

# CHT Healthcare Trust - CHT Bernadette

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## 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 Bernadette
<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: 13 November 2019    End date: 13 November 2019

**Proposed changes to current services (if any):** CHT Bernadette is currently in an older building with residents residing in two buildings as follows: the first building includes the hospital wing, Matakana-up and Matakana-down (dual purpose beds).

This audit included verifying stage one of the new build, which is a modern, spacious, purpose-built facility with 17 dual purpose bedrooms on a single level. This audit also confirmed reconfiguration of two large single bedrooms in the new build each to be a

double bedroom, which increases the total number of beds from 17 to 19. A lounge/dining area, a large kitchen, storage areas, a staff room and toilet/shower facilities have been included in the new build. The building is connected by two temporary walkways to the existing hospital wing (currently blocked off until the building is completed). The planned handover of the new building from the construction company is for 6 December 2019 with the building potentially occupied on 17 December 2019. The plan is then to; a) relocate residents from the hospital wing to the new building with three bedrooms in the hospital wing remaining for residents as well as the 50 beds available in the two Matakana wings; b) relocate the kitchen, laundry services and staffroom to the new building; c) close off access to the hospital wing that will be refurbished in stage two.

**Total beds occupied across all premises included in the audit on the first day of the audit: 68**

# Executive summary of the audit

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## 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 Bernadette is owned and operated by the CHT Healthcare Trust and cares for up to 69 residents requiring rest home or hospital (geriatric and medical) level care. On the day of the audit, there were 68 residents. Refurbishment has already been completed for two wings in the existing building with one wing yet to be refurbished.

This partial provisional audit verified stage one of a new building. The new single-level building of 17 dual-purpose bedrooms able to accommodate up to 19 residents (two double-rooms). The new building is modern and spacious, is on a flat section and includes dual purpose bedrooms with ensuites, communal areas for residents and a new kitchen, laundry, staffroom and storage areas. Two temporary corridors are in place to connect the new build with the existing building.

Prior to stage two and based on the outcome of this partial provisional audit, there will be a total of 72 dual purpose beds available (including 19 in the new building). Handover from the construction company to CHT is expected to take place on 6 December 2019.

Stage two is expected to start in January 2019 and will include refurbishment of the final wing in the existing building. The old building will retain three dual purpose bedrooms from the existing hospital wing, 50 residents in Matakana wings (up and down), a communal area, the medication/treatment room and front of house. The remaining hospital wing will be closed off for refurbishment.

The total number of beds available when stages one and two have been completed will be 92.

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 improvements required at the previous audit around care plan interventions; hot water temperatures and resident access to call bells have been addressed.

This audit identified improvements related to the new building including the following required prior to occupancy: a certificate of public use; a fire evacuation scheme; call bell system; transfer of the kitchen and laundry to the new building; 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 unit manager is responsible for day-to-day operations. 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 current buildings as well. Staff will be 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 secure medication room will remain as is and will be accessible to residents in existing wings and to the new building.

Food services are contracted in. The kitchen is temporarily located in containers and will move to the new building prior to occupancy. The menu is designed and reviewed by a registered dietitian at an organisational level. Food will continue to be transported as currently occurs, in hot boxes 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 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 with a second sluice room available in the new building.

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 are being put in place.

All resident rooms in the new building have a full ensuite apart from two bedrooms which have a shared 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 new building were verified as being suitable to accommodate two residents in each.

Resident rooms in both the existing and new buildings 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 transfer of the linen bay for pick-up and delivery to the new building. All buildings (the current hospital building and the new building) have secure areas 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**

The restraint coordinator is a registered nurse. The service has no residents assessed as requiring the use of restraint and one resident assessed as requiring an enabler. Staff regularly receive education and training in restraint minimisation and safe practice.

## 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	16	0	2	0	0	0
<b>Criteria</b>	0	32	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>CHT Bernadette is owned and operated by the CHT Healthcare Trust. The service provides hospital (medical and geriatric) and rest home level care for up to 69 residents. On the day of the audit, there were 68 residents. This included 34 rest home level residents and 34 hospital level residents. One resident (hospital level) was funded by ACC; three residents (two at hospital level and one requiring rest home level of care) were on the young person with a disability (YPD) contract and one resident was on the long-term service chronic health care (LTS-CHC) contract (hospital level of care). All rooms that are currently being used as dual purpose.</p> <p>This partial provisional audit verified stage one of a new building. The new single-level building of 17 dual-purpose bedrooms able to accommodate up to 19 residents (two double-rooms). The new building is modern and spacious, is on a flat section and includes dual purpose bedrooms with ensuites, communal areas for residents and a new kitchen, laundry, staffroom and storage areas. Two temporary corridors are in place to connect the new build with the existing building. The new building has been verified as suitable to provide dual-purpose level care.</p> <p>Prior to stage two and based on the outcome of this partial provisional audit, there will be a total of 72 dual purpose beds available (including 19 in the new building). Handover from the construction company to CHT is expected to take place on 6</p>



