

# CHT Healthcare Trust - CHT Acacia

---

## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	CHT Healthcare Trust
<b>Premises audited:</b>	CHT Acacia
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 21 October 2019      End date: 21 October 2019
<b>Proposed changes to current services (if any):</b>	CHT Acacia Park is currently in an older building. Residents are currently residing in all rooms in wing one and four residents in the sun lounge end of wing three. They will be relocated as this part of the existing building will be demolished to make way for the start of stage two of the new build. This audit included verifying stage one of the new build, which is a modern, spacious, purpose-built facility with 26 dual-purpose bedrooms (13 each upstairs and downstairs). The ground floor is planned to open for 12 residents (the 13th room will be temporarily made into a walkway). The

existing building will continue to operate with capacity for 31 bedrooms (a decrease of 14 rooms including 12 bedrooms, a bedroom currently converted into a medication room and a bedroom currently converted into a storage room). It is planned for the new build (stage one) to be handed over to the service on 15 November 2019. Based on this partial provisional audit, it is expected that the residents will move into the new building on that date.

This audit also confirmed reconfiguration of two single bedrooms each to be a double bedroom, which increases the total number of beds from 48 to 50. A letter from the Ministry of Health dated 16 September 2019 confirmed that the rooms were able to be used from the date of the letter with verification to be provided at this audit.

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

# Executive summary of the audit

---

## Introduction

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

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

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

## Key to the indicators

## General overview of the audit

CHT Acacia Park provides care for residents requiring rest home, hospital level care (geriatric or medical). The service is currently located next to the new build. The new build is being completed in stages and will (when completed) replace the existing facility to a total of 60 beds.

This partial provisional audit verified stage one of the build (ground and first floor). The new building is modern and spacious. The building is on a flat section and includes a ground and first floor, each with 13 dual-purpose bedrooms and communal areas for residents. A temporary corridor is in place to connect the new build with the existing building that will remain in use. A second walkway is being built to unite the other end of the new building with the old building.

The old building will retain 31 dual-purpose bedrooms, a communal area, the medication/treatment room which will be temporarily moved to the hairdresser's room, kitchen, laundry area to store dirty and clean laundry and other utility areas. This will give a total of 43 beds available for use.

Only the ground floor in the new building will be used. The first floor of the new build will be completed but not used until stage two is completed with a lift installed at that point.

This audit also verified the use of two single rooms as double rooms in the existing building.

The unit manager is experienced and is supported by the clinical coordinator, the area manager and a team of registered nurses.

This audit confirmed that there are improvements required prior to occupancy for the new building including the following: a certificate of public use; a fire evacuation scheme; completion of the new building to operationalise power, plumbing, heating and emergency equipment and the call bell system; set up of a temporary treatment room; completion of the walkways between the new and existing buildings; and transfer of equipment and furniture from the old to new building. Project and transition plans are in place for this to occur prior to occupancy.

## **Consumer rights**

[Click here to enter text](#)

## **Organisational management**

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

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Organisational human resource policies are implemented for recruitment, selection and appointment of staff. The service has an implemented induction/orientation programme. A training programme is implemented.

There is a documented rationale for determining staffing levels and skill mixes for safe service delivery. Staffing is already in place and will transfer over with residents to the new rooms while continuing to work in the reduced facility. Staff have been orientated to the new building. The draft staffing roster that includes the new building (ground floor) allows for assessed service type and acuity of residents and considers the configuration of the new building and the existing building.

## **Continuum of service delivery**

The activities coordinators currently provide a well-balanced activity programme that caters for residents requiring hospital and rest home level of care, for younger residents and group and individual activities. The activity programme will continue as usual.

The medication management system is implemented as per policy. The service is using an electronic medication system. The hairdresser's room is to be temporarily converted to be used as a secure medication room.

Food services are contracted in and will continue to be delivered from the existing kitchen. The menu is designed and reviewed by a registered dietitian at an organisational level. Food will continue to be transported as currently occurs, in a hot box to the unit kitchenettes. Nutritional profiles are completed on admission and provided to the kitchen staff. All current systems are planned to continue with business as usual including providing food services to residents in the ground floor of the new building.

