

Tamahere Eventide Home Trust - Tamahere Eventide Home & Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Tamahere Eventide Home Trust
Premises audited:	Tamahere Eventide Home & Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 19 November 2019 End date: 19 November 2019
Proposed changes to current services (if any):	Certified provider applying to add a new kind of service (hospital-geriatric and medical) to an existing certificate, through the addition of 24 dual purpose beds. This would bring the total number of beds on site to 108.

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

Executive summary of the audit

Introduction

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

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

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

Tamahere Eventide Home and Village currently provides rest home and dementia level care for up to 84 residents. This partial provisional audit was undertaken to establish the level of preparedness of this already certified service provider to deliver hospital level care to a maximum potential of 24 residents. This will increase the total bed capacity on site from 84 to 108 beds, comprising 24 dual purpose beds, 41 designated rest home beds and 43 dementia beds.

The governance group, Tamahere Eventide Home Trust Board, also own and operate a nearby and similar sized aged related residential care facility (Atawhai Assisi) which provides hospital – geriatric and medical/palliative care. The service provider is therefore already experienced in providing hospital level of care.

A new building designed to suit the needs of people requiring hospital/medical care is nearing completion. The building, which is attached to the current facility has 24 single bedrooms, each with a full ensuite and spacious common areas at ground level. This environment was assessed as suitable for either rest home or hospital (dual purpose) beds. The service provider is keen to begin occupation by mid-December, depending on obtaining a Code Compliance Certificate, an approved evacuation scheme and a decision from HealthCERT.

This partial provisional audit was conducted against the Health and Disability Services Standards and the organisation's contract with the district health board (DHB). The audit process included a site inspection, review of plans, policies and procedures and staff files, and interviews with senior management and staff. This on-site audit identified four areas which could not be rated as fully attained. The service provider is still in the process of obtaining a Building Code of Compliance Certificate, an approved Fire Evacuation Scheme and confirming staff arrangements.

Otherwise current processes meet the requirements for the commencement of safe service delivery in the new facility to hospital level care residents.

Consumer rights

Not applicable to this audit.

Organisational management

The service is operated by the Tamahere Eventide Home Trust Board and is managed by a chief executive officer (CEO) and general managers (GM). The trust board continue to meet monthly and are kept informed about all aspects of the organisation. The CEO and all members of the senior management team are appropriately qualified for their positions and have extensive experience in the aged care sector.

The change of service scope and additional 24 beds will not significantly impact the well-established quality and risk management systems in place.

Recruitment for additional nursing, care, activities, food and cleaning staff is underway. Orientation to the service and its policies and procedures, including emergency systems, is provided to all new staff by designated training co-ordinators. This team provide staff education in ways that ensure that staff receive relevant and timely training on subjects related to their roles and service provision to older people. Staff attendance at mandatory education sessions is monitored. Ongoing training is available to all staff through in-service teaching sessions, self-directed learning and presentations by external experts. Staff competency assessments and performance appraisals are occurring regularly.

The proposed staffing formula demonstrated there will be sufficient numbers of clinical and auxiliary staff allocated on all shifts, seven days a week, to meet the needs of residents who are assessed as requiring hospital level care. The allocation of registered nurses (RNs) across the site 24 hours a day seven days a week more than meets contractual requirements.

Continuum of service delivery

Observation of the allocated spaces for storage of medicines, interviews with the GM Care, the clinical nurse leaders and educators confirmed that systems are in place to safely commence administration of medicines.

The onsite kitchen provides nutritious meals for residents with food available 24 hours of the day with specific dietary needs, likes and dislikes already catered for. Human resources and equipment have already been procured to manage the addition of 24 more residents.

Safe and appropriate environment

The service demonstrates effective and efficient processes are already in place to ensure residents, staff and visitors are protected from harm as a result of exposure to waste or infectious substances generated during service delivery.

A documented emergency response process for the new building and separate fire evacuation plan has been completed and submitted for approval by Fire and Emergency Services NZ. Call bells are situated in all areas. The new building is currently being inspected for a code of compliance certificate. Plant and equipment checks have been undertaken by approved providers to meet the requirements of the standard.

