

Henrikwest Management Limited - The Beachfront Rest Home

Introduction

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

The audit has been conducted by 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: Henrikwest Management Limited

Premises audited: The Beachfront Rest Home

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

Dates of audit: Start date: 12 June 2019 End date: 12 June 2019

Proposed changes to current services (if any): 18 rooms to be certified for single occupancy dual purpose rest home/hospital (maximum occupancy 18 residents) - Rooms 14 -23, 25 – 30, 33 and 38.

17 rooms to be certified for double occupancy (for couples) only (maximum occupancy 34 residents) - Rooms 1 to12, 32, 34, 37, 39 and 41.

4 rooms to be certified for double occupancy (for double rest home and/or single hospital only (4 – 8 residents) rooms 31, 35, 36 and 40.

Total beds occupied across all premises included in the audit on the first day of the audit: 35

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.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

The Beachfront Rest Home provides rest home level of care for up to 43 residents. The service is owned by Henrikwest Management Limited and is managed by a general manager who is the temporary facility manager for the site. The group consists of three facilities. This partial provisional audit was undertaken to establish the level of preparedness of the service provider for the reconfigurations requested to certify 17 rooms for double occupancy for couples only and for all rooms to be dual purpose beds for rest home/hospital level care.

The facility manager was available for the audit. There are four areas identified for improvement in preparation for this reconfiguration. One in service provider availability, one in relation to activities and two in safe and appropriate environment.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Not applicable for this audit.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Henrikwest Management Limited is the governing body and is responsible for the services provided at The Beachfront Rest Home. The vision and values of the organisation are clearly documented in the policy and procedure manual and in all position descriptions sighted. The policy manual has been reviewed.

The facility manager is experienced in aged care management and is currently supported by an assistant manager and a temporary clinical manager two days a week. The clinical manager position is currently advertised. A senior experienced registered nurse provides cover as required in the interim.

There are processes for human resources management and the facility manager and the temporary clinical manager are currently recruiting for registered nurses and care staff for this facility in preparedness of the outcome of this partial provisional audit and reconfiguration. An orientation programme is developed and implemented. Job descriptions are in place for all staff. There is an education plan for this year 2019, which has been implemented to cover mandatory training and educational requirements to meet the service's agreement with Waitemata district health board.

The facility manager provided a verbal rationale for increasing the current staffing level and skill mix to provide safe service delivery to meet the additional requirements for staffing needed for hospital level residents. In addition, increased residents if double rooms are occupied, would also be taken into consideration. The facility will need to provide 24 hours a day seven days a week registered nurse cover and this is clearly understood by the management team.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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The medication management policies and procedures are documented and implemented. The medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents were observed enjoying the main meal of the day and verified satisfaction. The food control plan was displayed and current.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Some standards applicable to this service partially attained and of low risk.
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The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Laundry is undertaken onsite and the service is audited for effectiveness.

Staff are trained in emergency procedures, use of emergency supplies and attend regular fire drills. Fire evacuation procedures are regularly practised. It was observed that timely staff response to call bells occurred. Security is maintained.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Not applicable for this audit.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection prevention and control programme led by an experienced registered nurse and trained infection control coordinator aims to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when needed.

Staff demonstrated good principles and practice around infection control which is guided by relevant policies and supported with regular education.

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	4	0	0	0
Criteria	0	32	0	4	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>	FA	<p>The strategic, quality improvement and business plan dated January 2019 is reviewed annually. The plans outline the purpose, values, scope, direction and goals of the organisation. The objectives/goals and actions are assessed and established by management on an annual basis. A sample of monthly reports to the board of directors/owners showed adequate information to monitor performance is reported including financial performance, quality data, emerging risks and issues. The service is one of three aged care related services owned by the same company.</p> <p>The on-site service is managed by the general manager who is covering temporarily as the facility manager. The facility manager has been in this role since 25 April 2019 and the Ministry of Health (MoH) was notified. A clinical manager works at another facility owned by the same company but is providing support to the facility manager two days a week overseeing clinical documentation, care and interRAI progress until a new clinical manger is appointed. The facility manager has completed appropriate business and human resources management and is experienced in the aged care industry. The clinical manager has a current annual practising certificate and has had previous aged care experience before commencing in this role. The office manager interviewed assists with the day to day operations of the facility. Both the facility manager and the clinical manager have completed relevant education and training appropriate to these roles.</p> <p>The service holds contracts (sighted) with Waitemata District Health Board (WDHB. At the time of audit, 35 residents were receiving services under the WDHB aged related residential care contract; 33 receiving long term rest home level care, one respite services and one POAC (short term care).</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 on a temporary absence the assistant manager is available to cover. The temporary clinical manager is available two days a week and a senior experienced registered nurse who has worked at this facility for ten years is also available to ensure provision of timely, appropriate and safe services for residents.</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>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes checks, police vetting and validation of qualifications and practising certificates (APCs) where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff interviewed reported that the orientation process prepared them well for the role. Staff records reviewed showed documentation of completed orientation and a performance review is completed annually.</p> <p>Continuing education is planned annually including mandatory training requirements. The education plan was reviewed. Education records are maintained by the office manager. Registered nurses (RNs) complete their own portfolio to meet requirements of the Nursing Council of New Zealand (NCNZ). Healthcare assistants (HCAs) have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. There are sufficient training and competent RNs (two and the temporary clinical manager) who are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.</p>

