

Heritage Lifecare Limited - George Manning House

Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Heritage Lifecare Limited

Premises audited: George Manning House

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

Dates of audit: Start date: 6 December 2018 End date: 6 May 2014

Proposed changes to current services (if any): A 17-bed wing of this facility was demolished following the 2011 Christchurch earthquake and has now been rebuilt to provide 18 beds. Utility rooms have been reconstructed into five residents' rooms and one area has been remodelled into a purpose-built palliative care suite. These 24 new or reconstructed rooms, providing 25 beds, were included in a partial provisional audit to ensure they meet the required standards. As a result of the rebuild and reconfiguration, the number of certified dual-purpose rest home and hospital level care beds in the facility increases from 81 to 88.

Total beds occupied across all premises included in the audit on the first day of the audit: 60

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

George Manning House (known as George Manning Lifecare) is currently certificated to provide rest home and hospital level care for up to 81 residents. The service is operated by Heritage Lifecare Limited (HLL) and managed by a facility manager and a clinical services manager.

This partial provisional audit was conducted against the Health and Disability Services Standards for review of a wing of the facility that has been rebuilt following earthquake damage, the conversion of utility rooms into five residents' rooms and the renovation of an area into a purpose-built palliative care suite. The facility will now have 88 dual purpose beds. Audit processes included review of policies and procedures, review of staff files, observations with a focus on the environment and interviews with management and staff.

There were no areas for improvement identified during this audit.

Consumer rights

Organisational management

Heritage Lifecare Limited (HLL) is the governing body and has overall responsibility for the services provided at this facility. A business and quality and risk management plans are documented and includes the scope, direction, goals, values and mission statement of the organisation. Systems are in place for monitoring the services provided, including regular weekly and monthly reporting by the facility manager to senior managers at the support office of Heritage Lifecare Limited.

The facility is managed by a suitably qualified manager who has extensive management experience within the health and disability sector. An experienced clinical services manager, who is a registered nurse, relieves in her absence.

Human resources 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 undertaken.

Staffing rationale for the additional rooms is detailed and is part of the wider transition plan in place to ensure the ongoing needs of residents are met safely. Managers are on call after hours to support staff when required.

Continuum of service delivery

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using an electronic system. Medications are administered by registered nurses and a medicine competency system is in place.

Residents may under pre-determined circumstances, self-administer medicines, and a range of safety and reporting systems are in place.

The food service meets the nutritional needs of the residents with special needs catered for. A food safety plan and policies guide food service delivery. Staff have completed food safety training and updates. The kitchen was well organised, clean and meets food safety standards.

Safe and appropriate environment

The facility has been purpose built in stages. Additional rooms have been added while the rebuild of the west wing was occurring. All rooms are intended to accommodate one resident, although many rooms are of sufficient size to accommodate a couple as needed. Residents all have their own ensuite, which is of adequate size to provide personal cares.

All building and plant comply with legislation and a current building warrant of fitness was displayed. Since the audit day, certificates of public use and a Code of Compliance have been issued for both the five new rooms and for the rebuild of the west wing. A preventative and reactive maintenance programme is implemented.

Communal dining and lounge areas are spacious and have been extended with the rebuild of the west wing. External areas with seating are available and are safe.

Implemented policies guide the management of waste and hazardous substances. Protective equipment and clothing are provided. Chemicals, soiled linen and equipment are safely stored. All laundry is undertaken onsite and dedicated cleaning staff are employed. Cleaning and laundry systems are monitored to evaluate effectiveness.

Emergency procedures are documented and displayed. An updated fire evacuation plan was approved 12 December 2018. Six monthly fire drills are completed and there is a sprinkler system and call points installed in case of fire. A set of emergency equipment and supplies are available and are checked monthly. A digital call bell system is in place and response times are intermittently monitored. Staff are kept updated on security arrangements and expectations and a contracted security company monitors the facility each night.

Restraint minimisation and safe practice

This section was not applicable for this audit.

