# Nurse Maude Association - Nurse Maude Hospital

## Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Nurse Maude Association

**Premises audited:** Nurse Maude Hospital

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 12 November 2018 End date: 12 November 2018

**Proposed changes to current services (if any):** This partial provisional audit was undertaken to ensure a new 75 bed rest home/hospital building on the same site as the current Nurse Maude Hospital meets requirements for hospital level care residents to move into. The expected opening date for this to occur is 22 January 2019

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

# Executive summary of the audit

## Introduction

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

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

## General overview of the audit

Nurse Maude Hospital is currently certified to provide hospital (geriatric), hospital (non-acute medical) and rest home care for up to 35 residents. There are not currently any rest home care residents; however, all levels for which they are certified were reviewed during the audit.

This partial provisional audit was conducted against the Health and Disability Services Standards for review of a new building for which the organisation has requested approval to accommodate up to 75 residents. The audit process included review of policies, procedures and records, review of staff files, observations with a strong focus on the environment and interviews with managers and the infection control coordinator.

Areas that require addressing prior to occupancy of the new building are the need for the building to have a Code of Compliance/certificate of public use, external areas to be made safe and accessible and for an approved evacuation plan.

## Consumer rights.

Not audited

## Organisational management

The board of the Nurse Maude Association is the governing body for the Nurse Maude hospital and is responsible for the services provided at this facility. A business and quality and risk management plans are documented and include the scope, direction, goals, values and mission statement of the organisation. Regular monitoring of the services is occurring with reports consistently being provided to the board. For some time, the focus has been on the new hospital and rest home services building and progress with the transition plan for transfer of services into the building.

The wider organisation and the hospital facility are managed by experienced and suitably qualified managers, who will continue their roles. The service manager and clinical nurse manager of the rest home and hospital are registered health professionals.

Human resource processes will operate as previously. The human resources management policy, based on current good practice, has guided the system for recruitment and appointment of staff and will continue to be used for any new staff required. A comprehensive orientation and staff training programme ensure staff are competent to undertake their role. There is a systematic approach to identify, plan facilitate and record ongoing staff training which supports safe service delivery. Individual annual performance reviews are being completed.

Plans for the staffing levels and skill mixes, as detailed in the transition plan and a developing electronic rostering system, meet contractual requirements and the ongoing changing needs of residents. There is a roster of senior staff on call out of hours.

## Continuum of service delivery

Policies and procedures on medicine management are based on current good practice and consistently implemented using an electronic system. Storage systems are safe and are only accessible to those authorised to do so. Medications will continue to be administered by registered and enrolled nurses, all of whom have already been assessed as competent to do so.

The food service system will remain the same. It meets the nutritional needs of the residents with special needs catered for. A food safety plan, external accreditation and policies guide food service delivery, supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Food service delivery systems have been upgraded for the new building.

## Safe and appropriate environment

The new facility has been purpose built with all residents’ rooms having an ensuite bathroom. All personal and communal areas are spacious and of adequate size to provide personal care. Each room and area have an adjustable thermostat to enable temperature variation according to preference.

Overall, the buildings and equipment installed are compliant with legislation. Residents’ privacy and safety have been primary considerations in the planning. Reactive maintenance systems shall remain in place.

Policies are available to guide the management of waste and hazardous substances. Protective equipment and clothing are available in sluice rooms and storage areas. Safe storage areas have been built to enable chemicals, soiled linen and equipment to be safely stored. No changes are planned regarding laundry services, which are undertaken onsite, with monitoring systems in place to evaluate effectiveness.

Emergency procedures have been reviewed and are documented. Staff have completed relevant updated training. There is a sprinkler system and smoke alarms. Staged evacuations are planned. A generator provides access to an emergency power source and a comprehensive civil defence kit is available. The digital display call system is of modern technology. A contracted security company will continue to monitor the facility each night.

## Restraint minimisation and safe practice

Not audited

## Infection prevention and control

An infection prevention and control programme, led by an experienced and appropriately trained infection control nurse, is in place. The programme aims to prevent and manage infections and is reviewed annually. There are terms of reference for the infection control committee which includes a representative from the rest home/hospital services. Consideration for prevention and control of infections is evident in the design of the new building and the positioning of equipment. Specialist infection prevention and control advice is able to be accessed as required.