<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there are adequate staff available to complete the work allocated to them. The facility manager interviewed stated that if dual purpose beds are authorised the care staffing level would be increased accordingly as well as having an RN on all shifts which would be a requirement for hospital level care residents. Staffing levels currently meet the interRAI acuity level report findings. There is RN cover Monday to Sunday morning shift presently. Currently there are four health care assistants (HCAs) on the morning shift, two HCAs on the afternoon shift and an extra HCA who covers 4pm to 8.30pm who also assists in the kitchen at teatime. There are two senior HCAs on night duty. In the absence of the clinical manager, the temporary clinical manager and a senior RN are able to cover the after-hours for HCAs to access advice if required. The general manager/facility manager is on call for non-clinical issues that may arise 24/7.</p> <p>The acting facility manager interviewed is currently advertising for a clinical nurse, an RN for the afternoon shift and other RNs in preparedness for the reconfiguration of current rest home level care beds to dual purpose beds (rest home and hospital). In addition to this, the service provider is seeking to increase capacity of seventeen 17 rooms to be double accommodation for rest home or hospital level care residents that are couples. Additional care staff will also be required to cover if capacity (the number of residents) increases.</p> <p>Observation and review of a four-week roster cycle confirmed adequate staff has been provided with staff replaced in any unplanned absence. At least one staff on duty has a current first aid certificate. A proposed roster was provided and discussed in preparedness for dual bed status occupancy if and when authorised.</p> <p>There is one cleaner on a Monday morning and two cleaners on duty six days a week 08.30am to 3.30pm. The laundry is staffed 8am to 2.30pm daily seven days a week as all laundry is done on site. Two cooks and kitchen staff cover all meal services seven days a week.</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 policies and procedures are documented and implemented and are available to guide staff. All medication policies comply with legislation appropriate protocols and guidelines. There is also a flow chart implemented for medicine administration safety in the front of the medication record folder reviewed.</p> <p>The service uses pharmacy pre-packaged medicine that is checked by a RN on delivery from the pharmacy. A hard copy medication record system is used. Weekly checks and six monthly stocktakes are conducted and confirmed that stock levels are correct. Pharmacy input was recorded as required. There is a signature signing register maintained of all staff who administer medicines. Allergies and sensitivities are recorded on each medication record or 'Nil Known' to evidence the resident has been asked about this aspect of medicine management. Appropriate medicine abbreviations are used. A medication incident process was reviewed.</p> <p>The medication fridge temperatures are monitored. A system is in place for returning expired or unwanted medications to the contracted pharmacy. All medications are stored appropriately. Review of the medication fridge</p>