		<p>December 2019. There is a transition plan in place around transfer of residents and implementation of the new building.</p> <p>Stage two is expected to start in January 2019 and will include refurbishment of the final wing in the existing building. The old building will retain three dual purpose bedrooms from the existing hospital wing, 50 residents in Matakana wings (up and down), a communal area, the medication/treatment room and front of house. The remaining hospital wing will be closed off for refurbishment. The total number of beds available when stages one and two have been completed will be 92.</p> <p>The organisation has a philosophy of care, which includes a mission statement.</p> <p>The unit manager is a registered nurse who has 20 years of experience in aged care. She became the acting unit coordinator in August 2018 and was promoted to unit manager in early December 2018. She maintains an annual practicing certificate. She completed a postgraduate diploma in leadership and management in professional practice in 2018 and regularly attends monthly CHT management training in Auckland.</p> <p>The clinical coordinator is a registered nurse who has been in the role for 12 months. The clinical coordinator is trained in interRAI and regularly attends in-service training. The unit manager reports to the area manager weekly on a variety of operational issues. The unit manager, area manager and project manager continue to work together to complete the building project. The managers have each completed in excess of eight hours of professional development in the past 12 months.</p> <p>There are no changes envisaged for the area manager, unit manager or clinical coordinator roles with the move to the new building.</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>In the absence of the unit manager, the clinical coordinator can provide a second in charge role with support from the area manager. The unit manager can relieve for the clinical coordinator in their absence.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted</p>	FA	<p>There are human resource management policies in place that include the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity. Copies of current practising</p>

<p>in accordance with good employment practice and meet the requirements of legislation.</p>		<p>certificates are retained. Seven staff files (one clinical coordinator, two registered nurses, two healthcare assistants and two activities coordinators) reviewed, evidenced implementation of the recruitment process, employment contracts and annual performance appraisals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and remarked that new staff were adequately orientated to the service. Evidence of an orientation programme being completed was sighted in the staff files reviewed. The two new staff interviewed confirmed that they had completed a thorough orientation and induction to their role and to the service. Existing staff who have already been orientated will be working in the new building. They have current staff and no need to employ, although as they are taking more staff as casual so that they are orientated should they need more staff in the future.</p> <p>There is an annual education plan that is implemented that includes in-services and completion of online education modules. The competency programme is ongoing with different requirements according to work type. The unit manager and registered nurses can attend external training, including sessions provided by the local district health board with certificates sighted confirming this. Three of the eight registered nurses employed have completed interRAI training; one is completing the training; two are part way through. The clinical coordinator is also interRAI trained.</p> <p>The unit manager completed a postgraduate certification in 'leadership and management in professional practice' in 2018. The unit manager and clinical coordinator attends monthly CHT managers' meetings in Auckland that covers professional development relating to managing an aged care service. In addition, they attend in-service training at the facility with a record sighted. The clinical coordinator has maintained training records that reflect attendance at in-services and district health board training in 2019 relevant to the role.</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>FA</p>	<p>CHT policy includes staff rationale and skill mix.</p> <p>There were 68 residents at the facility during the audit (34 hospital and 34 rest home residents) who are spread across three wings as follows: (i) hospital wing with 19 beds: 18 residents including 7 hospital and 11 rest home level of care; (ii) Matakana downstairs: 25 residents with 25 beds (15 hospital and 10 rest home occupancy); (iii) Matakana upstairs: 25 residents with 25 beds (12 hospital and 13</p>