## **Safe and appropriate environment**

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff. Waste in the new building will be managed as per existing policies and processes.

The new building is being completed. Wiring, plumbing, heating and emergency services are in place but will be operationalised when the remainder of the building is completed. Walkways are partially completed. Outdoor areas and pathways have been put in place.

All resident rooms in the new building have a full ensuite apart from two bedrooms which have a partial ensuite. Communal and visitor toilets are newly installed. Fixtures, fittings and floor and wall surfaces sighted in bathrooms and toilets are made of accepted materials for this environment. Two single rooms in the existing building were verified as being suitable to accommodate two residents in each.

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

The service has robust housekeeping policies and procedures in place. Laundry is outsourced with a dirty linen bay for storage of dirty linen. The facility has a secure area for the storage of cleaning and laundry chemicals.

There are emergency and disaster policies and procedures in place. The fire evacuation plan has been submitted for approval to the New Zealand Fire Service.

## **Restraint minimisation and safe practice**

There are policies to minimise the use of restraint and enablers. Staff have training around managing challenging behaviour. There were three residents using restraints at the time of audit.

## **Infection prevention and control**

Infection prevention and control is currently the responsibility of a designated registered nurse. There are clear lines of accountability to report to the infection prevention and control team on any infection prevention and control issues.

## 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)
<b>Standards</b>	0	13	0	4	0	0	0
<b>Criteria</b>	0	30	0	7	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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>Acacia Park is part of the CHT group of facilities following purchase in September 2015. The service provides rest home and hospital level care for up to 50 residents with two single rooms verified as suitable to accommodate two residents in each at the audit. The Ministry of Health had given approval for the rooms to be in use from 16 September 2019 with verification at this audit.</p> <p>On the day of the audit, there were 44 residents in total, 26 rest home level and 18 hospital level. This includes one resident under an ACC short-term contract (assessed as requiring hospital level care) and one resident requiring rest home level of care on a long-term chronic health contract (LTS-CHC). One resident was identified as requiring palliative care. All rooms are dual-purpose.</p> <p>Construction of stage one is comprised of a new stand-alone two-level building with 26 bedrooms (13 on each level). Because of fire and accessibility requirements for staff to move between the existing and new buildings, the 13th bedroom on the ground floor will be temporarily used as part of a walkway. The date for completion and handover from the builders to CHT is planned for the 15 November 2019. The first floor with 13 dual-purpose bedrooms, communal areas and amenities is verified at this audit subject to completion of the corrective actions identified in this audit but will not be used until October or November 2020 when a</p>

		<p>lift is installed.</p> <p>CHT has a documented philosophy of care, mission statement and overall business/strategic plan. The unit manager's performance plan identifies business goals for the current year. These goals are regularly reviewed and signed off when achieved.</p> <p>The unit manager is a registered nurse who maintains an annual practicing certificate. They have over 18 years' experience in aged care and have been in the role as unit manager for three years. They are supported by the clinical coordinator who has over 20 years' experience in aged care and eight months in the role. The unit manager reports to an area manager on a regular basis (minimum of monthly). The unit manager has been in the role for 12 years and has completed postgraduate diplomas in nursing. All managers and the clinical coordinator have completed at least eight hours of professional development along with management training.</p> <p>A transition plan to move into the new building is in place.</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>	FA	<p>During the temporary absence of the facility manager the clinical coordinator will provide management oversight of the facility with the support of the area manager. There will be no changes to second in charge with the changes proposed.</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>	FA	<p>There are human resources policies to support recruitment practices. This includes that the recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and veracity. The register of RNs practising certificates and allied health professionals is current. Six staff files were reviewed (one clinical coordinator, three RNs, an activities coordinator and the unit manager). All files contained relevant employment documentation including reference checks and orientations. Annual staff appraisals were evident in all staff files reviewed.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The in-service education programme for 2019 has been completed and implemented. In addition to the scheduled education programme staff have access to online education. The unit manager,</p>

