dietitian at an organisational level. Food will continue to be transported as currently occurs in the old building, in a hot box to the unit kitchenettes on levels one and two. Food is transported between floors in the lift. Nutritional profiles are completed on admission and provided to the chef. All current systems are planned to transfer over to the new building.

Safe and appropriate environment

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff. There is one lift that appears to be large enough for mobility equipment and staff. The organisation has purchased some new equipment and furniture with the rest being transferred from the existing building. The facility is installing a modern call bell system that encourages independence and enables residents to call for assistance.

All resident rooms have an ensuite and there are adequate numbers of toilets, which are easily accessible from communal areas. Fixtures, fittings and floor and wall surfaces sighted in bathrooms and toilets in one wing set up prior to the audit are made of accepted materials for this environment.

Resident rooms are of sufficient space to ensure care and support to all residents and for the safe use of mobility aids. Communal areas are well designed and spacious and allow for a number of activities.

The service has robust housekeeping policies and procedures in place. Laundry is outsourced with dirty and clean linen bays built in the service area for transporting and receiving of linen. The facility has a secure area for the storage of cleaning and laundry chemicals. Laundry and cleaning processes are monitored for effectiveness currently and systems are expected to be applied in the new building.

There are emergency and disaster policies and procedures with a planned orientation prior to occupancy to orientate staff and residents. The fire evacuation plan is to be approved by the fire service.

General living areas and resident rooms are appropriately heated and ventilated with these to be operationalised prior to occupancy.

Restraint minimisation and safe practice

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Infection prevention and control

Infection prevention and control is currently the responsibility of the clinical manager. There are clear lines of accountability to report to the infection prevention and control team on any infection prevention and control issues. There is a reporting and notification to head office policy in place. Monthly collation tables are forwarded to head office for analysis and benchmarking.

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	10	0	5	0	0	0
Criteria	0	25	0	10	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>CHT Halldene is owned and operated by the CHT Healthcare Trust. CHT purchased the service in October 2014. The service provides rest home and hospital level care for up to 37 residents. On the day of the audit, there were 26 residents in total. This includes five residents requiring rest home level care and 21 requiring hospital level of care including one hospital resident on a long-term chronic health contract. All rooms are dual-purpose. Bed numbers are currently down in preparation for a move to a new adjacent purpose-build building which is near completion.</p> <p>This audit included verifying stage one of the new build which is a modern, spacious, purpose-built facility. While the new build is a 40-dual purpose facility, only 32 beds are verified as part of this audit (eight remaining bedrooms [four on each floor] already built will be used as egress until stage two has been completed). There is a transition plan documented around moving residents and equipment across to the new building.</p> <p>Stage one of the new build is for expected completion and handover from the project manager on the 8 October 2018. It is planned for residents to move in on the 10 October 2018 from the current Halldene facility to the new facility. The new building is adjacent to the existing building with this intended to be</p>

		<p>demolished and rebuilt as per stage two. The new building is on a sloping site with a basement (garage); ground floor with key service areas and reception. Levels one and two having 40 beds (20 on each floor). The service is planning to start stage two once stage one has been completed and all residents and staff have moved in. A further audit is planned to be completed at a later stage to verify stage two which will also include verification of four bedrooms on each floor currently in the stage one building that have been temporarily designated as being used for emergency egress. Stage two is expected to be completed by June 2019. This will be an extension of the existing new build with a further 20 dual purpose beds.</p> <p>Staff interviewed during the audit were the unit manager; area manager; property manager; site foreman (building site); and one registered nurse.</p> <p>The unit manager is a registered nurse with over 30 years' experience in aged care and they maintain an annual practicing certificate. The unit manager has been in the role at the facility for over four years. A clinical coordinator who has been in the position for ten months supports the unit manager. The unit manager reports to the area manager weekly on a variety of operational issues. CHT has an overall business/strategic plan and CHT Halldene has a facility quality and risk management programme in place for the current year. The organisation has a philosophy of care, which includes a mission statement. There are plans in place to ensure milestones of the new build stage one are met. Plans also include architectural drawings of the building that have allowed the managers to plan for occupancy.</p> <p>The unit manager has completed in excess of eight hours of professional development in the past 12 months as sighted through training records reviewed.</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 clinical manager (RN) will fulfil the manager's role during a temporary absence of the village manager with support by the area manager. The area manager states that an area manager is on call at all times. The area manager on the day of audit is a registered nurse with a current annual practicing certificate, has extensive experience in nursing and management roles in the District Health Board and has a Masters Health Science Service Management. There will be no change to operational and clinical manager when residents move to the new building.</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>There are human resource management policies in place. This includes that the recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. Five staff files were reviewed (one-unit manager, clinical coordinator, two registered nurses, one healthcare assistant) and files evidence that reference checks are completed before employment is offered. Annual staff appraisals were evident in all staff files reviewed.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is also a planned orientation for staff to the new building with this to take place on the 9 October 2018. The in-service education programme for 2018 is being implemented. The unit manager and registered nurses are able to attend external training, including sessions provided by the local DHB. All six of the six registered nurses (including the unit manager and the clinical coordinator) have completed interRAI training. The service has increased the number of staff who are CareerForce trained. Their clinical co-ordinator has been trained as an assessor.</p> <p>All staff currently employed will move into the new building along with the residents.</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>A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. There is a minimum of one RN on-site at any time. Activities are provided over seven days a week. Staff working on the days of the audit, were visible and attending to call bells in a timely manner as observed during the audit.</p> <p>CHT Halldene currently rosters three areas separately - upstairs, right wing and lower wing. The RN and staff in the right and lower wings are also available to assist in opposite areas as required.</p> <p>The new rosters (for the new building) have been documented with staff allocated to each level across both wings in the new building. The staffing will continue to be allocated as follows: one registered nurse on each shift with easy access for the staff to both levels via the lift or stairs located in the centre of the building; two healthcare assistants from 7am to 3pm and three from 7.30am to</p>