		<p>confirmed that the service does not store or hold vaccines and interviews with the clinical manager confirmed they do not hold any vaccines on the premises.</p> <p>The staff administering medications complied with the medicine administration policies and procedures. A safe process was observed. All staff who administer medications have completed annual medication competencies.</p> <p>Medication management systems are appropriate for an increase in number and acuity of residents (hospital level care).</p> <p>There was one resident self-administering medication during the onsite audit. A process is in place to ensure ongoing competency of the resident and this is authorised. Ten medication records were reviewed and there was evidence of the general practitioner (GP) reviewing the medication record three monthly.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals are prepared on site and served in the one large dining room. The summer/winter menus provided and sighted have been reviewed by a contracted dietitian 16 December 2017. The A grade food control plan expiry January 2020 was reviewed. The residents' dietary profiles are developed on admission as part of the admission process by the RN. Any dietary requirements and preferences are recorded. A copy of the dietary requirement form is given to the kitchen staff. The kitchen staff are notified by the RN should a resident's dietary needs change and when dietary profiles are reviewed six monthly as part of the care plan reviews. Diets are modified as required. Supplements are provided to residents with identified weight loss problems when identified.</p> <p>Kitchen staff have completed all relevant food safety courses and evidence of training was available in the training and personal records reviewed of this.</p> <p>All food procurement, production, preparation, storage, delivery and disposal sighted at the time of the audit meet the requirements of the standard. The regional manager for three sites is responsible for purchasing the food to meet requirements of the menu plans. Food is stored appropriately in fridges and freezers which are temperature monitored.</p> <p>A new compressor has been installed for the walk-in large fridge to bring this up to current standards. A servery into the dining room from the kitchen has also been put in place as part of the alterations to the kitchen which are still in progress. The dining room and lounge were extended in view of increasing the space for current residents and in preparedness for the planned reconfiguration. The table settings will have to be changed to accommodate hospital level care residents especially if in wheelchairs or another designated area could be arranged as discussed with the acting facility manager.</p> <p>Current food services are appropriate for the planned increase in number and acuity of residents.</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>PA Low</p>	<p>An activities programme is provided. The programme is displayed in all service areas and documented on the notice board at reception daily. The facilities manager discussed the activities programme. Additional time and staff would be employed to meet the needs of the residents. One on one activities would be provided to cover hospital level care residents unable to join in the program implemented as and when the need arises.</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>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. An external company is contracted to provide and manage all chemicals and cleaning products and they also provide any relevant training for staff. Material data sheets were available where chemicals are stored and are accessible for cleaning and laundry staff. There is provision and availability of protective clothing and equipment. Adequate supplies were available and staff were observed using this. Two oxygenators are available and emergency oxygen (two small bottles) were stored appropriately. A contracted service provider collects all waste. Re-cycling processes are in place and the local council collects this once a week.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical</p>	<p>FA</p>	<p>A current building warrant of fitness expiry 28 May 2020 is publicly displayed.</p> <p>Appropriate systems are in place to ensure residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment is current (expiry 28 June 2019) as confirmed in documentation reviewed, interviews with the facility manager and observation of the environment. The environment was hazard free, residents were safe and independence was promoted.</p> <p>There are handrails in the hallways in all service areas. External areas are safely maintained and are appropriate for the resident groups and setting. Planning is in place for a stairway access to the beach to be totally rebuilt but is</p>

<p>environment and facilities that are fit for their purpose.</p>		<p>currently cordoned off for safety purposes. If hospital level care is provided a ramp access will be built for wheelchair access. External pathways are level and seating is available.</p> <p>Except for two wings, the rest home is built on ground level and easy access is available to the grounds which are well maintained. Any repairs or maintenance required is organised by the facility manager and a list of preferred service providers is available. Residents interviewed were happy with the environment.</p> <p>A standing/transfer hoist has been purchased. The weight chair has also been replaced with an electronic weight chair suitable for rest home and hospital level care residents. There are plans to replace the lift in 'A' wing with a disability lift. Currently this lift has two doors to be opened and closed when used. (refer standard 1.4.4.) An emergency Guernsey chair/stretchers has been purchased in the event that one of the two lifts is not functioning. The two lifts are regularly checked by an appropriate service provider.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities.</p> <p>Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>Each individual resident's room has their own bathroom, toilet, hand basin and shower. Appropriately secured and approved handrails are provided in the bathrooms and other equipment, such as shower chairs and other accessories, is provided to promote residents' independence. The service has a large separate shower and toilet located at the front of the facility for any residents of higher dependence and requiring additional space or access. In preparedness for the reconfiguration a standing/transfer hoist is available. Bathrooms are capable of having a hoist used in them if needed as observed at audit. Newer bathroom refurbishments sighted at audit and further renovations planned will include modern bathroom fittings.</p> <p>There is a separate toilet for staff and a visitor bathroom is available.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal</p>	<p>PA Low</p>	<p>Adequate personal space is provided to allow residents to move freely around within their bedrooms safely. All 43 bedrooms are currently single rest home level accommodation. This partial provisional audit is to verify that the 43 individual residents' rooms could be utilised as dual-purpose beds - rest home and/or hospital level care beds. In addition to the dual purpose beds, a request for approval of 17 of the 43 rooms to be double rooms stipulated for married couples/couples only is being sought.</p> <p>Findings include the following: C wing (Zone 6) rooms 25 – 30 would be suitable for dual purpose beds. D Wing</p>