		<p>clinical coordinator and registered nurses can attend external training, including sessions provided by the local DHB.</p> <p>There are six registered nurses (including the clinical coordinator and unit manager) who have completed interRAI training.</p> <p>The staff currently training will be providing care in the new building (ground floor) for the same residents as they have now.</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>	FA	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The unit manager and clinical coordinator are on duty during the day Monday to Friday. Both share the on-call requirement for clinical concerns. Staff stated they feel supported by the management team who respond quickly to after-hours calls.</p> <p>The RN cover is provided for an RN for each shift, seven days a week.</p> <p>Healthcare assistants are staffed as one group and are responsible for 26 rest home residents and 18 hospital level care residents.</p> <p>On morning shift there are six HCAs rostered for the AM (four full shift and two short shifts). On afternoon shift there are four HCAs (three full shift and one short). There are two HCAs rostered on night shift. There is a registered nurse rostered onto each shift.</p> <p>When the new building is opened, there will be an additional two five-hour (short shifts) in the morning. Residents from the existing building who are mostly identified as hospital level of care will move to the new building on the ground floor. The registered nurse is expected to be based there but will provide oversight for clinical care as per current arrangements. The new building will be connected by walkways to the existing building. There is no extra distance to walk when the old site is compared to the old plus new area.</p> <p>There are 33 staff in total including 20 healthcare assistants, five registered nurses, two activity coordinators, three maintenance and managers.</p>
<p>Standard 1.3.12: Medicine Management</p>	PA Low	<p>There are policies and procedures in place for safe medicine management including medication administration and monitoring of self-medicating resident.</p>

<p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>Policy and procedures meet legislative requirements. The facility has one medication room. The medication room is to be demolished when the new building (ground floor) is ready to be opened. The current hair dressing room is tagged as being the temporary medication room with this to be furnished, secured and specific accommodation made for the safe for controlled drugs. The medication trolleys (one currently in use) will stay kept in locked rooms. The fridge to store medication in will be moved into the transitional medication room. The medication fridge is maintained within the acceptable temperature range.</p> <p>Registered nurses and medication competent carers administer medications from sachets on medication rounds. These staff have been assessed for competency on an annual basis and attend annual medication education. Registered nurses attend syringe driver education. All medication is checked on delivery against the electronic medication chart. All medications were securely and appropriately stored. All eye drops, and ointments were dated on opening.</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 and cooked on site at Acacia Park. The Food Control Plan expires on 7 April 2020. Food services are contracted in from an external company. The cook is responsible for the operations of food services. The kitchen team includes three cooks and kitchenhands. There is a four weekly rotating menu that is reviewed by the contracting company's dietitian and a dietitian from CHT. A food services policies and procedures manual is in place.</p> <p>All residents have their dietary requirements/food and fluid preferences recorded on admission and updated as required. The cook maintains a folder of resident's dietary requirements that includes likes/dislikes. Alternative choices are offered. The cook is informed of dietary changes and any residents with weight loss. Dietary needs are met including normal, pureed meals and finger foods. Specialised lip plates are available as required.</p> <p>Input from residents on a one-to-one basis provide resident feedback on the meals and food services.</p> <p>Daily hot food temperatures are taken and recorded for each meal. Hot boxes are used to deliver food to residents' rooms and the meals served to residents in the dining room are kept in a bain marie. Fridge and freezer temperatures are recorded. Dry foods in the pantry are dated and sealed. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen</p>