		<p>12pm; two health care assistants from 3pm to 11pm and one from 3pm to 8pm; two healthcare assistants overnight (with one on each level). The staffing model has been extended to respond to changes in resident acuity and to increased numbers from the current 26 residents to 36 residents in the new building.</p> <p>CHT have contractors in to provide kitchen and housekeeping services. Laundry services are outsourced.</p> <p>There are 25 staff employed including a unit manager; clinical coordinator; seven registered nurses; two activity coordinators; 14 health care assistants. Head office provides support via maintenance staff, the area manager and others. The management team have employed sufficient staff to cover the initial roster including; 24/7 registered nurse cover, activity staff, kitchen staff, and cleaning/laundry staff. Staffing will continue as planned when residents move into the new building. No further staff are required to be employed at this stage.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>Medicines management information is well established throughout the service. Policies and procedures reflect current medication legislation and residential care facilities. Only registered nurses/enrolled nurses/senior caregivers who have been assessed as competent are permitted to administer medicines to residents. A review of six staff files confirmed that relevant staff (registered nurses and senior healthcare assistants) designated as being able to administer medication have a competency in place.</p> <p>The clinical services manual includes a range of medicines management policies and associated procedures. All residents have individual electronic medication orders with photo identification and allergy status documented on the electronic system. All medicines are stored securely when not in use. A verification check is completed by the registered nurse against the resident's medicine order when new medicines are supplied from the pharmacy. Medication orders include indications for use of 'as needed' medicines. Short-life medications (ie, eye drops and ointments) are dated once opened. Education on medication management has occurred with competencies conducted for staff who administer medication.</p> <p>Twelve medication charts reviewed confirmed that the GP had seen the resident three-monthly and the medication chart was signed each time a medicine was administered by staff. A registered nurse was observed administering medications and followed correct procedures. There are two residents who self-</p>

		<p>administer medicines. A competency is in place for any resident who self-administers medicines as sighted for one resident as part of the review of files.</p> <p>One medication trolley is currently in use and this will be moving to use in the new building. The medication fridge is in place with temperatures checked daily. This will be moved into the new build prior to occupancy.</p> <p>There is one treatment room in the new building located on level two. The treatment room is opposite the lift located in the centre of the levels with easy access for staff to take the medication trolley to any level. The treatment room is partially completed with electricity, painting and furniture to be put in place prior to occupancy (refer 1.4.2).</p> <p>Controlled drugs will be kept in a locked safe in the locked treatment room. Any controlled drug is currently recorded as being given on Medimap with balances confirmed as being accurate as per the controlled drug register on the day of audit. Six monthly medication audits confirm that processes are checked and there are weekly stocktakes of controlled drugs. An improvement is required to ensure that storage of controlled drugs and other medicines is in place prior to occupancy.</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>PA Low</p>	<p>All food is cooked on-site by contracted kitchen staff. There is a food services manual in place to guide staff. A resident nutritional profile is developed for each resident on admission and is provided to the kitchen staff. The kitchen can meet the needs of residents who require special diets. Kitchen staff have completed food safety and chemical safety training.</p> <p>The kitchen manager and cooks follow a menu, which has been reviewed by the contracted company's dietitian (annual practicing certificate sighted). The chef (interviewed) was able to describe alternative meals offered for residents with dislikes and food is fortified for residents with weight loss. The temperatures of refrigerators, freezers and cooked foods are monitored and recorded.</p> <p>There is special equipment available for residents if required. All food is stored appropriately. Residents and the family members interviewed were happy with the quality and variety of food served.</p> <p>The service has one hot box for transportation of food currently in use and this will be used when residents move into the new build.</p>