The furnishings in place meet infection control standards and are suitable for people requiring hospital level care. This includes dining, lounge, entertainment and outdoor areas. All 24 bedrooms are single occupancy and include disability accessible bathroom and toilet areas.

Heating is electric throughout the facility with individual thermostat-controlled heating in residents' bedrooms. All resident areas have opening windows to allow natural light and ventilation.

Restraint minimisation and safe practice

Not applicable to this audit.

Infection prevention and control

The service has an effective infection prevention and control management system which will be implemented across the new service area and provide a reduced risk of infections to staff, residents and visitors. There have been no infectious outbreaks in the past two years. Relevant education is provided for staff, and when appropriate, the residents.

Residents in the hospital wing showing signs of infection, will be included in the monthly surveillance programme. Where trends are identified, actions are implemented to reduce infections. The infection surveillance results are reported and discussed at staff and resident meetings and benchmarked internally and externally.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	11	0	4	0	0	0
Criteria	0	30	0	5	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Tamahere Eventide has clearly described scope, direction and goals documented in its Strategic, Business, Quality and Risk Management Plan. This plan details a range of objectives for the next three years. These include implementing person centred care practices across the whole facility, ensuring that activities are initiated by residents 25% of the time, achieving 95% occupancy, and maintaining staff turnover at less than 5%. The organisation has a history and ethos of continual improvement and well embedded quality and risk management processes by regularly gathering quality data and service monitoring through resident, family and staff feedback, internal audits and external benchmarking.</p> <p>The Chief Executive Officer (CEO), General Manager (GM) Care Services, and General Manager Support Services report progress against the goals related to their service areas to the board every month. Members of the board are provided with up to date information on occupancy rates, health and safety matters, audit outcomes, staffing information, financial reports, information about complaints and compliments received, resident care, quality and other service delivery matters.</p> <p>The CEO who has been in the role for 25 years, has extensive experience as a manager in the health sector and is qualified in business management and leadership. The GM Care Services is a registered nurse with extensive clinical and</p>

		<p>managerial experience in aged care. Review of personnel files and interviews confirmed that all senior management staff are qualified for their roles and maintain their skills and knowledge by attending regular professional development and industry conferences.</p> <p>Currently Tamahere Eventide has a maximum capacity of 84 beds. Forty one are allocated as long term rest home care beds including one respite bed. A total of 43 dementia beds are available across the two secure dementia wings (21 beds in one wing and 22 in the other). There is one bed in each wing allocated for people requiring respite care.</p> <p>Adding 24 dual purpose beds will bring the total number of beds to 108. This increases the potential number of rest home beds to 65.</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>The current arrangements for temporary absences will carry over to the new hospital service. The CEO's planned absences is delegated to the GM Care services or the GM Support Services. A senior registered nurse or Clinical Nurse Leader covers for the GM Care services. A new Clinical Nurse Leader will be appointed for the hospital wing. A range of staff interviewed said these arrangements were proven to be effective and ensured continuity for staff, residents and their families.</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>Human resources management policies and processes are based on good employment practice and relevant legislation. Some of the estimated 35 new staff across a range of disciplines (kitchen staff, cleaners, carers and RNs) have already been recruited and this is continuing. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. The records of recently employed staff confirmed completed orientation followed by an initial performance review after 90 days. All new staff have one to one time with the education officers before starting work and then return for a mandatory orientation day which occurs monthly. New staff reported that the orientation process prepared them well for their role.</p>