		<p>rest home).</p> <p>Enough staff are rostered on to manage the care requirements of the residents. Agency staff are used when casual staff are not available. The unit manager confirmed that there is low staffing turnover with this having improved since the last audit.</p> <p>The unit manager and clinical coordinator support the registered nurses from Monday to Friday on site. Two registered nurses (RN) (one upstairs and one downstairs) cover the AM and PM shifts and one RN covers the night shift.</p> <p>On the morning shift, there are the following healthcare assistants: three healthcare assistants (two long and one short rostered for Matakana upstairs) and a repeat number of staff for Matakana downstairs. In the hospital wing, there are two healthcare assistants rostered, each completing a full shift. On the afternoon shift, there are two healthcare assistants rostered for a full shift in Matakana upstairs; one long shift and one short shift in Matakana downstairs; and one long shift and one short shift in the hospital wing.</p> <p>Nights are staffed with three HCAs with one allocated to each wing.</p> <p>A review of rosters for the past three months confirmed that staff are replaced when on leave. The review also confirmed that additional staff are rostered on in response to an increased acuity or numbers of residents.</p> <p>Interviews with staff identified that staffing is adequate to meet the needs of residents.</p> <p>Currently there are 32 healthcare assistants. Of the 32 healthcare assistants, 27 have either level 3 or level four Careerforce. Three are actively enrolled in Careerforce level two and one is new.</p> <p>A new roster has been documented when residents from the existing hospital wing transition into the new building. The total number of available beds at the end of stage one will be 72, however the new roster is staffed for a total of 75 residents with this to be implemented from 17 December 2019 when it is planned for residents to move into the new building. The new roster shows an increase of one healthcare assistant in the morning and an additional healthcare assistant in the afternoon. The unit manager is currently recruiting additional casual staff so that they will be orientated and able to work on a full shift when the new roster is put in place. Other staff already rostered on will move with residents to the new building.</p>
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<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>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were no residents self-administering on the day of audit.</p> <p>The facility uses a four-week robotic sachets system. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. Registered nurses and senior medication competent healthcare assistants administer medications. Medication competencies are updated annually, and staff attend annual education. Registered nurses have syringe driver training completed by the hospice. The medication fridge temperature is checked daily. Eye drops are dated once opened.</p> <p>Registered nurses use an electronic medication management system and sign for the administration of medications. Registered nurses and senior healthcare assistants who administer medication are required to have an annual medication competency. This was completed for relevant staff in the files reviewed.</p> <p>There are no changes planned for the move when residents from the hospital wing are moved to the new building. The service already has medication trolleys that will be used for administering medication. The medicines room will remain in a central location where it currently is located. The remaining three bedrooms that will remain in use in the hospital wing are near the treatment room and there are connecting doors between the new and old building (refer 1.4.2) to ensure that medications can be transported in a timely manner.</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>Food services are contracted to an external company. The kitchen has been temporarily relocated to two containers specially equipped to fulfil the purpose. All equipment has been moved into the containers. One container serves as a place to cook meals with a fridge and freezer also located inside. The second container serves as a pantry with a fridge, freezer and chiller. A covered porch links the two containers and a bench space allows food to be served. Food is taken to dining areas in hot boxes. The three hot boxes will be used for the existing and new buildings with a fourth ordered.</p> <p>Daily hot food temperatures are taken and recorded for each meal. Fridge and freezer temperatures are recorded with these within the required range as per policy. Dry foods in the pantry are dated and sealed. Perishable foods in the</p>

		<p>chiller and refrigerators are date labelled and stored correctly.</p> <p>A food control plan has been verified and expires in April 2020. There is a food-services manual in place to guide staff. A resident nutritional profile is developed for each resident on admission and is provided to the kitchen staff. This document is reviewed at least six-monthly as part of the care plan review. The kitchen can meet the needs of residents who require special diets and the chef manager confirmed that they work closely with the registered nurses on duty. The kitchen staff have completed food safety training.</p> <p>The chef manager and cooks follow a rotating seasonal menu, which has been reviewed by a dietitian in September 2018. The temperatures of refrigerators, freezers and cooked foods are monitored and recorded. There is special equipment available for residents if required. All food is stored appropriately.</p> <p>The unit manager, clinical coordinator and the area manager have been having frequent meetings regarding the move from the temporary kitchen to the kitchen located in the new building.</p> <p>The new building has a large kitchen with all equipment already in place. The kitchen includes a dishwashing area, preparation, cooking, baking and storage areas. Surfaces are made of materials that are easily able to be washed and cleaned. Flooring and painting have been completed. All electrical and plumbing requirements are in place and the utilities will be operationalised prior to occupancy (refer 1.4.2.4). The transition plan documents the decommissioning of the container kitchen with the move to the new building. The unit manager and area manager confirmed that the container kitchen will be kept on site until it is confirmed that the new kitchen is completely operational.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Six resident files were reviewed. These included two residents who had been seen by the physiotherapist with changes identified for cares related to mobility including a change in the type of hoist used for each resident. Both had changes made to the long-term care plan. Three residents had been seen by the dietitian with dietary changes documented. All residents had an updated dietary assessment that had been provided to the kitchen (confirmed by the chef manager interviewed) and the long-term care plans had been updated. The sixth resident had been seen by the speech language therapist with changes made to the long-term care plan. The corrective action at the previous audit identified issues relating to documentation of interventions in the care plan in response to allied health</p>