## Summary of attainment

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

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| **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 | 13 | 0 | 2 | 0 | 0 | 0 |
| **Criteria** | 0 | 30 | 0 | 3 | 0 | 0 | 0 |

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| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | The Nurse Maude Strategic Overview 2016-2020 defines the vision, mission, values and scope of the services, as does the Quality Plan. Four major services provided by the Nurse Maude Association have an integrated service, quality and health & safety plan. The Nurse Maude Hospital Integrated Service Action Plan 2017-2020 reviewed included goals, a service description, performance measures and indicators and progress reporting. Plans are reviewed annually.  Nurse Maude has also adopted the Baldrige excellence model with a set of key performance areas which are the drivers of business success in the medium to long term. These are customer focus, motivated staff, high quality but affordable services, business development and growth, financial viability, leadership and direction. Progress in these areas forms part of the reporting process.  The board of directors receives reports that provide adequate information to monitor performance, including financial performance, health and safety and a clinical quality and risk update, including emerging risks and issues.  A transition plan for relocation of Nurse Maude aged residential care facility outlines roles, responsibilities, tasks and timeframes for different stages of the project. A separate interrelated document specifically describes staff management for the transition and includes training, recruitment as resident numbers increase and risk mitigation strategies.  Nurse Maude is managed by an experienced chief executive officer (CEO) who holds relevant qualifications and has many years’ experience in the health sector. The hospital clinical nurse manager reports to the service manager for the hospital service, both of whom are well qualified and experienced for their roles. Responsibilities and accountabilities are defined in job descriptions and individual employment agreements. The managers interviewed confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency through the many community and professional group memberships. A quality manager has been closely involved with these managers as the new build has progressed.  The service holds contracts with the Canterbury District Health Board for both rest home and hospital level care and although there are currently no rest home residents these contracts are expected to continue when the new building is opened. Within the ARRC agreement are contracts for Support Care: Severe Medical Illness (SMI) and End of Life (EoL) care. The organisation has suitable systems, staff skills, appropriate environments and access to applicable community-based services to deliver services for residents requiring non-acute medical care and support. Service provision requirements (Standard1.3.3) and service delivery interventions (Standard 1.3.6), as are currently occurring within the Nurse Maude hospital were considered during this audit, in addition to the full certification audit in October 2018. The managers informed that these services and links will continue in the new facility as they currently are in the older building. |
| Standard 1.2.2: Service Management  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. | FA | The organisational structure reviewed defines lines of reporting and describes roles and responsibilities. When the CEO or any member of the senior management team is absent, responsibilities are delegated to another member, with email notification to all staff affected.  A service manager oversees the rest home/hospital services with support from a clinical nurse manager. Both are registered nurses with extensive clinical and management experience and will relieve for one another as applicable using a delegated duties system. There is already an on-call system between them to cover services 24 hours a day over seven days a week. A document about the role of the duty manager defines expectations and includes responsibilities in an emergency. A senior registered nurse team provides ongoing expertise and will make clinical management decisions when relevant. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | Managers informed that staff currently employed at the Nurse Maude hospital shall transfer to the new building when it opens and the residents transfer across. A full suite of human resource policies and procedures guide processes and practices for the employment of suitable service providers to ensure the needs of the residents are met safely. Reviews of staff files demonstrated these are being implemented accordingly. Records of professional qualifications were reviewed and confirmed that these are checked on entry to the service and annually as required.  All new service providers receive an orientation/induction programme that covers the essential components of the services provided. Staff records reviewed demonstrated that staff undertake an organisation-wide induction as well as a comprehensive orientation to the hospital service.  Nurse Maude is committed to providing staff training and this will continue in the new facility. An annual staff training schedule is being implemented. This covers mandatory training topics; a range of applicable competencies staff are required to complete and participation in a New Zealand Qualification Authority education programme to meet the requirements of the provider’s agreement with the DHB. Education records reviewed demonstrated completion of the required training and evidence of annual performance appraisals being completed for staff at all levels. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | A service provision policy for the hospital describes how staffing levels will be appropriate to provide safe and efficient care to meet the needs of all residents. This is complemented by one on the replacement of staff in the event of unplanned staff absences and a policy on physiotherapy services. A redeveloped roster and staffing electronic record sheet reflect how the different sets of residents’ rooms and areas of the new rest home/hospital building will be staffed over each of the three main shifts of morning, afternoon and night shit. This document also reflects the information in the transition plan about the electronic rostering system. The plan describes how as resident numbers increase additional staff will be required and notes how this will occur. A change over to the electronic roster will be fully implemented by the time the new building opens. As rest home and hospital residents will be in the same areas as beds are intended to be dual purpose, rest home residents will have access to the same staff as described above.  