

# CHT Healthcare Trust - Carnarvon Private Hospital

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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>	Carnarvon Private Hospital
<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: 25 February 2020      End date: 25 February 2020

**Proposed changes to current services (if any):** CHT Carnarvon is currently operating partially from an older building that will be demolished as part of stage 3 of a new build and partially from a new build that was certified at stage 1 as being appropriate to residents requiring hospital and rest home level of care in February 2019. There are currently 28 in the stage one building and seven residents in the old building with these residents expected to move into the new build (stage two) when certified.

This audit included verifying stage two of the new build, which is a modern, spacious, purpose-built facility with 14 dual-purpose beds, service areas and communal areas. Total capacity (stage 1 and 2 will be 42).

There are plans for the new build (stage two) to be handed over to the service from the builders on 13 March 2020 with residents transferred into the new building on 19 March 2020 subject to the outcome of this audit.

Stage 3 (expected to be completed in August 2020) will see the demolition of the remaining old building and completion of a further 18 beds to give a total of 60 beds (dual purpose).

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

# 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.

## General overview of the audit

CHT Healthcare Trust - Carnarvon Private Hospital provides care for residents requiring rest home and hospital (medical and geriatric) level care. The service is currently located in part of the existing older building and in a new build completed in stage one (with 28 dual purpose rooms) that is connected to the older building. The new building certified at this audit (stage two with fourteen dual purpose rooms) is attached to the stage one new build that is already occupied. Stage three (with a further eighteen dual purpose beds) will see the demolition of the older building and a new building for residents completed.

This partial provisional audit verified stage two of the build. The new building is modern and spacious. The building is on a flat section and includes communal areas for residents, a reception area, sluice room, storage areas, nursing station, kitchen, laundry facilities, staff room, offices for staff and 14 dual purpose bedrooms with ensuites.

The service plans to open a further 18 dual purpose beds in August 2020.

The unit manager is experienced and is supported by the clinical coordinator and the area manager.

The improvements required to medication management and care planning identified at the last audit have been addressed.

The audit identified improvements around the completion of the new building.

## **Consumer rights**

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## **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 building. The transition plan includes orientating staff to the new building. The draft staffing roster allows for assessed service type and acuity of residents and considers the configuration of the new building as it connects to the building completed as part of stage one of the build.

## **Continuum of service delivery**

InterRAI assessments are completed with these current in all resident records reviewed. All records have a long-term care plan documented with interventions relevant to the residents identified needs. Short-term care plans are documented when required.

The medication management system is implemented as per policy. The current temporary medication room will be relocated to a permanent treatment/medication room in the new building. The service is using an electronic medication system.

There is a new kitchen in the process of being installed in the new building. All equipment has either been recently purchased or will be moved from the temporary kitchen. The menu is designed and reviewed by a registered dietitian at an organisational level. Food will be delivered and 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 transfer over to the new building. An external provider is contracted to provide food services.

## **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. The organisation has purchased some new equipment and furniture with the rest being used from the existing building. The facility has installed a call bell system that is the same as the existing one.

All resident rooms have an ensuite and there are adequate numbers of toilets, which are easily accessible from communal areas. Fixtures, fittings and floor and wall surfaces sighted in bathrooms and toilets are made of accepted materials for this environment.

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 activities.

The service has robust housekeeping policies and procedures in place. Laundry is outsourced with dirty and clean linen rooms in the new build. The new build has an area that will be secured for the storage of cleaning and laundry chemicals.

There are emergency and disaster policies and procedures in place. The fire evacuation plan for the existing building has been approved by the New Zealand Fire Service; an application for Fire Service New Zealand lodged for the stage two build.

General living areas and resident rooms in the new build will be appropriately heated and ventilated.