		<p>Continuing education is planned on an annual basis, including mandatory training requirements. Training on subject areas specifically related to hospital/medical/palliative related conditions is already occurring. All care staff are expected to commence age care sector training (as outlined in their pay equity settlement) three months after commencing employment, if they do not already have qualifications. The two Clinical Nurse Educators are authorised moderators of the education programme provided on site. Each of the staff files reviewed contained evidence of annual performance appraisals.</p> <p>Tamahere Eventide currently employ nine RNs, plus two clinical nurse leaders/RNs, a clinical nurse educator/RN and one enrolled nurse. Four of the RNs are maintaining annual competency requirements to undertake interRAI assessments and two more are starting training. Staff who are transferring to work in the hospital areas will be fully oriented to the new facility including emergency management. The intention is to roster a mixture of staff from the other care facility (where hospital level care is already provided) and recruitment will continue.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>PA Low</p>	<p>The intention is to roster a mixture of staff from the other care facility (where hospital level care is already provided) and continue recruitment. Tamahere Eventide currently employs a total of 124 staff plus 100 staff at Atawhai Assisi. The staffing plan includes recruiting 35 more people comprising RNs, care staff, diversional therapist's and cleaners.</p> <p>Staffing formulas for the new wing have been developed based on calculations from the Ministry's Care and support Worker Workforce Data Collection Survey, March 2019 which allocated provision of 2.96 carer hours per hospital resident per day. The reviewed staffing plan provides for one RN and four care staff allocated for morning and afternoon shifts and one RN and one carer at night. Additionally, there will be a diversional therapist and rehabilitation therapist on site for six hours each five days a week, a morning and an evening kitchen hand (seven hours and six hours respectfully) and a cleaner for seven hours a day, seven days a week.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely</p>	<p>FA</p>	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) is in place and</p>

<p>manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>is intended to be replicated in the new 24 bed unit. The staff observed and interviewed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are assessed as competent to perform the function they manage. As with the current system all medications will be supplied to the facility in a pre-packaged format from the contracted pharmacy and will have input from a registered pharmacist. The system ensures that RN's check medications against the prescription upon receipt from the pharmacy and before administering. The new medication room is spacious, located centrally and accessible by keypad entry. It provides ample storage, built in safe for controlled medicines, a hand basin, medicines fridge and is designed to be temperature controlled. Staff know and understand the legislative requirements for management of controlled drugs such as, secure storage, weekly and six-monthly stock checks, accurate entries in the controlled drug register and checks and balancing by two staff before administering. Temperature monitoring of the medicine fridge and the medication room will be recorded.</p> <p>Standing orders are not used and staff are already familiar with good prescribing practices. This includes ensuring three-monthly GP reviews, checking that the prescriber's signature and date are recorded on the commencement and discontinuation of medicines and that all requirements for pro re nata (PRN) medicines are met. There are clearly documented and appropriate processes in place to ensure that residents self-administration of medications is managed in a safe manner.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</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 for residents in the new building will be provided by the main on site kitchen. The hospitality manager, and head chef (one of three chefs) described the process for transferring meals to the new building/hospital wing. These will be individually plated and placed in a purpose made hot/scan box which retains food at a safe temperature for up to two hours. Each slot in the scan box is allocated to an individual resident to enable staff in the wing to deliver to the correct person. Staff will scrape and rinse the plates and cutlery after each service. Breakfast will be dished up by designated kitchen hands in the hospital wing.</p> <p>Tamahere Eventide already provides food and nutrition services in line with</p>

		<p>recognised nutritional guidelines for older people. Menus are regularly reviewed by a registered dietitian every two years, most recently in October 2019, but the report had not yet been received during this audit. Staff said there were minimal recommendations and that the menus will continue to follow a summer and winter six-week rotated pattern. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with a food safety plan and registration has been issued by the Waikato District Council which expires May 2020.</p> <p>Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The hospitality manager and three chefs have undertaken a safe food handling qualification including specific training related to supporting residents requiring soft and pureed foods. Kitchen assistants have also completed relevant food handling training. A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment to assist residents with eating and their nutritional needs, is available.</p> <p>Satisfaction with meals is surveyed regularly and discussed at every residents' meeting.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are clearly described policies and procedures for the safe and appropriate disposal of waste, and infectious or hazardous substances. These comply with local government and legislative requirements, the requirements of this standard and the provider's contract with the DHB.</p> <p>The new building has secure storage for chemicals and a well-designed sluice room with new chattels and equipment for the disposal of body waste and contaminated or potentially infectious products. Personal protective equipment is available which staff are already familiar with using and this was observed on the day of audit. Staff interviewed demonstrated knowledge and understanding of safety issues around managing hazardous substances. Staff training records and interviews confirmed that all staff are provided with initial education and then ongoing information and support by the organisation and external chemical suppliers. The organisation's access to and use of water including waste water management is currently being studied by external consultants which is requirement of the local government authority.</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>All areas in the new building are suitable for hospital level care residents and are accessible with wide corridors, appropriately positioned metal hand rails and easy access to the outside gardens, covered collection and drop off point and the new parking area for 80 cars. External landscaping is almost complete with gardens, seating and shade installed.</p> <p>The main reception, administration and management offices are relocating to the new building. Telephone (VOIP) and internet systems are being installed, with wireless internet available throughout. There is a designated staff room and a large rehabilitation room.</p> <p>The new build includes 15 apartments located on the second storey which are available for purchase under an Occupation Right Agreement (ORA) as an addendum to the existing retirement village. Five of these have already been purchased. There is no intention to provide services for people living in these apartments. People who require personal care or domestic help will need to be assessed or pay for home based support as do other people living in the village. There is a café and large communal meeting and recreational spaces on site for retirement village residents.</p> <p>Inspections of the building for a code of compliance certificate are underway.</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>	<p>FA</p>	<p>Each bedroom has its own fully accessible bathroom with toilet, shower and easy access hand basin. There is, in addition, a large bathroom for those who require a bed bath and a spa bath.</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>	<p>FA</p>	<p>The bedrooms are very spacious. These come equipped with movable easy chairs, wall mounted television, overhead LED lights, telephone and a high spec 'Bosserhauff' tilt posture and temperature-controlled bed. The beds have pressure relieving mattresses, multiple choices for height, and optional full or half side rails that are finished in ways that do not require padding for protection. Each room is installed with ceiling hoists for safe transfers around the room and into the bathroom. Wardrobe and clothing storage is built in. Roller blinds and drapes are</p>