<p>space/bed areas appropriate to the consumer group and setting.</p>		<p>(lower floor - Zone 7) rooms 31, 33, and 35 would be suitable for dual single purpose beds. D wing (upper floor- Zone 8) rooms 36 to 40 would be suitable for dual single purpose beds. Room 41 does not have adequate space by design of this room to access a transfer hoist or wheelchair for a hospital level resident and have room for resident's individual personal belongings, seating and the free-standing wardrobes. This room remains suitable for single rest home level care. There is a lift installed between the two floors in place which is well maintained and checked regularly by the preferred service provider.</p> <p>Rooms 14 to 23 (B Wing Zone- 4) are suitable as dual purpose single beds (rest home/hospital).</p> <p>Rooms 1 to 6 (A wing lower floor - Zone 2) - Downstairs rooms 2 – 5 are suitable for dual purpose/double rooms (rest home/hospital). Rooms 1 and 6 are not suitable until a wall is removed to ensure ease of access for equipment and residents.</p> <p>Rooms 7 to 12 (upper floor Zone 3) Upstairs is currently not suitable for dual service until a self-opening door elevator is installed for the second floor. These rooms are suitable for double rest home level care (couples).</p> <p>Fourteen of 17 rooms requested are currently suitable for designated double rooms. On inspection of the facility the rooms sighted included rooms 32, 34 (Zone 7 – D Wing) lower floor and 37, 39 (Zone 8 – D Wing) upper floor. These rooms are suitable to be used as double dual purpose rooms (rest home/hospital). Four rooms Zone 3- (B Wing) downstairs middle rooms 2 – 5 are suitable as dual purpose double rooms (rest home/hospital). Zone 3 – (B Wing) upstairs rooms 7 – 12 are suitable for double rest home only.</p> <p>The portfolio manager discussed with the facility manager and the auditor that additional double rooms could be appointed on demand and application at the time to HealthCERT Ministry of Health (MoH) as needed. Placement of residents as to their assessed level of care and acuity required would also have to be considered at all times to ensure adequate space to allow the residents and staff to move safely around their personal space/bed areas. Provision for privacy, personal belongings and personalisation of the room must be considered when sharing a room. For residents' who use mobility aids or require additional equipment if hospital level care, this will have to be accommodated in each designated double room.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and</p>	<p>FA</p>	<p>Communal areas are available for residents to engage in activities. The dining and lounge areas are now more spacious after major alterations have been completed and upgraded with all new flooring and furnishings and comfortable seating arrangements have been established. Residents can access areas for privacy if required.</p>

<p>accessible areas to meet their relaxation, activity, and dining 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>	<p>PA Low</p>	<p>Laundry is undertaken onsite in a designated laundry. Staff are employed to manage the laundry seven days a week 8am until 2.30pm. Staff assist as required. The laundry staff understood the laundry processes, dirty/clean flow and handling of soiled linen. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner. In preparedness for an increase in care level of residents (hospital level care) and an increase in resident numbers, plans are developed ready for implementation to increase the size of the laundry and to provide additional storage (currently large locked storage cupboards are located in the hallway next to the laundry and residents' rooms. These alterations would be timely and beneficial for this area of service delivery. An office (Room 24) in near proximity to the existing laundry would be relocated and the space utilised and added to the current laundry.</p> <p>Cleaning staff are employed with two staff on duty six days a week (Tuesday to Sunday) with only one staff member on a Monday. Chemicals are stored appropriately and a trolley is used when cleaning the facility. The trolley is locked away when not in use. Material data sheets were accessible and a spills kit is available if required. The facility was clean and tidy.</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 described the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plans was approved by the New Zealand Fire Service on the 23 May 2002. The last fire drill was recorded as the 19 February 2019. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and a gas barbecue was available and meet the requirements for the 35 residents, and the manager was well informed about the need to increase supply as resident numbers increase.. Water storage tanks 1000 litres meets the requirement of the local council. The facility manager interviewed stated there is no emergency power but emergency lighting is available.</p> <p>Currently a new call bell systems have been installed in the lounge and dining rooms during the alterations and also rooms in B wing which have recently been renovated have all new call systems installed in the living spaces and bathrooms. The call system is in a stage of transition at the time of this audit from an old system to a newly implemented system. All call bells were found at audit to be working during this transition phase.</p> <p>Security camera and cables have been installed in readiness for when all alterations are completed. Door and</p>