Infection prevention and control

The infection prevention and control programme, led by an experienced and appropriately trained infection control nurse, aims to prevent and manage infections. Monthly reports are provided to the HLL support office and a summary to the board. There are terms of reference for the infection control committee and specialist infection prevention and control advice is able to be accessed from the District Health Board.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	15	0	0	0	0	0
Criteria	0	35	0	0	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>George Manning Lifecare provides hospital and rest home level care. Heritage Lifecare Limited (HLL) purchased this facility on February 2017 and has since provided an overarching management structure. Heritage Lifecare Limited has a vision and mission statement related to continued pursuit of excellence in care and refers to respecting, and valuing residents, families and staff. Five underlying values are described and alongside the mission statement are integrated into a document described as 'The Heritage Way'. A manager from HLL was present during the audit and discussed management expectations and the plans for the new rooms.</p> <p>There is an overarching HLL strategic plan, which includes strategic direction objectives, all of which have key actions and measurements. A George Manning Lifecare specific business plan is in place and has goals, operational objectives and site-specific objectives. The facility manager provides a monthly report against the objectives to the senior management team at the support office of HLL. A sample of three reports reviewed showed adequate information to monitor performance is reported. This included finances, occupancy, staff retention, administrative and monitoring functions. Building progress reports to HLL have been maintained.</p>

		<p>George Manning Lifecare’s facility manager is suitably qualified and experienced with 36 years in the health and disability sector, of which 30 have been in various management roles. After progressing through the different levels of management within a large national disability support organisation she moved to George Manning in April 2017. Professional development and ongoing education in relation to aged care is occurring through attendance at relevant conferences, study days and regional retirement village meetings and attendance at local DHB aged residential care meetings. Details of the role, responsibilities and accountabilities are defined in a job description and an individual employment agreement, although the latter was not sighted as it is reportedly held at head office in Wellington. The facility manager is supported by a clinical services manager.</p> <p>This facility is currently certified for 81 dual purpose rest home and hospital level care; however only 63 of those beds have been available for occupation since September 2017 when the west wing was demolished and the rebuild started. The rebuild was required due to damage sustained to this part of the building during the February 2011 Christchurch earthquake. On the day of audit 60 (24 rest home, 35 hospital and one respite) of the available beds were occupied by residents receiving care and support under the local DHB Aged Related Residential Care Agreement (ARRC) for rest home and hospital level care (geriatric and medical – non-acute). One resident was receiving care for a long-term chronic health condition.</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>When the facility manager is absent, the clinical services manager carries out required duties under delegated authority. The clinical services manager/registered nurse has extensive experience in a range of aged care facilities in different roles, including management. These are documented within the clinical service manager’s staff file that was sighted. The HLL support office is available on call as necessary and managers within that team monitor what is happening. For lengthy absences, the facility manager advised that although not yet needed, she would request a relief manager from HLL, who is available for such circumstances, as this would enable the clinical services manager to maintain the responsibilities of her role. A senior registered nurse provides additional clinical expertise when required.</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>Policies and procedures, in line with good employment practice and relevant legislation, guide human resources management processes. Position descriptions reviewed were current and defined the key tasks and accountabilities for the various roles. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of 13 staff records reviewed confirmed the organisation's policies are being consistently implemented and records are systematically maintained for all employees under the current management.</p> <p>Records of professional qualifications were reviewed and confirmed that these are checked on entry to the service and annually as required.</p> <p>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 a comprehensive orientation to the hospital and rest home services. New staff are supported by a 'buddy' through their initial orientation period and a signed checklist process for competencies is in place. Main competencies, which include restraint, manual handling, medication, fire evacuation and infection control, are covered through the use of a workbook process. Records sighted, confirmed that first aid certificates are completed by the activities staff and all registered nurses.</p> <p>There are a sufficient number of trained and competent registered nurses who are maintaining their annual competency requirements to be able to undertake interRAI assessments.</p> <p>Continuing education is planned on an annual basis with a set of mandatory training requirements defined by HLL. Additional training is added according to special interest, or topical issues. All are scheduled to occur over the course of the year with some sessions provided after the monthly staff meeting, some on-line and some one on one when required. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Attendance records and education records reviewed in staff files demonstrated completion of the required training. An annual appraisal process is in place for all staff and records showed that these are occurring. Some were overdue because of injury of the respective appraiser; however, on the day of audit there was evidence that these are being progressed appropriately.</p>
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<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>An HLL document describes safe staffing rostering expectations and determines staffing levels and skill mixes in order to provide safe service delivery. Although this is currently under review, and an internal acuity tool is under development, the current document is still used to determine safe staffing allocations. The facility currently adjusts staffing levels to meet the changing needs of residents with an assessment of need undertaken in the event of unplanned staff absences. Staff are reportedly replaced using another staff member, or a casual staff person, with agency staff rarely used and only as a last resort.</p> <p>A rationale for staffing the additional 24 rooms has been developed and demonstrated that management of staff workloads as resident numbers increase has been considered. The document informs the intention for the new wing (West) to be hospital level care. It details how nursing and caregiving staff will be allocated as has staffing of the new palliative care suite.</p> <p>Both the facility manager and the clinical services manager are available on call out of hours and the nature of the emergent issue determines who will be the primary respondent. The clinical services manager allocates the registered nurse responsible for leading the shift when more than one is on duty.</p> <p>Observations and review of a four-week roster cycle sample during this audit confirmed adequate staff cover has been provided. As all registered nurses have a current first aid certificate, there is always a person with first aid expertise on duty. There is 24 hour/seven days a week (24/7) registered nurse coverage in the hospital. Due to the high number of level four caregivers, additional responsibilities have been allocated to them for which they undertake associated training.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. The clinical services manager had a clear understanding of staff roles and responsibilities related to each stage of medicine management. An additional three days of medicines for all residents is always available.</p> <p>A medicine management competency system is in place and all staff who administer medicines are required to demonstrate competency for the functions they perform. Most are done in October of each year; however due to the</p>