		<p>instructions have now been met.</p> <p>Overall long-term care plans reviewed described the support required to meet the resident's goals and needs under a comprehensive range of template headings. The unit manager and two registered nurses interviewed advised that in most situations the long-term care plan (LTCP) is updated for acute changes. Changes and updates for changes in health status were evident in the LTCP in the files reviewed. All required interventions were documented.</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>	FA	<p>Two activities coordinators are employed, each working at least 20 hours a week and covering seven days a week. One activities coordinator is returning to the role within the month and the total number of activities coordinators will be 1.5 fulltime equivalents.</p> <p>The activities team provide a varied activities programme designed to meet the needs of all residents. Each resident has an individual activities assessment on admission and from this information, an individual activities plan is developed as part of the care plan by the registered nurses, with input from the activities staff. Residents are free to choose whether to participate in the group activities programme or their individual plan and participation is monitored. Group activities reflect ordinary patterns of life and include planned visits to the community. All long-term resident files sampled have an activity plan within the care plan and this is evaluated at least six-monthly when the care plan is evaluated as sighted in six resident files reviewed.</p> <p>The activities programme includes activities suitable for younger residents.</p> <p>There are no intended changes to the programme with the move in residents from the current older wings to the new build. Activities will be offered in the lounge area of the new build and in the lounge of the older area. Individual and group activities will continue to be offered as planned. The two activities coordinators interviewed were familiar with their roles and plans for provision of activities in the new and existing buildings.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected</p>	FA	<p>There are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons, and goggles are available, and staff were observed wearing personal protective</p>

<p>from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety data sheets are available.</p> <p>The sluice room in the new build is mostly completed with the sluice to be installed (link1.4.2.4). The existing sluice room will continue to be used as well as the new sluice room.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>The service displays a current building warrant of fitness for the existing building. There is a maintenance person employed to address the reactive and planned maintenance programme. All medical and electrical equipment has been recently serviced and/or calibrated. Hot water temperatures are monitored, and all temperatures in resident areas including the new building have been documented at 45 degrees Celsius or below. The corrective action identified at the previous audit has been addressed. Equipment from the existing hospital wing will be taken over to the new building with new furniture already in place as well. The sluice is to be put into the new building.</p> <p>The current facility is made up of two buildings. The first has three wings (Matakana-up and Matakana-down each with 25 beds and the hospital wing with 19 beds currently). All are dual purpose.</p> <p>The current facilities have sufficient space for residents to mobilise using mobility aids and the current external area is well maintained. Residents have access to safely designed external areas that have shade, and these will continue to be available during the refurbishment planned for the hospital wing. Staff stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plans. Matakana wings have already been refurbished.</p> <p>This partial provisional verified the new building, including 17 bedrooms with two bedrooms, as being able to accommodate two residents in each giving a final total of 19 beds, an ensuite in each room apart from two rooms that share an ensuite, a large fully contained kitchen, a staff room, lounge and dining area, storage rooms, sluice room and linen room.</p> <p>There are two corridors between the existing building and the new building. These have blocked access to the construction site and will be connected prior to occupancy.</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 partially completed and will allow residents to be able to access outdoor areas and the existing building and roadway easily. Residents will also be able to use some existing outdoor areas during stage two which will see the refurbishment of the hospital wing and front of house.</p> <p>The property manager for the build confirmed that the building and plant have been built to comply with legislation.</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>Bedrooms in the newer part of the building all have ensembles. Bedrooms in the older part of the building all have a hand basin and access to showers and toilets. There are an adequate number of communal toilets and shower/bathing areas for residents. All communal toilets and shower rooms have vacant/engaged slide signs. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p> <p>The new building has adequate numbers of toilets and showers with either a shared ensuite or a full ensuite in each bedroom. Each room has access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. Handrails in toilets, showers and communal areas have been installed.</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>All residents' rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms. There are two bedrooms in the new build which can accommodate a couple in each. The two rooms are identical. Both have two call bells in the bedroom with sufficient space to move around each bed and for equipment to be used.</p> <p>Residents rooms have been built in the new building as dual-purpose rooms (hospital/rest home care able to be provided). 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 ensembles as observed on the day of audit. The rooms have been completed ready</p>