## Restraint minimisation and safe practice

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## 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)
Standards	0	9	0	7	0	0	0
Criteria	0	26	0	11	0	0	0

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

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>CHT Carnarvon is owned and operated by the CHT Healthcare Trust. The service currently provides hospital, medical and rest home level care for up to 40 residents, with current occupancy of 35 residents. All rooms are dual-purpose. Residents include three identified as requiring rest home level care and 32 requiring hospital level care. Five of the hospital residents are young people with a disability (including one under an ACC contract). All other residents are under the ARC contract.</p> <p>Currently 28 residents occupy the new building opened as part of stage one with seven residing in the remaining part of the old building.</p> <p>Stage two has seen a new build of 14 dual purpose bedrooms with communal areas including lounge, dining area and storage facilities. The new build also included a reception area, office and service areas including a medication/treatment room, kitchen and laundry. Stage two is expected to be handed over to CHT on 13 March 2020 with seven residents transitioned into the new build on 19 March 2020. There is a transition plan (migration schedule) documented around moving residents, staff and equipment across to the new building.</p>

		<p>This audit included verifying stage two of the new build, which is a modern, spacious, purpose-built facility. The new building has been verified as suitable.</p> <p>Stage three will see the demolition of the remaining old building and a new build for 18 dual purpose bedrooms. This is expected to be completed in August 2020 giving a total of 60 beds. A further audit is planned to be completed at a later stage to verify stage three.</p> <p>Staff interviewed during the audit were the unit manager; area manager; property manager.</p> <p>The unit manager is a registered nurse with over 40 years' experience in aged care and maintains an annual practicing certificate. The unit manager has been in the role at the facility for over three years. The unit manager reports to the area manager weekly on a variety of operational issues.</p> <p>CHT has recruited a clinical coordinator to support the unit manager. The clinical coordinator is a registered nurse who has over eight years' experience in acute medical nursing. They have been in the role for six months.</p> <p>CHT has an overall business/strategic plan and CHT Carnarvon has a facility quality and risk management programme in place for the current year. The organisation has a philosophy of care, which includes a mission statement. There are plans in place to ensure milestones of the new build stage two are met prior to occupancy. Plans also include architectural drawings of the building that have allowed the managers to plan for occupancy.</p> <p>The unit manager has completed in excess of eight hours of professional development in the past 12 months as sighted through training records reviewed.</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 clinical coordinator and the area manager will fulfil the manager's role during a temporary absence of the unit manager. The area manager is a registered nurse with a current annual practicing certificate, has extensive experience in nursing and management roles in the district health board and has a master's degree in management. There will be no change to the area and unit managers or clinical coordinator when residents move to the new building.</p>
<p>Standard 1.2.7: Human Resource Management</p>	FA	<p>There are human resource management policies in place. This includes that the</p>

<p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. Six staff files were reviewed (one clinical coordinator, two registered nurses, three caregivers) and files evidenced that reference checks are completed before employment is offered. Annual staff appraisals were evident in all relevant staff files reviewed.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Plans are in place to orientate staff to the new building. The in-service education programme for 2020 is being implemented. The unit manager and registered nurses attend external training, including sessions provided by the local DHB. The clinical coordinator, a registered nurse and the unit manager have completed interRAI training.</p> <p>All staff who had been employed will continue to provide support and care for residents when they move from existing premises to the new build (stage 2). All staff working in the unit are already employed with a low turnover of staff.</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>A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. There is a minimum of one RN on site at any time. Activities are provided over seven days a week. Staff working on the days of the audit, were visible and attending to call bells in a timely manner as observed during the audit.</p> <p>The service has a roster in place to ensure that all wings are adequately supported.</p> <p>The new rosters (for the new building) have been documented with staff allocated to manage the workload across the building. The staffing will continue to be allocated as follows: one registered nurse on each shift; four healthcare assistants from 7 am to 3 pm and two from 7 am to 12 pm; three healthcare assistants from 3 pm to 11 pm and one from 3 pm to 9 pm; and two healthcare assistants overnight.</p> <p>CHT have contractors in to provide kitchen and housekeeping services. Laundry services are outsourced.</p> <p>There are 28 staff employed including a unit manager (registered nurse); clinical coordinator; five registered nurses; one activity coordinator; 20 healthcare assistants. Head office provides support via maintenance staff, the area manager and others. The management team have employed sufficient staff to cover the</p>

