

Selwyn Care Limited - Ivan Ward Centre

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:	Selwyn Care Limited
Premises audited:	Ivan Ward Centre
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 28 September 2018 End date: 28 September 2018
Proposed changes to current services (if any):	The service has built a new facility within the Selwyn village. The new 90-bed care centre (18-bed dementia unit and 72-bed dual-purpose beds) is across two floors. The ground floor includes the administration offices and whānau lounge/training room. There is also a secure 18-bed dementia unit (memory support unit) on the ground floor and two 12-bed dual-purpose self-contained wings (households). There are four 12-bed dual-purpose households on level one. The service plans to open 12 November 2018.

Total beds occupied across all premises included in the audit on the first day of the audit: 44

Executive summary of the audit

Introduction

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

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

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

General overview of the audit

Selwyn Ivan Ward Centre is a new purpose-built facility located in the Selwyn foundation village in Auckland.

The new 90-bed care centre (18-bed dementia unit and 72-bed dual-purpose beds) is across two floors. The ground floor includes the administration offices and whānau lounge/training room. There is also a secure 18-bed dementia unit (memory support unit) on the ground floor and two 12-bed dual-purpose self-contained wings (households). There are four 12-bed dual-purpose households on level one. The service plans to open 12 November 2018.

This partial provisional audit was conducted to assess the new facility for preparedness to provide rest home, dementia and hospital level care. Interviews with the management team, a tour of the building and review of relevant documentation were completed.

There is a village manager across the Selwyn village, who has many years' experience in aged care management and has been the role since 2014. The service is currently recruiting for a care manager (RN) for the Ivan Ward centre. The managers are supported by the Selwyn operations manager – residential care. There is also a project manager who will provide support until the new facility is fully operational.

The Selwyn Foundation has a well-established organisational structure, which includes a board, a management team and a facility management team. Each of the Selwyn facilities throughout is supported by this structure. The Selwyn Foundation has a comprehensive suite of policies and procedures, which will guide staff in the provision of care and services.

The audit identified the new facility, staff roster and equipment requirements, and processes are appropriate for providing rest home, dementia and hospital (medical and geriatric) level care and in meeting the needs of the residents. There is a documented project plan in place for the opening of the facility and there are clear procedures and responsibilities for the safe and smooth transition of residents into the new facility.

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

Consumer rights

[Click here to enter text](#)

Organisational management

The Selwyn Foundation have in place annual planning and comprehensive policies/procedures to provide rest home, dementia and hospital level care. Policies and procedures are developed by senior managers who provide regular updates and reviews. The newly built facility is appropriate for providing these services and in meeting the needs of residents.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Organisational human resource policies are implemented for recruitment, selection and appointment of staff. There are staff within the current Selwyn village that are moving across to the new building.

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

There is a policy for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents, and rosters are in place and are adjustable depending on resident numbers. There is a planned transition around opening and this is reflected in the draft rosters and processes.

Continuum of service delivery

As part of the Selwyn Way household model, the current village diversional therapist, with support from the care partners, will be providing the activities in each of the households in the new facility until a further diversional therapist is employed.

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

Food is cooked at the central kitchen for the village. The menu is designed and reviewed by a registered dietitian. Food is to be transported in hotbox food carriers, to the kitchenette in each 'household'. All residents have a nutritional profile completed on admission, which is provided to the kitchen. The food service is provided on-site by an external contractor.

Safe and appropriate environment

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There will be appropriate protective equipment and clothing for staff.

The care centre is across two levels. On the ground floor there are administration areas, the memory support unit (dementia unit) and two dual-purpose households. There are four dual-purpose households (wings) on level one. Each household is of the same design with all resident rooms coming off the open plan dining/lounge area.

There are handrails in ensuites and communal bathrooms. There are two lifts between the floors that are large enough for mobility equipment including a stretcher. The provider has purchased all necessary furniture and equipment including medical equipment. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

Resident rooms all have a large wet room style full ensuite and are of sufficient space to ensure care and support to all residents and for the safe use of mobility aids.