		<p>includes a dishwashing area, preparation, cooking, baking and storage areas.</p> <p>The chemicals are stored safely. The chemical supplier completes quality control checks on the sanitiser. Safety data sheets are available, and training provided as required. Personal protective equipment is readily available, and staff were observed to be wearing hats, aprons and gloves on the day of audit.</p> <p>The unit manager stated that there are already two hot boxes and food is delivered in these already. There are no envisaged changes to food services with the move to the ground floor of the new building. Two walkways are being built with a ramp put in place in one to manage the change in floor levels. This will allow for hot boxes to be transported to the new lounge/dining area in the ground floor of the new building. Two contractors were interviewed, and both had been actively engaged in discussion with the project manager and the managers of the service to ensure that any transition was planned.</p>
<p><b>Standard 1.3.7: Planned Activities</b></p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service employs two activities coordinators. The activities coordinators have qualifications as healthcare assistants and one of the activities coordinators is reviewing opportunities for developing skills in diversional therapy. One activity coordinator has been in the role for three weeks; and the other activity coordinator has been in the role for over three years. The activities coordinators provide activities for residents within the facility and accompany them on community outings.</p> <p>The activities programme is displayed on a weekly A4 calendar with large font and illustrations. The activities programme includes entertainers from the community (with residents observed to be enjoying this on the day), games, art and crafts, indoor bowls, quoits, scrabble, quizzes, movie time, bingo and floral art. A bus hire company takes ten residents and an activities coordinator on bus outings and takes residents on shopping trips. Kindergarten children visit the residents on a regular basis. A Baptist meeting is held for residents on a weekly basis.</p> <p>The activity coordinator interviewed stated that they complete lifestyle assessments with residents on admission with other documentation including attendance records, reviews and evaluations of activity plans in the resident files. The activity team provides one-to-one time with some residents who do not participate in group activities. The activities coordinator advised that there will be no difference in the type or frequency of activities offered currently. The main lounge with space for activities for some residents will be replaced by a large</p>

		<p>lounge/dining area in the new building. This will be connected to the old building by a covered walkway and residents will be able to move between the two buildings. The activities coordinator also stated that they have been involved in meetings around the new build and are familiar with plans and resident movements.</p>
<p><b>Standard 1.4.1: Management Of Waste And Hazardous Substances</b></p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances.</p> <p>The sluice room in the existing site remains in use and is easily able to be accessed by staff in all areas of the building. Equipment is already in place with no changes envisaged to use.</p> <p>There is a locked cupboard in the room for chemicals. This will remain in use when the new building is operational.</p> <p>Waste management audits continue to be a part of the internal audit programme.</p> <p>All staff have completed training regarding the management of waste during induction with this sighted as being completed in staff files reviewed. Chemical safety training is a component of the training and orientation training and this will continue when staff move into the new building.</p> <p>Gloves, aprons, and goggles are available with staff sighted as using these appropriately. There are MSD sheets available.</p> <p>A refuse area has been built in the car park area with bins covered.</p>
<p><b>Standard 1.4.2: Facility Specifications</b></p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>Stage one of the new build facility is purpose-built to provide care for residents requiring rest home, medical or hospital level care (dual-purpose beds). The ground floor and level one have been verified for use through this audit. Each floor has 13 dual-purpose bedrooms with ensuites. The ground floor will be used with 12 bedrooms available (the 13th bedroom will be temporarily used for the walkway between the new and existing building). Included in the new building are a visitors' toilet and an accessible communal shower and toilet, storage areas for linen and equipment, electrical cupboard, with the main plant room along with the sprinkler valve house is in a separate purpose-built building in the carpark adjacent to the</p>

		<p>new building. There is a large lounge/dining area on both the ground and first floor.</p> <p>A second walkway will be built to connect the existing building and new building at the opposite end of the building from where the existing walkway is located. All existing bedrooms and utility rooms are located in wings connected to the new build. Thirty-one rooms will remain in the existing building as bedrooms for resident use. This audit has verified two of the single rooms to be used for two residents in each. The hairdresser's room will be temporarily commissioned as a medication/treatment room (this will be moved as part of stage two when completed).</p> <p>The new build is almost completed but requires finishing, utilities to be fully operational and a certificate of public use put in place.</p> <p>The building is on a flat section. The pathways and concrete patios around the new building have been completed and will allow residents to be able to access outdoor areas and the existing building and roadway easily.</p> <p>The property manager for the build confirmed that the building and plant have been built to comply with legislation. The organisation has purchased some new equipment for the new building and all other equipment will be moved in with residents. Equipment is appropriate for hospital, rest home and medical level of care. All equipment has been tested, tagged and calibrated within the last year. Equipment and medical equipment calibration and servicing is captured within the quality programme and scheduled annually.</p> <p>Policies relating to provision of equipment, furniture and amenities are documented.</p> <p>The new and existing building retained in stage one will be kept separate from the new build still to be completed (stage two) with a noise control plan able to be implemented. Stage two will be confined by fire walls and therefore dust is not envisaged to be an issue.</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</p>	<p>FA</p>	<p>There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. Every resident's room has an ensuite with a mobility aid-friendly shower, toilet and hand basin. The communal toilets are at one end of the ground and first floors with visitor toilets on the ground floor. Handrails in toilets, showers and communal</p>