		The kitchen in the new build is partially completed with the equipment yet to be installed, electricity to be connected, water to be connected and painting of the room to be completed. There are storage rooms available in the new build to cater for storage of food. A chiller and freezer has already been installed.
<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>	PA Low	<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 are two sluices in the new build – on level one and one on level two. Equipment is not yet installed, and painting, water and electricity is required to be installed.</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 with this sighted as being completed in staff files reviewed. Chemical safety training is a component of the training and orientation training and this will continue when staff move into the new building.</p> <p>Gloves, aprons, and goggles are available and in use in the current sluices and cleaner’s room and these will be taken over prior to occupancy. There are MSD sheets available and again, these are required to be installed prior to occupancy.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>Stage one of the new build facility is purpose-built to provide care for residents requiring rest home or hospital level care (dual purpose beds). Stage one (building of a new care centre adjacent to the current building) has not yet been completed.</p> <p>The building includes a garage on basement level; reception, offices and service areas on the ground floor; levels one and two (mirror images) that include single bedrooms with ensuites, a lounge on each level which is able to provide dining areas and is large enough for activities. There is a kitchenette on levels one and two in the lounge which can be used by residents and visitors to make tea and coffee and for staff to serve lounge from when delivered in a hot box. Levels one and two both have two wings on either side of a service area (treatment room on level two; cupboards to store linen and electrical boards; sluice and office space on both levels). Both levels have communal toilet facilities for visitors and staff.</p>

		<p>The facility is near completion with electrical wiring in place (not yet operational); a lift installed but not operational; some flooring in place and call bells installed in two of the four wings over levels one and two with these yet to be made operational. One wing on level one had been completed (although power, water and call bells has not yet been activated). The four wings (two on level one and two on level two) mirror each other. All areas require completion (painting, flooring and completed installation and activation of power, water and other).</p> <p>The building is on a semi-sloped section, which has a number of entrance areas. The main driveway was poured on the day of audit. There is an entrance/reception area into the ground level of the care centre. An area outside has been identified as to be landscaped prior to occupancy. Paving has yet to go in.</p> <p>The property manager for the build confirmed that the building and plant have been built to comply with legislation. The organisation has purchased some new equipment for the service with other equipment being moved in with residents. Equipment is appropriate for hospital, medical and rest home level care.</p> <p>All electrical and medical equipment will continue to be checked as part of the annual maintenance and verification checks. Equipment and medical equipment calibration and servicing is captured within the quality programme and scheduled annually.</p> <p>Policies relating to provision of equipment, furniture and amenities are documented.</p> <p>A IF2 – Commercial final checklist (previously the certificate for public use) has not yet been issued.</p> <p>The new building has been kept separate from the existing building with a noise control plan implemented.</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>There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. Every resident's room has an ensuite with a disability-friendly shower, toilet and hand basin. There is one communal toilet near the communal lounge and dining room on each level. There are communal toilets near the reception area. All toilets and bathrooms are able to be used by people with mobility aids. Some bathrooms and toilets had been finished sufficiently to see placement of call</p>