Communal areas are well designed and spacious and allow for a number of activities.

The Selwyn Foundation has housekeeping and laundry policies and procedures in place. All laundry will be completed at the main village laundry. There are also small laundries in the households. The care home has secure areas for the storage of cleaning chemicals.

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

Restraint minimisation and safe practice

There is a restraint minimisation procedure. The procedure includes definitions of restraint and enablers that is congruent with the definition in NZS 8134. The restraint coordinator is the operations manager for the village.

Infection prevention and control

There are clear lines of accountability, which are recorded in the infection control policy. A designated registered nurse is the infection control officer. Monthly collation of infection rates is completed and analysed. Infection control is to be an agenda item in the monthly staff meeting. The Selwyn Foundation undertakes monthly benchmarking of infections.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	12	0	5	0	0	0
Criteria	0	30	0	7	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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>PA Low</p>	<p>Selwyn Ivan Ward Centre is a new purpose-built facility located in the Selwyn foundation village in Auckland.</p> <p>The organisation is in the process of completing a purpose-built care centre within the Selwyn Village. The new 90-bed care centre (18-bed dementia unit and 72-bed dual-purpose beds). The ground floor includes the administration, offices and whānau lounge/training room. There is also a secure dementia unit (memory support unit) on the ground floor and two 12-bed dual-purpose self-contained wings (households). There are four 12-bed dual-purpose households on level one. The service plans to open 12 November 2018.</p> <p>Selwyn Brian Wells lodge 16-bed dementia unit (within the Selwyn village) is being closed. Residents and staff will move across to the memory support unit within the new facility on opening. The 20 current hospital residents from Selwyn Kerridge House (60-bed rest home and hospital) will also be moving across to the new facility. The rest home residents in Kerridge House will remain there. There is a transition plan and process in place around the moving of residents and families and residents have been kept well informed.</p> <p>There is a village manager (RN) across the Selwyn village, she has many years'</p>

		<p>experience in aged care management and has been the role since 2014. The service is currently recruiting for a care manager (RN) for the Ivan Ward centre. The managers are supported by the Selwyn operations manager – residential care. There is a project manager who will provide support until the new facility is fully operational.</p> <p>The new facility will be operating using the ‘The Selwyn Way’ philosophy and the household model embedded in ‘The Selwyn Way’. The Selwyn Way has been developed specifically for residential care using the integrated village model. It involves moving away from the conventional ‘nursing facility’ towards the aspiration of creating a true home (as opposed to an institution) for residents. The vision for the service is that residential aged care must be a place where older people are at home, where family enjoy visiting, where staff are caring and appreciated, where the care is good, and life is worth living.</p> <p>The Selwyn Foundation has a well-established organisational structure, which includes a board and senior management team. Each of the Selwyn Foundation facilities is supported by this structure. The Selwyn Foundation has a comprehensive suite of policies and procedures, which will guide staff in the provision of care and services.</p> <p>The Selwyn Foundation have a quality assurance and risk management programme and an operational business plan for the project. The organisation-wide objectives cover risk management, staff recruitment and development, resident care, and the quality programme.</p> <p>The operational business plan includes governance structure, financial management and budgets. There is a project plan with key tasks around opening of the facility.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The care manager will oversee the village managers role during a temporary absence. A senior registered nurse will fulfil the care manager’s role during a temporary absence. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home, dementia and hospital level care.</p>
<p>Standard 1.2.7: Human Resource Management</p>	<p>FA</p>	<p>The Selwyn Foundation has organisational documented job descriptions for all</p>