		<p>installed for privacy.</p> <p>A self-contained one-bedroom guest suite is available to rent, for families who wish to stay on site.</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>Each bedroom wing is easily accessible to the centrally located dining room, activity areas, lounges, and the reception area.</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>All laundry is undertaken on site in a designated laundry which has a clear dirty and clean flow in and out. The laundry is located in the existing rest home and processes for transfer of dirty and clean laundry to and from the new hospital wing has been planned in consultation with housekeeping staff. There is already sufficient equipment (three large capacity industrial washing machines and two industrial driers) to cope with the increased demand. At the time of the audit there were no plans to increase the number of staff or hours for laundry services. Currently there are two laundry staff employed. Each works from 6.30am to 3.30pm on a rolling roster four days on and four days off. There may be a need to employ another part time position as resident numbers increase (eg, for folding/ironing) which management are aware of and will be monitoring. The laundry staff interviewed are very experienced with extensive knowledge of the laundry processes.</p> <p>One more cleaner is employed for the new hospital wing for seven hours a day, site seven days a week. Management confirmed that all staff will receive appropriate training in the safe use of chemicals and outbreak management. Policies and procedures are in place to guide staff actions. The new wing has suitably sized and equipped lockable areas for storage of cleaning chemicals and equipment.</p> <p>Current cleaning and laundry processes are monitored through the internal audit programme and by the chemical supplier.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely</p>	PA Low	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to existing staff and will be included in orientation for new staff. Disaster and civil defence planning guides direct the facility in their preparation for</p>

<p>response during emergency and security situations.</p>		<p>disasters and described the procedures to be followed in the event of a fire or other emergency. Application for approval of the fire evacuation scheme has been submitted to Fire and Emergency Services NZ.</p> <p>Staff confirmed their awareness of the emergency procedures. This could not be verified in the new wing on the day of audit and needs to occur prior to occupation.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for the intended total number of residents according to the Ministry of Civil Defence and Emergency Management recommendations for the region, once the hospital facility opens. Additional water storage tanks have been installed for sole use by the hospital building. An earthquake proof tank has been installed which contains 48,000 litres of water. Underground water tanks for use by fire services only are also located around the complex. A second diesel generator and emergency lighting is installed and regularly tested to ensure compliance with building requirements.</p> <p>Call bells are located in all areas in the new build and were tested on the day of audit. Call system audits are conducted as part of quality and risk management system on a regular basis.</p> <p>The current security procedures, such as authorised entry by keypad and/or finger scan afterhours, nightly security patrols, electronic opening gates at each entrance, and CCTV systems of interior and exterior areas will be maintained. A staff member will undertake the checking of doors and windows at a predetermined time. Staff interviewed had no security concerns. The opening windows have restrictor stays to prevent them from opening too wide.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>The building has an in-built air exchange system for moderating the internal temperatures. Each of the bedrooms has an individual temperature control led heating system, and communal areas are equipped with ceiling heaters and opening doors for air ventilation. Each bedroom has extra-large windows installed from ceiling to knee height for maximum viewing and natural light, with at least one set of opening external windows. All areas inspected were warm and well ventilated.</p>
<p>Standard 3.1: Infection control management</p>	<p>FA</p>	<p>The service has a fully implemented and effective infection control programme</p>