		bells, handrails installed and where equipment would be placed. All areas are required to be completed prior to occupancy (link 1.4.2).
<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 in levels one and two have been built as dual-purpose rooms (hospital/rest home care able to be provided) with each having an ensuite. Doors are wide to allow for furniture to be moved in and out and there is sufficient space to allow for a bed, lazy boy style chair, built in wardrobe and chest of drawers with room to take mobility aids and staff who would be supporting the resident. Mobility aids can be managed in ensuites as observed on the day of audit. All areas are required to be completed prior to occupancy (link 1.4.2).
<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	Levels one and two each have a large open-plan living area. One side is a spacious lounge and the other side is the dining area and kitchenette. There are two lounges on each level. There is a centrally located nurses' station in the centre of each level with utility rooms and lift also centralised. The open plan lounge is large enough for individual or group activities. Dining and lounge are large enough for residents with mobility equipment with different areas for group or individual use. The lounge/dining area is easily accessed from each floor by the closely situated lifts.
<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 outsources housekeeping and laundry services. The new building has a clean and a dirty bay for linen to go out (vehicles able to back up to the areas) and for clean linen to be brought back in. There are wide hallways on each level with covered laundry bins able to be used on each level. Policies and procedures will ensure all cleaning and laundry services are maintained and functional at all times.</p> <p>The cleaning manual includes instructions for cleaning. The service has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are in place and already in use in the existing building. It is envisaged that the programme will transfer over to the new building when occupied. All areas are required to be completed prior to occupancy (refer 1.4.2).</p>

<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Low</p>	<p>The emergency and disaster manual includes dealing with emergencies and disasters, essential locations, internal emergencies and external emergencies. Emergencies, first aid and CPR are included in the mandatory in-services programme and the annual training plan includes emergency training. A review of staff files confirmed that staff have completed induction that includes health and safety and emergency preparedness. First aid training for staff is in place with a staff member on duty at all times on level two with a current first aid certificate.</p> <p>An orientation is planned for all staff prior to residents moving into the new building. This will include training in emergency management. The specific orientation programme is documented. The location of the main emergency control panel is in place, however this has yet to be activated.</p> <p>The new building has alternative power systems in place to be able to cook in the event of a power failure. Emergency lighting is in place (currently not activated – refer to 1.4.2) which runs for at least two hours if not more. There is a civil defence kit for the whole facility and drinkable water is stored in large holding tanks. A civil defence folder includes procedures specific to the facility and organisation.</p> <p>The call bell system was sighted as being placed in all bedrooms, bathrooms and toilets and communal areas. One wing had been set up to show the location of call bells (not yet operational).</p> <p>The fire evacuation plan has not yet been approved by the fire service. The doors of the building are able to be locked currently however security relevant to the needs of the residents and staff is not yet in place. Emergency equipment such as sprinklers, smoke detectors and other has not yet been installed or if it has, is not yet operational.</p> <p>All areas are required to be completed prior to occupancy (refer 1.4.2).</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</p>	<p>FA</p>	<p>General living areas and resident rooms are to be appropriately heated and ventilated. There is air conditioning/air heating system throughout the facility. Each resident room can be individually controlled. Living areas are temperature controlled. There is plenty of natural light in all areas.</p>

<p>at a safe and comfortable temperature.</p>		<p>The new building has frosted glass for the lower half of windows in the lounge and bedrooms on one side of the building. This was required following negotiation with neighbours prior to the building being approved by Council. All areas are required to be completed prior to occupancy (refer 1.4.2).</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>There is comprehensive infection prevention control (IPC) policies in place that meets the Infection Prevention and Control Standard SNZ HB 8134.3.1.2008. There are clear lines of accountability to report to the infection control team on any infection control issues including a reporting and notification to head office policy. Responsibilities are documented as part of the policy that includes chain of responsibility and an infection control officer job description.</p> <p>A registered nurse (also the clinical coordinator) is the designated infection control coordinator with support from the unit manager and all staff as the quality management committee (infection control team). Minutes are available for staff. Regular six monthly internal audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually.</p>

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</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 process in place to ensure that the medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation. The treatment rooms on level two of the new build is not yet operational but was sighted. This has cabinets ready to be installed and the room is ready for painting, power to be put on and for the room to be secured. A secure area for controlled drugs is not yet in place.</p>	<p>The treatment room is partially completed but will require security, installation of a secure area for controlled drugs, electricity and water to be connected and painting to be completed. The secure area for controlled drugs is not yet in place.</p>	<p>Ensure that the treatment room meets the requirement for safe and appropriate administration and storage of medicines including controlled drugs.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery,</p>	PA Low	<p>The kitchen in the new build is partially completed with flooring already in place that can be cleaned. A freezer and chiller is installed, and an oven was</p>	<p>The kitchen in the new build is partially completed however equipment is to be installed, electricity to be</p>	<p>Complete the kitchen in the new build that includes painting of the room, equipment installed,</p>