<p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>positions, which detail each position's responsibilities, accountabilities and authorities. Additional role descriptions are in place for; infection control officer, restraint coordinator and health and safety officer. All staff currently at Selwyn Brian Wells Lodge will transfer with the residents to the memory support unit. At this stage, no further staff are required to be employed. There are nine caregivers (care partners) that work in the unit and all have the required dementia standards.</p> <p>There are five registered nurses transitioning across from Caswell and Kerridge and two RNs from Brian Wells. There are sufficient RNs to cover the roster across the dual-purpose beds on opening. Four of seven RNs are currently interRAI trained. There are 12 care partners transferring across into the dual-purpose households. At this stage, no further care partners are required to be employed. The service is recruiting two further RNs.</p> <p>The service has policies around competencies and requirements for validating professional competencies. Copies of practising certificates are obtained from newly employed staff.</p> <p>The orientation programme provides new staff with relevant information for safe work practice. All care partners achieve level two on completion of their orientation. There is an implemented annual education and training plan that exceeds eight hours annually. All staff employed for Ivan Ward have been with Selwyn and have been completing regular training. Incidental training is provided according to identified need and at staff request. There is an attendance register for each training session and an individual staff member record of training.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses including (but not limited to): medication competencies, syringe driver, restraint competencies, controlled drug competencies, oxygen and insulin competencies. All staff complete manual handling competencies.</p> <p>All staff are to complete a site-specific induction prior to occupancy of residents. This will cover (but not limited to) roles related to the household model and fire training.</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</p>	<p>PA Low</p>	<p>Human resource policies include documented rationale for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents and rosters have been developed and are adjustable depending on</p>

<p>providers.</p>		<p>resident numbers/mix/acuity. The service has developed a draft roster for each of the households. The management team have determined the current mix/acuity levels of residents to assist in the preparation of the roster and each household.</p> <p>The households are designed so that a care partner floats/assists across two households to provide extra support where needed. Where households have a mix of hospital/rest home residents, there are a number of lounges including the ground floor for socialising.</p> <p>There is a full-time village manager (non-clinical) and yet to appointed, a full-time care manager for clinical oversight (link 1.2.1.3).</p> <p>Memory support unit (Dementia unit) – 18 beds</p> <p>AM: senior RN Monday – Friday</p> <p>Care partners - two on full shift, one short shift</p> <p>PM – care partners- two on full shift</p> <p>Night – care partners, two on full shift</p> <p>For the dual-purpose beds, there are six draft rosters that change depending on bed numbers.</p> <p>Initially two – dual-purpose households will open</p> <p>Initially for up to 24 beds occupied</p> <p>There is one care lead/senior RN full time Monday – Friday</p> <p>A further registered nurse rostered on AM shift, PM shift and night shift</p> <p>Caregivers – four on AM shift</p> <p>Three on PM shift</p> <p>Two on night shift.</p> <p>Selwyn Foundation has its own bureau of nursing staff to cover sick leave and annual leave.</p> <p>Medical and allied health contractors will continue the same in the new building as for the other Selwyn facilities within the village. Two physiotherapists employed by the Selwyn Foundation are available as required. A physiotherapy assistant will</p>
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		transfer hours from Kerridge. A dietitian is available through medirest.
<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>	PA Low	<p>The policy manual includes a range of medication policies. The service uses a two weekly pre-packed sachet medication system and electronic medication system. The contract in place from a local pharmacy, for the provision of this service will continue to the new building.</p> <p>Registered nurses and care partners responsible for the administering of medications have completed annual medication competencies and annual medication education. There is a secure treatment room on the ground floor which is to be used for wound products, medication impress stock, controlled drugs and GP appointments. There is also a secure medication room in the memory support unit. This room is yet to be furnished. There are no hand washing facilities.</p> <p>In the dual-purpose households, there are working stations. There are locked cupboards beside the working stations that will store the medication trolleys and robotic packs.</p> <p>Policies and procedures reflect medication legislation and reference the medicines care guides for residential aged care. The medication system is to be fully established at the new Ivan Ward facility.</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>	FA	<p>Food is prepared off-site at The Selwyn Foundations' main centralised kitchen. The food services are provided by a contracted catering company. An eight-weekly rolling menu is implemented and changes seasonally. The main kitchen caters for all Selwyn Foundation sites, the village and café. This process will continue with the Ivan Ward facility. The chefs have completed NZQA modules 167 and 168. Dietitian review of the menu has been completed in the last two years. A food safety plan is implemented. A copy of residents' nutritional profiles is sent to the main kitchen and also a copy will be kept in each household. The kitchen has a comprehensive system whereby they are kept current with changing needs of the residents.</p> <p>The food will be transported to the facility in insulated hot boxes and transferred into bain maries. All staff handling food have food handling certificates. Food temperatures are taken before leaving the main kitchen and upon arrival and</p>