		<p>roster including; 24/7 registered nurse cover, activity staff, kitchen staff, and cleaning/laundry staff. The clinical manager and facility manager take turns for on call responsibilities.</p> <p>Once the transition to the new building with the existing 'new building' is in operation, there will be no changes to staffing.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>Medicines management information is well established throughout the service. Policies and procedures reflect current medication legislation and residential care facilities. Only registered nurses who complete annual competencies are permitted to administer medicines to residents. A review of two staff files and that of the clinical manager confirmed that relevant staff (registered nurses) designated as being able to administer medication have a competency in place with this reviewed annually.</p> <p>The medication room is currently in a temporary room in the old building. The medication room will move into the new medication room in the new build (stage 2). The medication room is in the process of being fitted out. The transition plan includes moving all equipment and medication to the new room prior to occupancy.</p> <p>Twelve medication records were reviewed as part of this audit (three rest home and nine hospital). All residents have individual electronic medication orders with photo identification and allergy status documented. All medicines are stored securely when not in use. A verification check is completed by the registered nurse against the resident's medicine order when new medicines are supplied from the pharmacy. Medication orders include indications for use of 'as needed' medicines with maximum dose for age documented. Short-life medications (i.e., eye drops and ointments) are dated once opened. The improvement required at the previous audit has been addressed.</p> <p>Education on medication management has occurred with competencies conducted for staff who administer medication.</p> <p>The medication charts reviewed confirmed that the GP had seen the resident three-monthly or as otherwise required. The medication chart was signed each time a medicine was administered by staff. A registered nurse was observed administering medications and followed correct procedures. There are no residents who self-administer medicines.</p> <p>Staff administer medications from a medication trolley with this able to be locked</p>

		<p>when not in use or unattended. The medication fridge is in place with temperatures checked daily.</p> <p>Any controlled drug is currently recorded as being given on Medimap with two staff (including at least one registered nurse) signing on the medication administration sheet. Balances checked during the audit confirmed accuracy as per the controlled drug register. Weekly stocktakes were documented in the controlled drug register and six-monthly medication audits completed by the pharmacy also confirm that processes are checked. The improvement required at the previous audit has been addressed.</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>	PA Low	<p>A temporary kitchen with storage areas has been put on site. This is adjacent to the resident rooms and food services can be delivered using a hot box to the various dining rooms in the new and existing parts of the building.</p> <p>All food is cooked on site by contracted kitchen staff. 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. The kitchen can meet the needs of residents who require special diets. Kitchen staff have completed food safety and chemical safety training.</p> <p>The kitchen manager and cooks follow a menu, which has been reviewed by the contracted company's dietitian (annual practicing certificate sighted). The chef (interviewed) was able to describe alternative meals offered for residents with dislikes and food is fortified for residents with weight loss. The temperatures of refrigerators, freezers and cooked foods are monitored and recorded.</p> <p>There is special equipment available for residents if required. All food is stored appropriately.</p> <p>A new fully fitted out kitchen is being built in the new build. On the day of audit, the builders were installing equipment and fitting out the area. Some equipment will be transferred to the new kitchen and other equipment is purchased and ready to be put in.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer</p>	FA	<p>Six resident records were reviewed (four hospital including one resident identified as under 65 years of age and two residents requiring rest home level of care). Long-term care plans for permanent residents have been completed within three</p>

<p>focused, integrated, and promote continuity of service delivery.</p>		<p>weeks. The interRAI assessment process informs the development of the resident's care plans.</p> <p>Two records reviewed included use of restraint and one resident was using an enabler. Risks related to the use of these devices were documented.</p> <p>There were no residents in the service with pressure injuries. One resident did have a complex wound that had broken down during a hospital visit and a comprehensive care plan was documented. The wound care plan was updated as changes occurred with photos and evaluation showing that the wound was healing. The care plan also included documentation of nutrition, sleep and other aspects of care to enhance wound healing.</p> <p>Short-term care plans are in use for short-term needs including infections. Care plans identified allied health input into the resident's care including the dietitian and physiotherapist.</p> <p>There were no residents identified as having weight loss on the day of audit, however it was noted that care plans were updated to reflect interventions to meet specific interventions (eg, falls).</p> <p>All long-term care plans reflected the resident's current needs/supports. The long-term care plan in all records reviewed was updated following a change in health condition.</p> <p>Improvements identified at the previous audit around care planning have been addressed.</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>PA Low</p>	<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. A corridor connects the new build to the existing rooms still in use. 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. A new sluice room is being equipped in the new build.</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</p>