requirements or receiving assistance with personal hygiene requirements.		areas have been installed.
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Residents rooms have been built as dual-purpose rooms (hospital/rest home care able to be provided) with each having an ensuite. Two rooms on the ground floor and two on the first floor have ensuites with toilets only. These rooms have communal showers in close proximity. Doors are wide to allow for furniture to be moved in and out and there is enough space to allow for a bed, lazy boy style chair, built in wardrobe and chest of drawers with room to take mobility aids and staff who would be supporting the resident. Mobility aids can be managed in ensuites as observed on the day of audit. The rooms have been completed ready for use with the last of the cabinetry being installed. Beds and other equipment will be moved from the existing site when the rooms are ready with some new furniture already purchased. This includes some hi-low beds which will be used in the new building.</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>There is a spacious lounge/dining room on both the ground and first floor that is accessible by residents in any bedroom. Each lounge has a kitchenette and residents and family will be encouraged to use these. The open plan lounges/dining areas are large enough for individual or group activities. Dining areas/lounges are large enough for residents with mobility equipment. Existing communal areas will be retained in part in the existing building.</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>	PA Low	<p>The organisation outsources housekeeping and laundry services. An existing laundry room is used currently to store dirty laundry ready for pick up. A dividing wall is to be put up to accommodate clean linen when it is delivered with this area then separated from the walkway. The shared shower in the wing retained as part of the existing building has been converted into a dirty storage bay for linen. Staff transport dirty linen in tied bags to the vehicles for transport off site. Clean linen is brought back and put in a designated area which will be walled off prior to occupancy of the new building. There are wide hallways on each level of the new building with covered laundry bins in use to collect and transport dirty linen.</p> <p>Policies and procedures ensure all cleaning and laundry services are always maintained and functional.</p>

		<p>The cleaning manual includes instructions for cleaning. The service has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits continue to be completed as per the audit schedule to monitor effectiveness of laundry and cleaning processes.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Low</p>	<p>The emergency and disaster manual includes dealing with emergencies and disasters, essential locations, internal emergencies and external emergencies. Emergencies, first aid and CPR are included in the mandatory in-services programme and the annual training plan includes emergency training. A review of staff files confirmed that staff have completed induction that includes health and safety and emergency preparedness. First aid training for staff is in place with a registered nurse on duty at all times with a current first aid certificate.</p> <p>An orientation to the new and existing building is planned to be completed for all staff. This includes training in emergency management. The location of the main emergency control panel is in place and ready to be activated.</p> <p>The new building has alternative power systems in place to be able to cook in the event of a power failure. Emergency lighting can run for at least two hours if not more and a generator is able to provide further support for extended periods. Emergency lighting is installed in each bedroom in the new building and is ready to be activated. There is a civil defence kit for the whole facility and drinkable water is stored in large holding tanks. The volume of stored water for emergencies meets civil defence guidelines. A civil defence folder includes procedures specific to the facility and organisation.</p> <p>The call bell system was sighted in all bedrooms, bathrooms and toilets and communal areas in the existing building and is installed in the new building and ready to be activated.</p> <p>The fire evacuation plan has been submitted to the New Zealand Fire Service. The doors of the building can be locked, and security is relevant to the needs of the residents and staff with checks by staff prior to dusk. External doors in the new build can be locked for security and final locking systems will be put in place prior to occupancy. Emergency equipment including egress, sprinkler systems, smoke detectors have been installed.</p> <p>A call system is in place and this is ready to be activated in the new building. The</p>