		<p>before service. The receiving kitchens in each household will also hold sandwiches, biscuits, soup and fruit which can be utilised for residents over a 24-hour period, and supplies are to be replenished daily as per current process at their other facilities' in the village.</p> <p>Modified diets are to be provided (eg, diabetic, soft and pureed textured meals) and further nutritional supplements. Residents with weight loss are to be reviewed and placed, if appropriate, on the REAP programme – Replenish Energy and Protein food fortification. Residents can choose to have breakfast in bed or in the dining room.</p> <p>There are two available lifts, that will transport the hot boxes to level one and dishes back to the kitchen. All crockery, cutlery and household kitchen equipment has been purchased new.</p> <p>Regular audits of the kitchen fridge/freezer temperatures and food temperatures are currently undertaken and documented as part of the food safety programme. Food safety in-service training has been completed.</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>As part of the Selwyn Way household model, the current care partners will be providing the activities in each of the households including the memory care unit (dementia unit). There is a village diversional therapist who plans the activity programme and completes the resident assessment and plans with support by the RNs. The service is planning to employ a diversional therapist specifically for Ivan Ward to oversee the programme implemented by the care partners (link 1.2.8.1). Training has been provided to all staff around the expectations and requirements of implementing the household model. A further training session is planned with staff as part of the induction to the new building.</p> <p>One of the primary roles of the 'household lead' on each morning and afternoon shift, is to ensure the model and the inherent activities within it are adhered to. The roster includes additional hours for care partners, similar to the activity coordinator hours at some Selwyn facilities, to allow them to provide activities in addition to care roles.</p> <p>There are organised activities five days per week with weekend activities planned twice a month.</p> <p>There are planned 'standard activities' that currently occur on a weekly schedule such as bingo, happy hours, entertainers, church services and outings. These will</p>

		<p>continue in the new facility. The service has two mobility vans to take residents out on regular outings. There is a designated van driver.</p> <p>Other activities are intended to be driven by the residents. It is planned that activities will be varied on a day-by-day and week-by-week basis (other than those on the regular schedule) as the residents' desire. As part of the household model, activities are likely to include tasks undertaken in a normal home such as folding washing, setting tables and cooking/baking. Each household has a kitchen that is equipped for cooking, including an induction oven (which only care partners can switch on to make it operational as a safety measure). Residents will only be involved in activities of any type, but particularly domestic like tasks if they choose.</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>	FA	<p>There are documented policies and procedures for waste disposal and chemical storage. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is a locked cleaners' cupboard on each level of the care centre. There is a sluice on each floor between two households and also one in the memory support unit. All sluices are secure with a key lock. The service will need to review how ideal a key lock is for staff.</p> <p>Waste management is part of the environment and equipment audit conducted as part of the quality assurance audit programme.</p> <p>During induction, all staff are required to complete training regarding the management of waste. Chemical safety training is a component of the compulsory two yearly training and orientation training.</p> <p>Gloves, aprons, and goggles have been purchased and to be available in each of the sluice rooms and cleaners' cupboards. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>The care centre is across two levels. On the ground floor there are administration areas, the memory support unit (dementia unit) and two dual-purpose households. There are four dual-purpose households (wings) on level one. Each household is of the same design with all resident rooms coming off the open plan dining/lounge area.</p> <p>The building is near completion with handover by the project team next week. The</p>