The rest home/hospital services are to continue to be overseen by a services manager, who is also a registered nurse and by a clinical nurse manager. At least one registered nurse shall continue to be on duty at all times and it was reported this will be the case for both levels of the new facility. All shifts, including afternoon and evening shall have a senior registered nurse on duty and the clinical nurse manager or service manager will be on call. A team of qualified clinical staff consisting of registered and enrolled nurses will continue to be maintained. Records sighted showed all of the current clinical team, as well as some hospital aides, have first aid and/or cardio-pulmonary resuscitation competencies, therefore all shifts will be covered. Allied health staff are considered to be an important and ongoing asset for resident care and these staff members, or related external expertise, are accessed when applicable.  The service manager described the process in which she undertakes daily conversations with the registered nurses first thing every morning and that she is involved in all new admissions, therefore is aware of the resident acuity levels. If additional staff are required or a different skill set is indicated, then this is managed by the service manager. A casual pool has been developed to enable continuity for residents and members of this pool are used to manage unexplained absences or increases in acuity. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | Comprehensive recently reviewed policies, protocols and procedures on medicine management, which comply with relevant legislation and medicine guidelines for aged care services, are in place. Safe systems for self-administration of medicines are described within the document. The process for self-administration of medicines was not reviewed during the audit as there is not currently any resident self-medicating and the manager informed that other than for some respite residents, this seldom occurs. A lock has been fitted to the top drawer of all of the new bedside cabinets in the new building, which will ensure safe storage of medicines should any person self-administer their medicine(s).  The service provider is currently using an electronic medicine management system and ongoing internal audits of this system are being undertaken by a manager. These systems will transfer over to the new building when it opens.  Registered and enrolled nurses only administer medicines to residents. Records sighted confirmed all have current medicine management competencies. Medicines will continue to be packaged by the pharmacy. Current checking systems of medicines when they arrive at the facility will be maintained. A pharmacy visits the on-site hospice daily and shall continue to be available to rest home/hospital staff on request in addition to their weekly visits to the rest home/hospital. Checks of controlled drugs shall continue by staff each week and six-monthly by the pharmacists.  Designated storage areas for medicines are beside a treatment room on each of the two levels of the new rest home/hospital building and these were viewed. Entry is by staff identification swipe cards and only if the person has been authorised to have such access. Key pad locks have been fitted to the metal, controlled drugs cabinets bolted to the walls inside lockable cupboards in each of the medicine storage rooms. All medicine storage systems are safe.  As there are not currently any residents in the new rest home/hospital building, medicine information recording systems were not audited; however, these were fully reviewed during the certification audit one month ago and were found to meet requirements. The managers informed there are no plans to change the current systems, which will transfer to the new building when the residents transfer. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | An external contractor operates within the recently built on-site kitchen, which is in a separate building to the new rest home/hospital facility. Kitchen services will remain unchanged from what is currently occurring, except that two new bain-maries have been purchased (sighted) for the kitchenettes on each of the two levels of the new rest home/hospital building. A hot box/heated trolley (sighted) is available to keep food warm during transfer from the kitchen to the bain-marie and to ensure residents’ meals on trays remain warm. The hot box unit also enables cold food to be kept cool. The contractor’s registered dietitian has approved the four-week rotating summer menu dated 21 September 2018 that is in use at the hospital and confirmed the planned meals are in line with recognised nutritional guidelines for older adults.  Nutritional assessments are to continue to be completed on admission and if a person’s situation changes, as is currently occurring. Residents will continue to have food preferences and special dietary needs met and any modified cutlery and crockery will transfer with the resident(s).  All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal meet requirements. A current food plan is in place and is valid until 07 April 2019. The contractor meets industry requirements for ISO 9001, ISO 14001 and ACC WSMP Tertiary through Telarc. Practices required to uphold these requirements and registrations are being maintained and relevant records were sighted. The food services manager has a relevant food safety qualification and kitchen assistants are required to complete ongoing training modules on food handling. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | A waste management policy for hazardous clinical and cytotoxic drug waste policy and procedures were sighted, alongside ones on environmental management. The infection control manual included further documentation related to waste management covering management and disposal of blood and bodily fluids. Although currently out for tender, an external contractor is used for the management and removal of general waste and for the recycling of cardboard and this will continue in the new facility.  