

The Kawerau Social Services Trust Board

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:	The Kawerau Social Services Trust Board
Premises audited:	Mountain View Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 28 September 2020 End date: 28 September 2020
Proposed changes to current services (if any):	Increase the number of certificated hospital beds by four.
Total beds occupied across all premises included in the audit on the first day of the audit:	47

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.

General overview of the audit

Mountain View Rest Home is owned and operated by Kawerau Social Services Trust. Currently the home provides rest home and hospital level care to a maximum of 50 occupants. Thirty beds are dedicated as hospital, 18 as rest home and two bedrooms are designated as dual purpose.

The service provider has built a four-bedroom extension onto the existing hospital wing and is seeking approval to increase the total capacity of hospital beds available from 32 to 36 (including the two dual purpose rooms). Initially the service provider also sought to increase the number of rest home beds available by converting an office to a bedroom but has chosen not to go ahead with that change.

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 two areas which could not be rated as fully

attained. The service provider is still in the process of obtaining the building code compliance certificate and evidence that either the current fire evacuation scheme still applies or a new scheme has been approved was not available.

Otherwise current processes meet the requirements for the commencement of services with four additional hospital level care residents.

Consumer rights

Not applicable to this audit.

Organisational management

The service is operated by the Kawerau Social Services Trust and is managed by a fulltime employed facility manager (FM) who is a registered nurse (RN) with a current practising certificate and a clinical nurse manager (CNM). The FM and CNM are appropriately qualified for their positions and both have extensive experience in the aged care sector.

The Trust Board continue to meet monthly and are kept informed about all aspects of the organisation. The additional four beds will not significantly impact the well-established systems in place for managing services, staff recruitment, training and performance management or how staff are allocated.

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 all residents including the additional four 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.

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.

Continuum of service delivery

Observation of the allocated spaces for storage of medicines and interviews with the FM and RNs confirmed that systems are in place to safely accommodate a small increase in the number of people who may require 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.

Safe and appropriate environment

The service demonstrated 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.

Sufficient cleaning and laundry staff are in place and additional equipment has already been procured to manage the additional workload created by the addition of four residents.

A documented emergency response process for the new building and separate fire evacuation plan has been completed and submitted for approval by the Fire and Emergency Services NZ. Call bells are situated in the new areas. The new wing 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 four bedrooms are single occupancy and include disability accessible bathroom and toilet areas.

Heating is electric throughout the facility with individual thermostat-controlled heating in the new 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 current infection prevention and control programme is effective in minimising the risk of infection to residents, staff and visitors and can easily incorporate a small increase in the number of residents requiring hospital level care. There is a very low rate of infections occurring.

Infection prevention and control is led by an experienced and trained RN. There have been no infectious outbreaks since the previous recertification audit. The programme is reviewed annually with specialist advice accessed when needed. Relevant education is provided for staff, and when appropriate, the residents. Additional residents 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	13	0	2	0	0	0
Criteria	0	33	0	2	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>Mountain View Home and Hospital is governed by an eight-member board of trustees who continue to meet monthly and are kept informed about all aspects of the organisation. Board meetings or other events have been held at external locations during the Covid pandemic restrictions. There has been a minor change in the board with one member resigning and a new deputy chairperson appointed.</p> <p>Day to day to operations are overseen by an RN Facility manager who was appointed in November 2019 and a clinical manager who oversees the care provided to residents via two charge nurses. The RN facility manager has recently tendered their resignation and the board has approved the clinical manager to take up the role. This person is suitably qualified with a post graduate degree in health sciences and has demonstrated leadership, knowledge and understanding about the sector having experienced interim management of this facility during their five-year employment at Mountain View in senior roles. Arrangements are made for the previous nurse manager (who resigned last year after 27 years of service) to provide supervision and mentoring as required. Another experienced facility manager who has provided consultancy services to Mountain View is also available when required. Seven other registered nurses are employed to provide 24 hour a day seven days a week clinical care; four of these are certified to</p>