		<p>service plans to open on 12 November 2018, transferring all residents from Brian Wells and hospital residents from Kerridge to the new facility across two days (12 & 14 November). All resident rooms have large windows, a call bell system and lighting. Installation of floor coverings and soft furnishing has been completed. A certificate of public use is in the process of being completed. All building and plant have been built to comply with legislation.</p> <p>There are two large lifts between floors. These lifts can be accessed by staff/visitors and residents. The lifts are large enough for mobility equipment including a stretcher. There are two stairwells in the building that resident access can be monitored by staff. Handrails have been installed in stairwells and ensuites.</p> <p>There is a nurses' alcove in each household that will be used as the nurses' station. There are locked cupboards available in the area. A treatment room (where bulk supplies are located), doctor's room and offices are situated on the ground floor.</p> <p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired. The maintenance schedule includes checking of equipment. There is a full-time maintenance person that completed reactive and preventative maintenance.</p> <p>Each household has a family room (den) where families who wish to stay to be near an unwell or end of life resident or that are visiting from out of town, can have a private place. Each den has lounge furniture, an ensuite, and a 'tilt away' queen size bed that lowers from a wall unit when needed.</p> <p>All electrical equipment and other machinery are to be checked as part of the annual maintenance and verification checks. The service has an extensive list of new medical and nursing equipment purchased and installed, including a ceiling hoist in every room of the dual-purpose rooms and electric beds with posture temp pressure relieving mattresses in each room. The new furniture and equipment is appropriate for this type of setting and for the needs of the residents. There is adequate communal equipment including new equipment where needed. The hot water has not yet been turned on.</p> <p>There is a large covered balcony off the lounge in each household on level one. Seating and outdoor furniture has been purchased and delivered. All rooms and communal areas allow for safe use of mobility equipment. There is adequate space for storage of mobility equipment in each household.</p>
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		<p>There is a courtyard off the dementia unit that can be accessed via the lounge area or through two exit doors off each wing. These doors are swipe card controlled, advised these can be disarmed during the day to allow residents the freedom to come and go. There is visual and physical access between inside and outside. The courtyard off the dementia unit is in the process of being landscaped. The paths are designed as a continuous loop with destination points.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>Every resident room has a large full ensuite. All ensuites can be locked. There is a communal toilet available in each household close to lounge/communal areas. Visitor and staff toilets are available. Communal toilets have privacy locks that can be opened by staff in an emergency. It was noted that the ensuites in the dementia unit were all white including toilets. The service could consider contrasting colour toilet seat to assist residents with dementia recognise differences in the ensuite.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Residents rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and communal toilets and bathrooms. Every room in the dual-purpose households have a ceiling hoist, and a television installed.</p> <p>The resident rooms in the dementia unit all have different coloured doors. These door colours are the same coloured doors as their current room doors at Brian Wells. This will help with the transition to a new environment. The communal lounge and dining area is centralised with rooms around it.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Each household has a kitchen and a large dining/lounge area. The lounge/dining area is the hub of each household with resident's rooms within proximity. All resident rooms are off the central area. The balcony for each household on level one is accessed through large ranch sliders off the lounge. The dens in each household can be used for visits with friends and family when not being occupied. Each lounge has a large gas fire with a safety guard, to provide a cosy, homelike atmosphere. The gas fires will provide some heat but are not the primary heating for the facility.</p> <p>The dementia unit also has the lounge/dining area as the hub of the household</p>