		<p>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. These are expected to be transferred to the new facility.</p> <p>A refuse area has been built in the car park area with bins covered.</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>Stage two of the new build facility is purpose-built to provide care for residents requiring rest home or hospital level care (dual purpose beds).</p> <p>The new building includes 14 bedrooms with full ensuites. Included in the new building are offices, reception area, staff room, medication/treatment room, kitchen, laundry and chemical storage areas and communal areas for residents for activities and dining.</p> <p>Stage two directly links with the already opened stage 1 part of the building.</p> <p>The new build is yet to be completed.</p> <p>The building is on a flat section. The main driveway and parking area are completed, and all residents can access the community for shopping etc via a pathway that runs parallel to the driveway. Landscaping including gardens, courtyards and pathways are being completed.</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 service with other equipment being 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>A current building warrant of fitness is displayed for the new occupied building. An IF2 – Commercial final checklist (previously the certificate for public use) has yet to be issued for stage 2 of the new build.</p> <p>The new and existing buildings stage one and two, will be separated from the demolition of the old building and the final stage three building. A noise control</p>

		plan will be implemented. Because stage three will be confined by fire walls, dust is not envisaged to be an issue.
<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>	PA Low	<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 in the existing occupied areas.</p> <p>Every resident's room in the new building has an ensuite with a mobility aid-friendly shower, toilet and hand basin. Handrails have been installed. Equipment has been put in place.</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>Residents rooms have been built as dual-purpose rooms (hospital/rest home care able to be provided) with each having an ensuite. Doors are wide to allow for furniture to be moved in and out and there is sufficient 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. Equipment is yet to be installed (link 1.4.2.4).</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 when the new build is completed that will be accessible by residents. The lounge will have a kitchenette and residents and family will be encouraged to use these. The open plan lounge/dining area is large enough for individual or group activities. Dining areas/lounges currently in the stage one building are large enough for residents with mobility equipment. Communal areas for entertainment, recreation and dining are in the process of being completed (link 1.4.2.4).</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 and will continue to do so when the new building opens. The shared shower in the wing retained as part of the existing building has been converted into a dirty storage bay for linen with this to be demolished in stage three. In the new building, there are storage rooms for clean and dirty linen with equipment yet to be transferred from old to new</p>

		<p>premises.</p> <p>Currently staff transport dirty linen in tied bags to the vehicles for transport off site. Clean linen is brought back and put in linen cupboards directly. There are wide hallways on each level with covered laundry bins in use to collect and transport dirty linen. Safe practices already in place will continue.</p> <p>Policies and procedures ensure all cleaning and laundry services are maintained and functional at all times.</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 prior to occupancy. This will include training in emergency management. The location of the main emergency control panel is in place and activated but yet to be operationalised in the new building.</p> <p>The new building has alternative power systems (gas hobs) 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. 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. Those tested on the day of audit confirmed that they are</p>