		<p>assessor's absence because of injury, approximately 50 percent have yet to complete the requirements. The written questionnaire of the overdue competencies has now been distributed to staff and the practical assessments are progressively being completed in a satisfactory manner.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted company whose primary role is to provide medicines to service providers, including rest homes and hospitals. A registered nurse checks the incoming medications against the prescriptions. Medicines are stored safely and a new medicine room behind the nurses' station that has been built in the new wing is lockable with key pad entry. The clinical services manager described how for medicine administration purposes they intend to split the facility into two, get a second trolley and have two medicine administration rounds occurring concurrently when the number of residents increases.</p> <p>Clinical pharmacist input is provided monthly, on request and when new controlled medicines enter the facility. Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly stock checks and accurate entries by medicine competent staff, as well as pharmacy sign checks.</p> <p>An auditor print-out of the prescription and administration records for residents' medicines demonstrated consistency of accepted practices and appropriate use of the electronic system.</p> <p>The records of temperatures for the medicine fridge were within the recommended range. No records of the medicine room are recorded as it is well ventilated and on the south side of the building.</p> <p>There was one resident who was self-administering their medicines. Appropriate processes were in place to ensure this is managed in a safe manner. These were unable to be checked as the resident was on leave on the day of audit.</p> <p>Medication errors are recorded into the accident/incident reporting system and there is a process for comprehensive analysis of them. Compliance with this process was verified in records sighted.</p>
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management	FA	The food service is provided on site by a qualified cook and team of kitchen assistants. The four-week rotating menu follows summer and winter patterns and is in line with recognised nutritional guidelines for older people. According to email

<p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>correspondence from HLL (8 October 2018), the summer menu that is currently in use has been reviewed by a qualified dietitian.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plans. Special equipment, to meet resident's nutritional needs, is available as required.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by Christchurch City Council has an expiry date of 4 September 2019. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The food services manager has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training. Updates in relevant training June 2017 and August 2018 were evident in documentation sighted.</p> <p>The cook informed that residents' satisfaction with meals is checked at meetings and suggestions taken seriously. Records of this occurring were sighted. A new large dining area in the new west wing is to be serviced by a newly purchased bain-marie.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>Documented processes for the management of waste and hazardous substances were in place. Infection control documentation includes a waste management section detailing procedures for waste management and disposal. There are no alterations to this documentation required for the additional wing/rooms. External contractors manage most waste disposal, including recycling of cardboard.</p> <p>The doors to the areas storing chemicals were secured and containers labelled. In the new wing, number key pads have been installed in areas such as the sluice room, where hazardous substances are to be stored. Appropriate signage is displayed where necessary, including in the new wing. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Material safety data sheets were in packets on the walls where chemicals are stored, and a spill kit is available.</p> <p>There is provision and availability of protective clothing and equipment in both the</p>