		<p>complete interRAI assessments and are maintaining their annual competencies.</p> <p>Personnel records and interview with both managers confirmed they hold current practicing certificates and are maintaining their nursing portfolios. Their clinical skills and knowledge are maintained by attending networking meetings with other aged care providers and attending regular professional development/education in subject areas related to older peoples care and service delivery management. The current facility manager is supported by the clinical manager and administration staff. Other leaders are appointed for food services, residents' activities, housekeeping and building maintenance.</p> <p>The organisation has agreements with the Bay of Plenty District Health Board (BOPDHB) to provide hospital-medical and geriatric and rest home level aged care, respite services and a community day programme. The community day activity programme is in temporary abeyance. Currently the maximum occupancy is for 50 residents, configured for 30 hospital level and 18 rest home level beds plus two dual purpose beds.</p> <p>On the day of this audit there were 47 residents in the home receiving services under the age residential care contract (ARCC) with the DHB. Thirty-two residents were assessed as hospital level care. This included one person receiving palliative care and one other funded by the Accident Compensation Corporation (ACC). There were 15 rest home residents. The facility was in lockdown on the day of audit due to a notified case of Covid-19 in the region. The service had adjusted its methods for service delivery by creating internal 'bubbles' of residents and minimising their exposure to multiple staff. All staff, visitors and contractors were wearing masks inside the facility.</p> <p>The annual business plan includes service goals which are being monitored for progress by the manager and the board. The business plan includes a mission statement, values and service scope and identifies the organisation's strengths, weaknesses, opportunities and threats.</p> <p>Review of a sample of board meeting minutes confirmed that the board are kept fully informed about residents, occupancy, staffing, adverse events and other aspects of service provision.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of</p>	<p>FA</p>	<p>The current arrangements for temporary absences will not be affected by the proposed addition of four beds. The FM's planned absences is delegated to the</p>

<p>the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>		<p>CM with support from the administrative team. The next most senior registered nurse covers for the CM. A range of staff interviewed said these arrangements were proven to be effective and ensured continuity for staff, residents and their families. Going forward the plan is for one of the charge nurses to be delegated second in charge and cover unexpected absences. Long term leave will be managed by recruitment of a temporary manager.</p>
<p>Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Human resources policies and guidelines for recruitment and staff management comply with legislation and good employment practices. Professional qualifications are validated before commencement of employment. Copies of the RNs' current practising certificates were seen on files. New staff were being recruited according to good employment practices which included formal interviews, police checking and referee checks. Evidence was sighted in the nine personnel records reviewed.</p> <p>Each new staff member engages in a comprehensive orientation programme specific to their role. The programme includes training and competency assessments in emergency systems. The initiatives implemented to encourage the retention of new and existing staff are ongoing and staff turnover is low.</p> <p>Staff learning and development is planned by the quality/education officer with input from the clinical manager and two charge nurses.</p> <p>In-service education on a range of different topics are scheduled over a two-year period and individual attendance and achievements are documented. All staff have a running record of training attended and the educational level of each caregiver is recorded. Of the 44 caregivers, ten have achieved unit standard level 4, 12 have attained level 3, and seven have level 2. Fourteen are enrolled and progressing level 2.</p> <p>The activities coordinators have achieved level 4. Staff who are authorised to administer medicines were being competency assessed annually. All staff have engaged in an annual performance appraisal as required by the ARC contract.</p>
<p>Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or</p>	<p>FA</p>	<p>Consideration of how four additional beds will impact staffing has occurred and actions to ensure safe and sustainable staff numbers on each shift has been implemented. Two new RNs have been employed on more hours than the two</p>

<p>experienced service providers.</p>		<p>RNs they were replacing and the board have approved recruitment for another RN if required.</p> <p>The staff availability policy described the service approach to staffing. This references The Indicators for Safe Aged Care SNZ 8163:2005. It stated that staffing will be evaluated at least annually or when change occurs in residents, core business, goals or size. The clinical manager who develops the roster described how review and adjustments to staffing occur according to resident numbers and their acuity. A sample of rosters for 2020, and interviews with the RNs and carers demonstrated that this occurs in a timely way.</p> <p>On the day of audit the staff allocation (for 32 hospital residents) was one RN on the floor 24 hours a day and seven days a week (24/7) plus the two RN charge nurses who work Monday to Friday and the two RN managers. There were four caregivers rostered on each morning, four in the afternoon and two at night. The plan is to allocate an additional caregiver shift each morning and afternoon as the new beds are filled. The service is not experiencing any shift shortages with the current number of care staff and nurses employed and available. Staff vacancies are being quickly filled.</p> <p>The FM is employed to work five days a week between the hours of 8am to 5pm as is the clinical manager. The two charge nurses share the 24/7 on call role.</p> <p>Staff allocated for care of rest home residents are the RN charge nurse, three caregivers in the morning, three in the afternoon and one at night.</p> <p>Putauaki, an open wing for people with confusion and memory loss, is allocated two caregivers with RN oversight and other 'short shift' carers.</p> <p>There are seven cooks who work various hours seven days a week. Three activities staff are employed for a total of 54 hours a week to provide group and individual activities. An additional activities staff member commenced employment during the Covid-19 Level 4 lockdown and is now employed permanently to provide services in the hospital wings.</p> <p>Other allied staff such as the cleaners, laundry staff, administrator and maintenance/grounds staff, are employed for enough hours to complete their tasks.</p>
<p>Standard 1.3.12: Medicine Management</p>	<p>FA</p>	<p>The medication management policy is current and identifies all aspects of</p>