		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.
<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 that is accessible by residents in any bedroom. The lounge has a kitchenette and residents and family will be encouraged to use these. The open plan lounge/dining area in the new building is large enough for individual or group activities. Dining areas/lounges in both the new and existing building 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>	FA	<p>Contracted cleaning staff clean the facility. They have access to a range of chemicals, cleaning equipment and protective clothing. The standard of cleanliness is monitored through the internal audit programme.</p> <p>The organisation outsources housekeeping and laundry services. The current laundry room will be moved to two spaces in the new building with one to store dirty laundry ready for pick up and one for clean linen. Staff transport dirty linen in tied bags to the vehicles for transport off site. 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>The area and unit managers have met frequently with the contractor to ensure that staff are aware of changes to storage of linen and to cleaning of specific areas.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security</p>	PA Low	<p>The emergency and disaster manual includes dealing with emergencies and disasters, essential locations, internal emergencies and external emergencies.</p>

<p>Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>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. Other staff in the facility also have a first aid certificate as sighted on the day of audit.</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 will be installed to provide further support for extended periods. 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 ready to be activated. There are two call bells in the two bedrooms in the new building that can be occupied by two residents in each. The existing building has an operational call system and all residents were observed to have a call bell within easy reach on the day of audit. The recommendation at the previous audit has been met. The call bells in the new and existing buildings will link.</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>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>General living areas and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open allowing plenty of natural sunlight. General living areas and resident rooms in the new building are to be heated through under floor heating. Ducts are in place throughout. Existing rooms</p>

		are heated through a heating system installed.
<p><b>Standard 3.1: Infection control management</b></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>CHT Bernadette has an established infection control programme. There are comprehensive infection prevention control policies in place. 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 and clinical coordinator. The infection control meetings are linked to clinical meetings. Education is provided for all new staff on orientation and as part of the training programme. The infection control programme has been reviewed annually.</p> <p>The unit manager and area manager confirmed that the registered nurse (infection control coordinator) has had input into the new build.</p>
<p><b>Standard 2.1.1: Restraint minimisation</b></p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There are no residents using restraint and one resident with an enabler. Enabler use is voluntary. Staff interviews and staff records evidenced that guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques.</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 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	The existing building has a current building warrant of fitness. The new building has yet to obtain a certificate of public use. The project, area and unit managers are aware of the need to obtain a certificate for public use.	A certificate for public use has not yet been issued for the new building.	<p>Obtain a certificate for public use for the new building.</p> <p>Prior to occupancy days</p>
<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	<p>There are two corridors between the existing building and the new building. These are blocked so that there is no access to the construction site.</p> <p>The new building is almost completed but requires finishing, utilities to be fully operational. Approximately 70% of the building is completed in terms of completion of painting and laying of new flooring. Equipment is to be moved from the existing building to the new building. Some equipment</p>	<p>(i). Walkways to link the new and existing buildings are not yet fully operational.</p> <p>(ii). The new building is not fully operational, and equipment is not completely installed.</p> <p>(iii). Approximately 30% of the new building has yet to have interior</p>	<p>(i). Ensure that residents can move freely and safely between the new and existing buildings via safe and accessible walkways.</p> <p>(ii). Operationalise electricity, plumbing, utilities, and ensure that appropriate equipment to meet the needs of</p>

		is in place but not fully operational.	painting completed and flooring laid. (iv). The kitchen is not yet operational (v). The sluice room in the new build is mostly completed with the sluice to be installed.	residents is in place. (iii). Complete planned interior painting and flooring. (iv). Ensure the kitchen is fully operational. (v). Ensure the sluice room is fully operational.  Prior to occupancy days
Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	Some paving and concreting have been completed including partial completion of a large courtyard. Landscaping is yet to be completed around the new building, however there are outdoor areas that will remain able to be accessed for residents around the existing building.	Pathways, driveways and outdoor areas are yet to be completed to a point where they can be accessed by residents.	Complete pathways, driveways and outdoor areas to a point where they can be accessed by residents.  Prior to occupancy days
Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.	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 considering the new configuration.	Ensure that all staff are orientated to the new building and trained in fire and emergency response.  Prior to occupancy days
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Low	The fire evacuation plan has been submitted to the New Zealand Fire Service for confirmation of the Fire Evacuation Scheme.	A fire evacuation scheme has not yet been issued.	Obtain an approved fire evacuation scheme for the new and existing building.  Prior to occupancy days

<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p>	<p>PA Low</p>	<p>An electronic call bell system is in place that is regularly checked by maintenance staff. Residents on the day of audit had access to their call bell. A call bell system has been installed in the new building. This is ready to be activated. The call bell system is connected to the call bell system in the existing building.</p>	<p>The call bell system is installed but not activated.</p>	<p>Activate the call bell system prior to occupancy and ensure that it is linked to the existing system.</p> <p>Prior to occupancy days</p>
<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>	<p>PA Low</p>	<p>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.</p>	<p>Locks for external doors is not completed as this will be influenced by final completion of walkways.</p>	<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

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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.

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End of the report.