<p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>which will incorporate the new hospital wing. The programme minimises and reduces the risk of infections to residents, staff and visitors to all areas of the facility. Movement from the hospital wing to the rest home and dementia wings is via a hermetically sealed space aimed at reducing cross infection.</p> <p>The infection control coordinator is a registered nurse. This person holds accountability and acts responsibly by monitoring for infections using standardised definitions, conducting surveillance, investigating changes in resident behaviours, and monitoring multi resistant organisms related to antibiotic use. Infection control is discussed at each staff meeting. There have been no infectious outbreaks since a gastrointestinal type outbreak in July 2018. This was reported immediately to staff and management, the DHB and their public health department and was quickly contained. Infection data is benchmarked against a large number of similar sized facilities every three months. The benchmarking results continue to show that infection rates at Tamahere Eventide are below average for the sector.</p> <p>The GM Care Services expressed confidence in the staffs' assessment skills and early identification of suspected infections. Residents with suspected and/or confirmed infections are reported to staff at handover, short term care plans are implemented, and changes documented in the electronic progress notes. The protocol for residents who have infections is for them to stay in their rooms.</p> <p>Staff confirmed that they are kept informed and are included in the management of reducing and minimising risk of infection through staff meetings, the staff communication book, one to one, at shift handover, in short term care plans and in resident's documented progress notes.</p> <p>A process is identified in policy for the prevention of exposing providers, residents and visitors from infections. Staff and visitors suffering from infectious diseases are advised not to enter the facility. When outbreaks are identified in the community, specific notices are placed at the entrance saying not to visit the service if the visitor has come in contact with people or services that have outbreaks identified.</p> <p>Sanitising hand gel and hand washing facilities for staff, visitors and residents are located throughout the new wing. Staff area already in the habit of using gloves and wear gowns.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	PA Low	The plan for staffing has been developed using current industry knowledge. A strategic approach is planned to mix hospital experienced staff from Atawhai Assisi with the most experienced staff from Tamahere Eventide to promote cohesiveness and provide safe service delivery.	The service provider cannot demonstrate safe staffing until the new wing is occupied and the staff have been recruited according to the staffing plan.	<p>Ensure there are sufficient numbers of skilled and experienced staff rostered on all shifts in the hospital area.</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	The building is constructed with high quality materials. The plant and all equipment is new, top of the range and selected as suitable for provision of hospital level care. Construction of some of the external decking and laying of floor surfaces was still underway on the day of audit. Inspection of some of the building has occurred and follow up inspections for issue of the building compliance are scheduled for 02 December 2019.	All of the building has not been inspected and issued with a code of compliance certificate.	<p>Provide evidence that the building has a code of compliance certificate.</p> <p>Prior to occupancy days</p>

<p>Criterion 1.4.6.2</p> <p>The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness.</p>	PA Low	The equipment and spaces for cleaning and laundry services are already in place, and an approximate number of staffing hours required to carry out the tasks has been formulated but cannot be determined until the facility is fully occupied.	The impact of adding 24 more residents and a new building on cleaning and laundry staff has not been tested.	<p>Provide evidence there are cleaning and laundry staff employed and allocated with sufficient hours to manage the additional workload.</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	The service cannot yet demonstrate that staff working in the new building have undertaken fire and emergency training.	The service cannot yet demonstrate that staff working in the new building have undertaken fire and emergency training.	<p>Provide evidence that Fire and Emergency NZ has approved the fire evacuation scheme</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 organisation has submitted the fire evacuation scheme for the new building to Fire and Emergency Services NZ but this has yet to be approved.	The fire evacuation scheme is not yet approved.	<p>Provide evidence that Fire and Emergency NZ has approved the fire evacuation scheme</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.