and disposal comply with current legislation, and guidelines.		sighted in the basement ready for installation.	connected, water to be connected and painting of the room to be completed	electricity and water connected and surfaces ready to ensure that they are able to be cleaned appropriately. Prior to occupancy days
Criterion 1.4.1.1 Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.	PA Low	The sluice rooms sighted in the new build are required to be completed prior to occupancy noting that water, electricity, painting, flooring and equipment is not yet completed.	The sluice and other waste areas are not yet completed with this including water, electricity, painting, flooring and equipment to be installed prior to occupancy.	Ensure that the sluice and other waste areas are completed with this including water, electricity, painting, flooring and equipment. Prior to occupancy days
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	The facility has been purpose built. The facility is across three levels (ground floor and levels one and two). For the purpose of this audit, the rooms on the ground floor (kitchen, staff room, office spaces, reception, laundry rooms and cupboards were verified as being of appropriate sizes and fit for intended purposes. Levels one and two are mirror images and include sluice rooms on each floor, a treatment room on level two, storage areas and dual-purpose rooms. All bedrooms are for single occupancy and all have an ensuite (shower and toilet). Rooms require water, electricity, painting, flooring and equipment to be installed. Most equipment will be taken from the existing premises and moved into the new premises prior to occupancy.	(ii) The new building is to yet to be completed with furnishings, shelving, cabinetry, paint, floorings and equipment are to be completed and installed as relevant to each space prior to occupancy. (iii) Safe and secure exit and egress has not yet been completed. (iv) All areas (bathrooms, toilets, communal areas, bedrooms, service areas, meeting rooms and reception) require completion.	(i) Provide a IF2 – Commercial final checklist (previously the certificate for public use). (ii) Ensure that facilities, furnishings, shelving, paint, floorings and equipment are installed to meet resident and staff needs. (iii) Ensure that safe and secure exit and egress has been completed. (iv) Complete all areas prior to occupancy. Prior to occupancy days

		<p>Some equipment has been newly purchased and is being held in the garage of the new build ready for installation.</p> <p>A IF2 – Commercial final checklist (previously the certificate for public use) is yet to be issued.</p> <p>Landscaping including pathways and access and egress is not completed.</p> <p>The new building includes 40 bedrooms that have been completed (currently not yet operational). Four bedrooms and ensuites, (two on level one and two on level two) are to be boarded up to be egress ways with access to the exterior. These will be temporarily used as egress until stage two is completed. At that point, they are identified as requiring verification that they are appropriate to need. When residents move in, there will be a total of 36 beds provided.</p> <p>All rooms require completion (bathrooms, toilets, communal areas, bedrooms, service areas, meeting rooms and reception).</p>		
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	<p>The external areas are not yet completed to include pathways; driveway (noting that this was being laid on the day of audit); access ways. External areas for residents to access are not yet in place. An area to the front of the new building has been identified as requiring landscaping prior to opening so that residents are able to access safe and</p>	<p>The external area is not completed to include access ways, egress in the event of an emergency and external areas for residents to access are not yet in place.</p>	<p>Complete external areas that are safe and accessible to meet resident needs.</p> <p>Prior to occupancy days</p>

		appropriate outdoor areas.		
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	All staff have completed emergency training relevant to the existing site. An orientation programme has been developed to provide staff with emergency training prior to occupancy.	Staff have not yet completed emergency training relevant to the new site.	<p>Complete emergency training prior to occupancy by residents.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	An approved evacuation plan is not yet in place. The unit manager has documentation to evidence that the plan has been prepared with this ready to be signed off by the Fire Service prior to occupancy.	An approved evacuation plan is not yet in place.	<p>Ensure that an approved evacuation plan is signed by the New Zealand Fire Service.</p> <p>30 days</p>
<p>Criterion 1.4.7.4</p> <p>Alternative energy and utility sources are available in the event of the main supplies failing.</p>	PA Low	Emergency equipment including egress, sprinkler systems, smoke detectors and not yet operational. These are completed with the code of compliance.	Emergency equipment including sprinkler systems, smoke detectors and other are not yet operational.	<p>Ensure that emergency equipment such as sprinkler systems, smoke detectors are operational.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p>	PA Low	A call system is in place but not yet operational.	A call system is in place but not yet operational.	<p>Ensure that the call system is in place and operational.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.6</p> <p>The organisation identifies and</p>	PA Low	The building is not yet secure in areas where security is required.	The building is not yet secure in areas where security is	Ensure that the building is secure in areas where

implements appropriate security arrangements relevant to the consumer group and the setting.			required.	security is required. Prior to occupancy days
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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.