<p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>medicine management in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) is well established and will not be significantly impacted by an increase in the number of hospital residents. The RN 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.</p> <p>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 RNs check medications against the prescription upon receipt from the pharmacy and before administering.</p> <p>The medication storage room is located centrally and accessible by keypad entry. It provides ample storage, a built in safe for controlled medicines, a hand basin, medicines fridge and has a dual air flow heat pump installed for temperature control. 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 is 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 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>The food service is provided on site by a qualified chef and kitchen team and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years (28 February 2019). Recommendations made at that time were implemented. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and</p>

		<p>guidelines. The service operates with an approved food safety plan and registration issued by the Kawerau District Council which expires in 2021.</p> <p>Providing for an additional four residents is easily accommodated. Food service staff are practised at catering for more than the total number of residents, as prior to Covid-19 village residents would often dine at the home and there is provision of a meals on wheels service.</p> <p>Food temperatures including for high risk items are monitored appropriately and recorded as part of the plan. The team leader cook has undertaken a safe food handling qualification with all kitchen cooks and assistants completing relevant food handling training. A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Sufficient special equipment to meet the resident's nutritional needs is available.</p> <p>The service was rated continuous improvement at their certification audit in 2019 for their success with managing the weights of the elderly, frail, disabled and palliative care residents. Their nutrition programme is ongoing.</p> <p>Evidence of resident satisfaction with meals was verified by resident interviews, satisfaction surveys and resident meeting minutes reviewed. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided. Because the common dining area was not in use during 'lockdown', kitchen staff were also assisting hospital residents with their meals in their rooms and in the hospital dining area.</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>Policy and procedures contained clear descriptions about disposal methods for all types of human and domestic waste. These included standards about chemical labelling, the use of protective clothing and equipment and reporting of spills incidents. Sluice rooms were observed to be in a tidy and hygienic condition. Chemical Material Safety Data sheets were available and readily accessible to staff in a number of locations. The hazard register was current. Review of staff training records and interviews with staff who carry out cleaning and laundry duties confirmed that regular training and education on the safe and appropriate handling of chemicals and waste occurs.</p> <p>Visual inspection throughout the facility and observations of staff revealed that</p>