		existing building has an operational call system. The call bells in the new and existing buildings will link.
<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	<p>General living areas and resident rooms in the new building are to be heated through under floor heating. Ducts are in place but are yet to be activated. Existing rooms are heated through a heating system installed. There is plenty of natural light in all areas with external sliding doors in bedrooms on the ground floor of the new building and communal areas and windows in all rooms are able to be opened.</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>	FA	<p>There are comprehensive infection prevention control (IPC) policies in place that meet the Infection Prevention and Control Standard SNZ HB 8134.3.1.2008. There are clear lines of accountability to report to the infection control team on any infection control issues including a reporting and notification to head office policy. Responsibilities are documented as part of the policy that includes chain of responsibility and an infection control officer job description.</p> <p>A registered nurse is the designated infection control coordinator with support from the unit manager. There is a quality management committee that includes discussion of infection control information and review of data. The two monthly meeting is attended by all staff and minutes are available for staff if they are unable to attend. Regular six-monthly internal audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually. The unit manager confirmed that there has been input from the unit manager and infection control coordinator to ensure that the new building is appropriate to manage infection control.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. On the day of the audit there were three with restraints in use (bed rails). There were no residents using enablers.</p>



## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	<p>There is one medication trolley in use and the unit manager stated that there will be one more purchased to support the move of residents to the new building.</p> <p>The current medication room is to be demolished when residents move to the new building and a temporary room (currently the hair dressing salon) is planned to be used in the meantime. A permanent medication/treatment room will be built in stage two of the new build. The temporary treatment room is sited in the middle of the old and new buildings for ease of access for staff.</p>	<p>The temporary treatment room has yet to be set up with furniture, a safe for controlled drugs, and the medication fridge. The room is not yet secure.</p> <p>A second medication trolley is yet to be purchased.</p>	<p>Ensure the treatment room is fully completed and secure. Ensure a second medication trolley is available as planned.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The project, area and unit managers are aware of the need to obtain a certificate for public use.</p>	<p>A certificate for public use has not yet been issued.</p>	<p>Obtain a certificate for public use.</p>

				Prior to occupancy days
<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	PA Low	One walkway is in place between the new and existing buildings with this to be opened when residents move into the new building. A ramp is to be built to accommodate a change in levels between buildings. A second walkway to connect the new and existing building is yet to be built.	Walkways to link the new and existing buildings are not yet fully built.	<p>Ensure that residents can move freely and safely between the new and existing buildings via safe and accessible walkways.</p> <p>Prior to occupancy days</p>
<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>	PA Low	There is a room already in use to store dirty linen. This can be locked. Clean linen is currently stored in an area that will be walled off from a walkway that connects the new and existing building.	The separation of the walkway and the clean linen storage area is not yet completed.	<p>Complete the walled off area for clean linen storage.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	Fire evacuation and emergency drills along with orientation to the new building is planned for the day following the audit. Fire evacuation and emergency drills have been in place six monthly for all staff.	Staff have not yet been orientated to the new building and trained in fire and emergency response in light of the new configuration.	<p>Ensure that all staff are orientated to the new building and trained in fire and emergency response.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	The fire evacuation plan has been submitted to the New Zealand Fire Service for confirmation of the Fire Evacuation Scheme.	A fire evacuation scheme has not yet been issued.	Obtain a fire evacuation scheme for the new and existing building.

				Prior to occupancy days
<p>Criterion 1.4.7.6</p> <p>The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.</p>	PA Low	There are exterior doors that are currently able to be locked to secure the new building. Locks and security of the new building is yet to be finalised.	Locks for external doors is not completed as this will be influenced by final completion of walkways.	<p>Ensure that there are external locks that keep the new and existing buildings secure and that can be opened in the event of a fire.</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.