The doors to the areas planned for the storage of chemicals were accessible via staff identification tags, which require swiping to enable entry.  An external company is contracted to supply and manage all chemicals and cleaning products for the current facility and this is to continue with the opening of the new building. Material safety data sheets are already in the two sluice rooms, as is protective clothing and equipment of plastic aprons, gloves, masks and face shields. The sluices are in working order and two sanitisers are installed in each sluice room. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | PA Low | At the time of audit, finishing touches were still being applied to the new rest home/hospital building, equipment was still being installed and final checks were being made to ensure the equipment was operating as expected. Some equipment and electrical appliances will be transferred over from the old building and evidence sighted showed these items were tested and tagged earlier in September 2018, confirming its safety. Evidence of performance verification and/or electrical safety to AS/NZ 53551:2012 for the additional new equipment and appliances was provided to the auditor 5 December 2018, after the audit visit.  All residents’ rooms are of a large size and have been fitted with modern equipment to enhance independence. Sensor mats are connected to the call system, handrails are in place, considerations for easy cleaning have been made and suitable equipment such as hoists and electronic systems installed. The building does not yet have a Code of Compliance or Certificate of Pubic Use, which requires action prior to occupation.  Hot water temperatures throughout the building have been checked and are within safe levels. Newly installed equipment, including elevators, has been checked to ensure manufacturers’ requirements are met and that it is safe to operate. The maintenance programme is documented, and reactive maintenance will be undertaken as per the system currently in place. Testing and tagging of electrical equipment and appliances in current use has been completed and calibration of bio-medical equipment is current, as confirmed in documentation reviewed.  Hard and soft landscaping is still not completed. Although plans for external areas were sighted and will meet requirements, these areas are not yet safe and accessible. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  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. | FA | All residents’ rooms have an ensuite with toilet and shower facilities, handrails in situ and non-slip vinyl flooring. The handrails on toilets flip up and down and are installed on both sides. An additional toilet for residents’ use is off the lounge/dining area on each level. Sensor lights are in the ensuites and soap and hand towel dispensers are in place. In addition to a pull string call at the toilet and shower, a call bell is mounted close to the floor to enable easy access should a resident fall. |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | All residents’ rooms in the new building are spacious covering approximately 15 square metres inclusive of the ensuite. The high acuity/bariatric room is 20 square metres. Sensor lights, which are triggered by reduced weight on the bed, have been installed in an effort to reduce the risk of resident’s falls. Ceiling mounted hoists are in place, as are television screens. Sun/privacy blinds are available to cover the windows in addition to the drapes.  The floor coverings of residents’ rooms are of carpet tiles for easy replacement if needed and the ongoing maintenance plan includes carpet cleaning. A picture rail has been installed on two sides to facilitate personal items to be displayed whilst maintaining the integrity of the fire rate walls. Power operated beds, which can drop to the ground, are in the process of being installed in all rooms. All have pressure relieving mattresses and have retro-fitted bed rails on both sides that are split in half lengthways.  New recliner chairs are available for those who need them; although pre-existing items of furniture such as fall out chairs and personal lazy boys will transfer at moving time. Telephones, which have the capacity to be pre-programmed with numbers, are in the rooms as are fibre wires in preparation for messages to be conveyed via the television screen, such as menus, visual prompts or for information for family members. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | A communal dining area and large television lounge is on the ground floor and another on level one. A servery area with kitchen facilities for activities, the preparation of drinks and serving and heating meals is on each floor by the dining area. There are designated spaces for the bain-maries. The corridors all have three hand wash stations installed intermittently. These have sensor taps, a 24-hour strip of lighting and a place for rubbish disposal. Handrails are in situ along the walls. Lifts have been installed and are operational. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | All laundry is undertaken on site. The cleaning and laundry contracts will continue with the new laundry premises already in operation. Cleaners’ rooms are of sufficient size to accommodate the cleaning trollies and there is one on each floor. Cleaning chemicals are stored in these areas, both of which are lockable. Cleaning specifications and duty lists that will be the same when the new building is occupied were sighted, as were laundry policies related to handling infectious and foul linen in the infection control manual. A full laundry manual is available and was sighted.  The quality manager informed that current monitoring systems including complaints management and internal audits will be maintained when the residents transfer into the new building. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | PA Low | An emergency management plan is in place. Current and prospective staff undertook training in the updated emergency management plan, the evacuation plan and management of equipment such as the call bell system, use of the electrically operated beds and ceiling mounted hoists. This training was provided between 3 and 5 December 2018, which was after the audit visit. Evidence of attendance and content of the training has been provided to the auditor as evidence that the training occurred as planned.  