		older and the new areas. These included rubber or plastic gloves, aprons and face shields.
<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>	FA	<p>A current building warrant of fitness with an expiry date of 1 January 2019 is publicly displayed at the front entrance. Certificates of Public Use for both the new west wing and the five new rooms with expiry dates of 19 July 2019 and 15 March 2019 respectively were issued 13 December 2018 and a Code of Compliance 18 December 2018.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose. There is a proactive and reactive maintenance programme and buildings, plant and equipment are maintained to an adequate standard. The testing and tagging of equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. These systems will be maintained for the new areas. Hot water checks, testing and tagging and equipment checks have all been completed for items in the new rooms and records for these were sighted during the audit.</p> <p>Residents' safety is an ongoing consideration for both the internal and external environments with handrails in place, level and ramped entrances, sheltered areas outside and non-slip surfaces. External areas are safely maintained and are appropriate for the residents. Efforts are made to ensure the environment is hazard free and that residents are safe. Landscaping around the new areas has been completed and is safe.</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>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, as well as in the new west wing, for residents' use. All residents' bedrooms have full ensuite bathrooms, including in all the new rooms. Appropriately secured and approved handrails are provided in the toilet and shower areas. Other equipment / accessories, such as raised seating and drop-down hand rails on toilets, are available in bathrooms to promote residents' independence.</p> <p>There are additional toilets for visitors and staff members and basins have been installed along hallways to encourage hand washing.</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>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms are greater than nine square metres in size and provide single accommodation, although some are of sufficient size to be shared. All of the new rooms viewed were empty, except for a bed; however other rooms throughout the facility that are currently in use are personalised with furnishings, photos and other personal items on display.</p> <p>There are designated spaces to store mobility aids, walking frames, wheel chairs and mobility scooters in the new west wing.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Communal areas are available for residents to engage in activities and changes to the building mean an additional large dining area, a large lounge and a smaller lounge will be available to residents. The dining and lounge areas are spacious and enable easy access for residents and staff. Residents can access other areas for privacy, if required. In the new wing, these areas include end of hallway window seating. Although not yet all installed in the new wing, furniture is appropriate to the setting and residents' needs.</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>All laundry is undertaken on site in a dedicated laundry. Resident's personal items are laundered on site, or by family members if requested. The laundry is currently washed by dedicated laundry staff who demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. Residents in the new rooms will have their laundry completed within this on-site laundry in the same manner as current residents.</p> <p>There is a small designated cleaning team who has received appropriate training. These staff have completed chemical handling training and were aware of their cleaning schedules. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers. Cupboards for similar use are in the new wing.</p> <p>When the extensions open, cleaning and laundry processes will continue to be monitored through the internal audit programme.</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>FA</p>	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan that includes the newly developed areas was approved by the New Zealand Fire Service on 12 December 2018. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service. The orientation programme includes fire and security training and ongoing annual updates on this subject are mandatory. Staff have already undertaken updates on emergency management and evacuation of the new west wing and the five rooms. Staff have been advised of the need to contact police and then the manager in the event of any emergency or security concern.</p> <p>Although there is no generator on site, adequate supplies for use in the event of a civil defence emergency are available including food, water, extra blankets, a radio, spare batteries and gas BBQ's were sighted, Records provided confirm the supplies are checked monthly. In addition to the five litre bottles of water in storage, there is a large water storage tank on site. Emergency lighting is regularly tested. The manager informed that supplies are already additional to requirements for the current number of residents.</p> <p>A digital call bell alarm system alerts staff to residents requiring assistance. Call system audits are undertaken twice a year, as per the internal audit schedule. The manager confirmed they have not received any specific complaints in relation to concerns about response times to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked automatically at a predetermined time and a security company checks the premises twice a night. Monthly reports are generated from the visit records. A closed-circuit camera is installed, and internal alarms are in specified areas of the building.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All residents' rooms and communal areas have opening external windows. Many have doors that open onto outside garden or small patio areas.</p> <p>Heating in the older parts of the building is via radiators heated by a diesel-powered boiler. The new rooms have ceiling mounted electric powered units with individual thermostats in each room. Bathrooms have a mix of fan and radiator</p>

		<p>style heaters. Areas were warm and well ventilated throughout the audit. Temperatures within the facility are reportedly monitored during the colder months and fans may be used to cool the atmosphere in summer.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The service provides an environment that minimises the risk of infection to residents, staff and visitors by the implementation of an appropriate infection prevention and control programme. Infection control management is guided by a Heritage Lifecare Limited infection control manual, which is comprehensive and current. An annual review report confirmed the infection control programme and manual have been reviewed and that education on infection control and handwashing are provided annually and when an outbreak occurs.</p> <p>The clinical services manager/registered nurse is the designated infection prevention and control nurse, whose role and responsibilities are defined in a job description. Copies of the job description were in the infection prevention manual and in the relevant staff file. Additional information and expertise can be obtained from an infection control colleague in a DHB hospital. A written report on infection control matters, including surveillance results, is provided to the HLL quality team, copied to the George Manning facility manager, each month. Infection control nurses from other facilities may share resources and experiences. The HLL quality team filter summaries of infection related information in board reports. Infection surveillance results, which are being analysed and reported are discussed at monthly George Manning facility quality meetings, as well as at the monthly nurses' meetings and the monthly staff meetings.</p> <p>Signage at the main entrance to the facility requests anyone who is, or has been, unwell in the past 48 hours not to enter the facility. Reminders about the spread of infection and about handwashing are throughout the facility. The infection control manual provides guidance about how long staff must stay away from work if they have been unwell. Examples of proactivity by both the facility manager and the clinical nurse manager in ensuring staff do not attend work when unwell were provided.</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.

No data to display

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.