		<p>with resident's rooms within proximity. The open plan large lounge, dining area and another lounge area allows for the ability to close off areas and separate small groups from large groups. The kitchen area is open plan. The induction oven is safe to touch, and some drawers have locks. The boiling water tap has a safety design to ensure residents cannot turn it on. The nurses station is enclosed, but has safety glass windows looking out across the communal areas, so residents can be observed when staff are writing notes.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are policies for cleaning and infection prevention and linen handling and processing. These policies ensure that all cleaning and laundry services are maintained and functional at all times. All laundry is to be completed at the centralised laundry located on The Selwyn Foundation site. Laundry will be picked up and delivered daily. There are small laundries on each floor which provides a clean area for washing and folding of resident's personal laundry. There is a separate storage area for pickup of dirty laundry and a laundry chute from level one. The service has secure cupboards for the storage of cleaning chemicals. Advised that material safety datasheets are to be displayed when chemicals arrive. The chemical company that supplies all Selwyn Foundation facilities has been contracted to provide chemicals for the service. Linen trolleys have been purchased.</p> <p>There are documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are to be commenced as per the quality assurance programme.</p> <p>The cleaning areas have hand-washing facilities. The current housekeeping staff will transfer to the new building.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	PA Low	<p>The site-specific emergency manual contains the emergency and disaster policies and procedures including (but not limited to) fire and evacuation and dealing with emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. The planned orientation to the new building includes emergency preparedness, and staff will complete fire drills prior to opening.</p> <p>The fire evacuation scheme has been approved by the NZFS, 20 September 2018. There are fire curtains situated around the internal lounge/dining area that</p>

		<p>are activated in the event of a fire to make the area a fire cell.</p> <p>The service has cooking facilities (a barbeque) available in the event of a power failure. The service has access to a generator available in the event of a power failure for emergency power supply. Battery operated emergency lighting is in place. There are also extra blankets available. There is a civil defence storage area, which includes all necessary civil defence requirements. There are emergency tanks of water available.</p> <p>A new call bell system has been installed throughout the facility; however, this is yet to be activated. The call system is installed in all bedrooms, bathrooms, dining and lounge areas. The system is connected to an individual staff pager system and annunciator panels in each household and has an escalation process through the registered nurses when bells are not able to be answered promptly. The call bell system in both households is interconnected. The Austco security system, includes sensor lights in resident rooms; so, when a resident gets up at night, the lights illuminate in the ensuite. This is connected to the security system and can be timed to alarm if the resident does not return to their bed. There are also separate call bell plugs at floor level in each room so that sensor mats can be plugged in without posing a hazard.</p> <p>CCTV cameras have been installed to monitor main corridors and exits, these do not impinge on resident privacy. A security company monitors the facility overnight. External doors are locked overnight during the hours of darkness.</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>General living areas and resident rooms are appropriately heated and ventilated with underfloor heaters and opening louvre windows in each room and lounge. The facility is heated via underfloor heating. All rooms have large external windows with plenty of natural sunlight. All areas have good lighting. There are overhead air conditioning units.</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 are comprehensive infection control policies that meet the Infection Control Standard SNZ HB 8134.3.1.2008. There are policies including (but not limited to); a) Infection control coordination, b) hand hygiene, c) surveillance, d) standard precautions, e) additional precautions, f) standard definitions of infections. There is an IC officer (registered nurse) from Brian Wells that is transferring into Ivan Ward. There are clear lines of accountability to report to the IC team on any</p>