		<p>operational. The call bell system in the new building not yet operationalised.</p> <p>The fire evacuation plan has been approved by the fire service for the existing service with a plan submitted to Fire Service New Zealand for the new building. 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 are on reed switches which automatically release in the event of a fire and are locked at dusk. Emergency equipment such as sprinklers, smoke detectors and other have been installed and are operational. Emergency equipment including egress, sprinkler systems, smoke detectors are operational in the older buildings but yet to be operationalised in the new building. This is signed out as part of the IF2 – Commercial final checklist (link 1.4.2.1).</p> <p>A call system is in place and this is operational.</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>	FA	<p>General living areas and resident rooms are to be heated and ventilated. There is underfloor heating in the new build. Existing rooms are heated through radiators. There is plenty of natural light in all areas with external sliding doors in bedrooms and communal areas and windows in all rooms 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.</p> <p>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.</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 1.3.12.1</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	The medication room is currently in the older building on the premises. The treatment/medication room will be fitted with shelving, a sink for hand washing and other equipment required to store medication. The safe to store controlled drugs, the fridge and all other equipment and medicines will be transferred to the new room once complete. The new room has yet to be completed.	The treatment/medication room in the new build has not yet been completed or secured and stock and equipment is yet to be moved in.	<p>Complete fitting out of the treatment/medication room with security in place with all equipment, furniture and medicines transferred over.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	PA Low	The makeshift kitchen is fully functional and able to provide food services to all residents. The new build includes a purpose-built kitchen that is yet to be completed and fitted out.	The kitchen in the new build is yet to be completed.	<p>Provide an operational kitchen with food stuffs and relevant equipment in place.</p> <p>Prior to occupancy days</p>

<p>Criterion 1.4.1.1</p> <p>Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.</p>	PA Low	The existing sluice room meets the needs of residents. A sluice room is being built and equipped in the new build.	The new sluice room is not yet completed with equipment installed.	<p>Provide an operational sluice room.</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	A current building warrant of fitness is displayed for the new occupied building. An IF2 – Commercial final checklist (previously the certificate for public use) is not yet issued for stage 2 of the new build. The new and existing buildings stage one and two, will be separated from the demolition of the old building and the final stage three building.	An IF2 – Commercial final checklist (previously the certificate for public use) has yet to be issued for stage 2 of the new build.	<p>Ensure that an IF2 – Commercial final checklist (previously the certificate for public use) is issued for stage 2 of the new build.</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	The new building (stage two) is yet to be completed. In communal areas there are ceiling tiles to be put in place, painting and floor covering put in and equipment and furnishings including chattels completed. Equipment is yet to be installed.	The building is not yet ready for occupancy. Equipment is yet to be installed.	<p>Ensure that the building is ready for occupancy.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	Landscaping including laying of paving, development of courtyards and garden areas is in the process of being completed.	Pathways and outdoor areas are yet to be completed to a point where they can be accessed by residents.	<p>Complete pathways and outdoor areas to a point where they can be accessed by residents.</p> <p>Prior to occupancy days</p>

<p>Criterion 1.4.3.1</p> <p>There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.</p>	PA Low	There will be adequate number of accessible toilets/showers/bathing facilities in the new building. Each ensuite requires power, lighting and water to be turned on.	Ensuite and communal toilet and bathroom facilities are to be operationalised.	<p>Ensure that power, lighting and water supplies are turned on.</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 are cleaning cupboards and storage for cleaning and laundry equipment in the new build. This has yet to be operationalised.	Cleaning cupboards and storage for laundry equipment in the new build is yet to be completed.	<p>Complete storage for cleaning and laundry equipment in the new build.</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	Existing staff have had emergency training including completion of fire drills in the old buildings. The transition plan documents that staff will have drills and training in emergencies prior to the new building being occupied.	Staff have yet to be trained in emergency management relative to the new building.	<p>Provide staff with training in emergency management relative to the new building.</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	A fire evacuation plan approved by Fire Service New Zealand is in place for existing buildings. A plan has been submitted to Fire Service New Zealand for the new building.	The fire evacuation plan has been submitted to Fire Service New Zealand for the new building but not yet approved.	<p>Ensure that the fire evacuation plan submitted to Fire Service New Zealand for the new building is approved.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.5</p>	PA Low	The call bell system is in place in the new building and ready to be operationalised.	The call bell system is in place in the new building	Operationalise the call bell

<p>An appropriate 'call system' is available to summon assistance when required.</p>		<p>This will link to the existing call bell system already installed in other older buildings.</p>	<p>but not yet operationalised.</p>	<p>system in the new building.  Prior to occupancy days</p>
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## 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.

No data to display
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End of the report.