The fire evacuation plan has been developed and discussed with relevant authorities and is now documented. This was presented to the fire service 9 November 2018 but has yet to be approved. Each room has been designated as a fire cell and each wing has automatic smoke doors. Sprinklers and smoke alarms are installed, and staged evacuations are permitted.  Satisfactory systems, documentation and equipment are available for managing any emergency situation and/or the loss of utilities. An emergency contacts poster directs staff as to who to contact both during working hours and after working hours. Managers have undertaken CIMS training and comprehensive emergency management plans are available.  A diesel generator is available to maintain basic functioning, including emergency lighting, basic heating and emergency equipment for up to eight hours. Additional blankets are in storage if required. A comprehensive civil defence emergency kit, a sealed first aid kit and infection outbreak kit currently in the current hospital building are to be transferred across to the new building when it opens. Gas rings in the kitchen and gas barbecues are available for ensuring residents have access to hot food and beverages.  A call bell system that shows room or area numbers on digital displays has been installed and was checked as working. The units show if the fire/smoke alarm has been activated and responds to a person stepping on a sensor mat. Calls are also recorded on a monitor in the nurses’ stations.  Security systems for the new building are to include twice nightly security company patrols of the grounds and related checks, which are already being done for the current hospital and for the hospice on the same site. The front doors lock automatically between 6.30pm and 7.00 am. Staff undertake security checks at shift changeover for the night shift. Closed circuit television monitoring has been set up in all public areas and the information technology team can retrieve recordings on request. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | The new building is light and airy throughout. All residents’ rooms and communal lounge and dining areas have windows to the outside. Windows in residents’ rooms are able to be opened as preferred and sunscreen/privacy blinds complement the drapes over the windows of residents’ rooms. The building is fully air conditioned with temperature controls in each room. Glass doors off lounge areas open onto courtyards. |
| Standard 3.1: Infection control management  There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service. | FA | Organisational infection prevention and control policies and procedures were last updated August 2017. The documents clearly define the lines of accountability with details of the terms of reference for the infection control committee. The terms of reference for the infection control committee were further reviewed October 2018). An infection control representative from the hospital services is a member of the infection control committee. This committee meets 11 times a year.  A position description was sighted for the infection control nurse, who oversees and coordinates the infection control processes for the entire organisation, including the community services, was sighted. This person has strong links and easy access to additional infection control expertise within the city. The infection control nurse confirmed she had been involved in consultations about the environment and equipment for the new building to ensure infection prevention and control requirements will be met. Monthly surveillance reports are provided to the quality committee, quarterly infection control reports are provided to the board and an annual review of the infection prevention programme is completed. The report for 2017 - 2018 was sighted. The infection control programme currently in place will continue to be maintained within the new building.  New staff orientation and mandatory annual staff education includes a component on infection prevention and control. This includes hand hygiene and reminders around advising families on how to keep residents safe from infections. Staff are reportedly regularly reminded to stay home when unwell and are sent home if they come to work unwell. Flu vaccinations are provided to residents and staff each year and there is a discretionary sick leave process (with conditions) in place for staff. Laminated notices on contact, droplet and airborne infections are available. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.4.2.1  All buildings, plant, and equipment comply with legislation. | PA Low | At the time of audit, finishing touches were still being applied to the new rest home/hospital building. Local council requirements have yet to be met and a final building inspection still to occur. | The new rest home/hospital building for Nurse Maude does not yet have a Code of Compliance or Certificate of Public Use. | A Code of Compliance, or Certificate of Public Use, is required for the new rest home/hospital building prior to occupancy.  Prior to occupancy days |
| Criterion 1.4.2.6  Consumers are provided with safe and accessible external areas that meet their needs. | PA Low | The external areas were covered in gravel. Workmen and large machinery were working on the grounds of the new rest home/hospital building at the time of audit. During interview with the managers, they informed that the hard landscaping would be completed prior to occupation; however, the soft landscaping will take longer and is not expected to be completed until the New Year. | The hard landscaping that would enable external areas to be safe and accessible has yet to be completed. | External areas shall be safe and accessible prior to occupation of the new rest home/hospital building.  Prior to occupancy days |
| Criterion 1.4.7.3  Where required by legislation there is an approved evacuation plan. | PA Low | The fire evacuation plan has been developed and discussed with relevant authorities and is now documented. This was presented to the New Zealand fire service 9 November 2018 but has yet to be approved. | The evacuation plan that has been developed has still to be approved by the New Zealand Fire Service. | The evacuation plan is approved by the New Zealand Fire Service and a record of this is available.  Prior to occupancy days |

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

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

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

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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| No data to display |

End of the report.