		windows are locked at a predetermined time and staff check on all shifts to ensure doors are locked and windows are closed.
<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>	FA	All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening windows and/or ranch sliders doors that open to the garden or small patio areas. Heating is provided by a large gas heater. Electric heaters are in all individual resident's rooms. Areas were warm and well ventilated throughout the audit and residents confirmed they were warm and that the facility is maintained at a comfortable temperature.
<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>	FA	<p>The service implements an infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff and visitors. The programme is guided by a current infection control manual with input from the contracted laboratory service and general practitioner. The infection control programme and manual are reviewed annually and is accessible for all staff.</p> <p>The senior registered nurse is the designated IPC coordinator whose role and responsibilities are defined in a job description. Infection control matters including surveillance results are reported monthly to the acting clinical manager and tabled at the quality meeting. Feedback is provided to the staff as required.</p> <p>Signage at the main entrance to the facility requests anyone who has been unwell not to enter the facility. The infection control manual guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities.</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 1.2.8.1</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	<p>The rosters were made available on the day of the audit. The rosters were reviewed. There is adequate staff to cover the facility currently. The acting facility manager is advertising presently for a clinical manager and a registered nurse for the afternoon shifts. The plan for increasing staff to meet the increased requirements for hospital level residents was discussed. The manager is aware that the facility will have to be covered by registered nurses 24 hours a day and seven days a week.</p>	<p>The facility manager is aware that the facility will have to be adequately covered by registered nurses 24 hours a day seven days a week. Additional care staff will also be required to cover the service.</p>	<p>To ensure that the facility is adequately staffed to meet the increased requirements of residents who are assessed as requiring hospital level care.</p> <p>Prior to occupancy days</p>

<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	<p>PA Low</p>	<p>The activities programme is appropriate for the residents currently in residence. The Activities coordinator and the manager are aware that changes will be required when additional residents are living at the home. There is a plan for additional time and resources (staff) to be provided once numbers increase. One on one activities are planned to be provided as necessary to hospital level residents.</p>	<p>The activities programme will require to be amended and extra resource implemented once resident numbers and acuity increases.</p>	<p>Ensure extra resources are provided to the activities programme so that the needs of all residents can be met to develop and maintain strengths (skills, resources and interests) that are meaningful to residents.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.4.1</p> <p>Adequate space is provided to allow the consumer and service provider to move safely around their personal space/bed area. Consumers who use mobility aids shall be able to safely maneuvers with the assistance of their aid within their personal space/bed</p>	<p>PA Low</p>	<p>On inspection of the proposed rooms for the planed re-configuration the majority of rooms will have adequate space to allow consumers and service providers to move safely around their personal space/bed are and have appropriate access to their rooms. However there are a few areas that will not have adequate space to allow residents and service providers to safely maneuver or to access a hoist if required.</p>	<p>There are two lifts one in A Wing and one situated in D Wing. Both are well maintained currently and checked on a regular basis by a preferred provider. The facility manager interviewed stated that the double door lift in Wing A will need to be replaced to a disability sensor lift for improved accessibility in respect of hospital level care residents being admitted to this wing. Plans are in place for this to occur in a timely manner. There is also a supporting wall with large fixed windows in front of room 1 and room 6 in this same wing which currently would hinder the space for hospital level residents accessing these two rooms for example with wheelchairs or using a walking aid. The plan in place is to replace the glass with a doorway at each end.</p>	<p>To ensure the plans in place are implemented to promote and to allow residents to have easier accessibility to these areas identified for the planned reconfiguration.</p> <p>Prior to occupancy</p>

area.				days
<p>Criterion 1.4.6.3</p> <p>Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.</p>	<p>PA Low</p>	<p>The current laundry meets the capacity for the number of residents at this facility. Plans are already drawn up in readiness for alterations to be facilitated to provide a larger laundry and storage area. The actual plans for the renovation have been approved.</p>	<p>The current laundry is running at full capacity. The layout is not large enough to adequately cope with an increased number of residents or those with higher needs.</p>	<p>Ensure service providers have access to a designated laundry space for the safe and hygienic storage and laundry facilities to meet the demand of increased resident capacity and those residents with higher needs.</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.