		<p>infection control issues including reporting and notification to the care manager. There are documented IC responsibilities that includes reporting processes and an IC officer's job description.</p> <p>Infection control is an agenda item on staff meetings and quality meetings. Annual review of the infection control programme is conducted across the village (last completed March 2018). Monthly benchmarking of infections is conducted for all Selwyn facilities.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is a restraint minimisation procedure. The procedure includes definitions of restraint and enablers that is congruent with the definition in NZS 8134. The restraint coordinator in the village is the Operations Manager. Each facility has an appointed restraint coordinator. Restraint is discussed at the quality meetings at each facility. All restraint coordinators meet annually to review restraint use and practices across the village.</p> <p>Staff training is in place around restraint minimisation and enablers, falls prevention and management of challenging behaviours.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.1.3</p> <p>The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.</p>	PA Low	There is a village manager (RN) across the Selwyn village, she has many years' experience in aged care management and has been the role since 2014. The service is currently recruiting for a care manager (RN) for the Ivan Ward centre. The managers are supported by the Selwyn operations manager – residential care. There is a project manager who will provide support until the new facility is fully operational.	The service is currently recruiting for a care manager (RN) for the Ivan Ward centre.	<p>Ensure a care manager is in the role.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	PA Low	There are five registered nurses transferring across from Caswell and Kerridge and two RNs from Brian Wells. There are sufficient RNs to cover the roster across the dual-purpose beds on opening. Four of seven RNs are currently interRAI trained. There are 12 care partners transferring across into the	The service is planning to employ a further diversional therapist just to oversee Ivan Ward.	<p>Ensure a diversional therapist is in place across Ivan Ward</p> <p>Prior to occupancy days</p>

		dual-purpose households and nine into the memory support unit. At this stage, no further care partners are required to be employed. The service is recruiting two further RNs. There is a village diversional therapist who plans the activity programme and completes the resident assessment and plans with support by the RNs. The service is planning to employ a further diversional therapist just to oversee Ivan Ward.		
<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	There is a secure cupboard in each household for the checking and preparation of medication and a stock medication room on the ground floor in the doctors/treatment room. There is to be locked medication fridges available in the open working station area that are yet to be installed. The medication room in the memory support unit (dementia) is yet to be refurbished.	There is to be locked medication fridges available in the open working station area that are yet to be installed. The medication room in the memory support unit (dementia) is yet to be refurbished.	<p>Ensure the locked medication fridges are installed. Ensure the medication room in the memory support unit (dementia) is refurbished, and hand washing facilities are available.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	The building is near completion with furnishings and completion of electrics still to be finished. A CPU is in the process of being obtained. The service has an extensive list of medical and nursing equipment purchased and installed. The new furniture and equipment is appropriate for this type of setting and for the needs of the residents.	(i) A partial certificate of public use is yet to be fully signed off. (ii) Hot water is not yet available, therefore monitoring of safe hot water temperatures has not occurred.	<p>(i) Ensure a complete CPU is obtained. (ii) Provide evidence that hot water temperatures in resident areas are within the required limits.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external</p>	PA Low	The balcony off each household is completed and there is outdoor furniture for these areas. Landscaping around the outside of the	Ensure the dementia unit landscaping is completed.	Ensure that external areas and surfaces are safe and accessible for residents.

areas that meet their needs.		building has been completed. The dementia unit landscaping is in the process of being completed. Plants are being planted along the fence line of the dementia unit to detract residents from the fence. There is an area of fence line beside the path where there are no plants. The fence has a bar through the middle which could potentially be a climb hazard. Advised that cameras are installed outside for monitoring of the outside area.		Prior to occupancy days
<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	The site-specific emergency manual contains the emergency and disaster policies and procedures including (but not limited to) fire and evacuation and dealing with emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Registered nurses all have current first aid certificates. Orientation includes emergency preparedness. Fire drills are scheduled for staff two weeks before opening.	As the building has not yet opened, staff have not completed a fire drill.	<p>Implement a fire drill for all staff in the new building.</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 new call bell system has been installed throughout the facility. The call system involves an annunciator in each household and links to a staff pager system, which alerts staff when a resident activates a call bell. Call bells are situated in resident rooms, ensuites and in the communal dining and lounge areas of each household. The call bell system is yet to be activated.	A call bell system is in place throughout the care centre however, this is yet to be activated.	<p>Ensure that the call bell system is fully functioning throughout the care centre.</p> <p>Prior to occupancy days</p>

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.