		<p>protective clothing (PPE) and equipment (for example, gloves, plastic aprons, footwear, and masks) is provided. The service is maintaining at least one additional week's supply of PPE.</p> <p>All chemicals were being stored securely and decanted into clearly labelled containers. The chemical supply company visits each month to check the effectiveness of their products and to support staff with correct handling and use of chemicals.</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>	PA Low	<p>The new wing inspected was safe and fit for purpose. Handrails were installed in the corridors, showers and toilets to promote safe mobilisation. There is immediate egress from the wing to a ramp which leads outside. External areas are being maintained and were safe and in good repair. Medical equipment, such as sphygmomanometer, oxygen concentrator, thermoscan and scales, were checked and calibrated annually. The current Building Warrant of Fitness expires on 22 November 2020. The new wing has been inspected but a code compliance certificate is still to be issued, subsequent to fire suppression systems being checked.</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>There were sufficient numbers of toilets and bathrooms for the number of residents and additional staff and visitors' toilets. Six bedrooms have attached ensuite bathrooms with a shower and toilet, and all bedrooms have hand basins. Inspection of all bathrooms and toilets showed these were in good condition, were disability accessible with easy to clean walls and floor surfaces and were installed with detachable shower heads and electric heaters. Hot water temperatures at all tap sites were monitored monthly and will now include the taps in the new wing. Review of the records for 2020 and hand testing at tap sites reveals temperatures are at or below 45 degrees Celsius.</p> <p>Each of the four new bedrooms have hand basins and hot and cold running water. A new disability accessible bathroom with secure chrome handrails installed at recommended heights beside the toilet and shower is located within easy walking distance to the bedrooms. A raised toilet seat and new shower chair is in place. The bathroom has a heater and is large enough to accommodate staff assisting residents with their personal hygiene.</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>Each of the new bedrooms is spacious, with plenty of room to accommodate hoists or other mobility equipment. Double width doors allow easy access for beds or gurneys. Curtaining is provided to ensure privacy from outside and from people passing in the corridor. The bedrooms are for a single occupant. New electric beds are in place. Each room has a mobile bedside cabinet, wardrobes an easy chair and over bed table. There is easy reach bedside and overhead lighting. Residents may personalise their rooms as was seen in the rooms occupied by existing residents.</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 of the three wings in the home have allocated lounges and dining areas. Another large communal dining area is currently not in use due to 'lockdown'. The new wing is located close to the existing hospital lounge and dining area which was enlarged and refurbished 18 months ago. There is sufficient seating and dining furniture to accommodate four more people. This area contains a galley kitchen with hot and cold water and good bench space. Residents interviewed said they were very happy with the range of spaces available to them. All furniture was safe and suitable for the consumer group.</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>The systems in place for cleaning and laundry will not be significantly impacted by the increase of four more bedrooms and residents. Dedicated cleaning and laundry staff are currently employed seven hours a day, for every day of the week and cleaning staff will be allocated an extra hour each day to carry out their services. A lockable cleaner's cupboard is installed in the new wing. Regular reviews and internal audits of cleaning and laundry services ensure these are safe and effective. Where improvements can be made these are implemented. The chemical supplier provides ongoing support and information to staff about safe handling of the products in use and reviews the effectiveness of methods and product use. Current material safety data sheets about each product are located with the chemicals.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security</p>	PA Low	<p>The service is maintaining excellence in emergency preparedness and management. Management staff said that Mountain View's emergency systems</p>

<p>Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>were cited locally as a best practice example for other age care providers.</p> <p>The emergency management plan continues to be reviewed and updated to ensure it complies with best known practice and statutory requirements. Visual inspection of the emergency and disaster room revealed this is fully stocked with good quality and appropriate products and equipment suited for older people. There was sufficient food, water (1,000 litres) and personal supplies stored to provide for the maximum number of residents and carers in the event of a power outage. This meets the requirements as described in the Ministry of Civil Defence and Emergency Management recommendations for the region. The stores are inspected and checked off as still fit for consumption each month. The facility has back up lighting and there is an agreement with the district council for the provision of portable power if needed. Agreement also exists with other care facilities for transfer of residents if the buildings are uninhabitable.</p> <p>The current evacuation scheme which is dated 2005 needs to be reviewed by Fire and Emergency New Zealand (FENZ) who are the only party authorised to determine whether a new scheme is required. The new wing has its own emergency egress.</p> <p>The local fire service attends and observes at least one of the six monthly trial fire evacuations each year. The most recent fire drill occurred in August 2020 and there were no issues from this exercise according to the records reviewed. A fire drill which incorporates the new wing is yet to occur. Education posters which describe the different fire alarm tones are displayed in public areas.</p> <p>The grounds are secured by an external fence with electric gates and security services patrol each night. Closed Circuit Television cameras are located in the main corridors throughout the facility for monitoring of falls or other incidents. Cameras have also been installed in the new wing. Residents and their families are advised of this during admission and their consent is specifically sought during the consent gathering process. There had been no security issues reported since the previous audit in 2019.</p> <p>Call bells are located throughout the facility and in the new wing. Each bedroom and the bathroom have easily accessible call points on the wall which can be activated by pull cords. The new wing has its own room locator display screen which is linked to the main system. This was tested and found to be effective.</p>
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<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>The home is centrally heated from a boiler system which feeds heat to panel heaters that can be individually controlled in each bedroom and in the communal areas. The new wing has heat pumps in each bedroom and the bathroom. These were tested and found to be effective. Maintenance staff confirmed that the heating systems were running smoothly. The home had sufficient doors and external opening windows for ventilation. The new bedrooms had good sized external opening windows which are designed and installed to be secure. There have been no complaints from residents or relatives interviewed about internal temperatures. Staff said that the heating and ventilation system created a comfortable working environment throughout the year.</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>	<p>FA</p>	<p>There will be no significant impact on the infection control systems in place by increasing the number of hospital beds by four. The service's infection prevention and control (IPC) programme is effective in minimising the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive infection control manual which is provided by a recognised infection control speciality service who can supply advice and additional resources if required. The effectiveness of the infection control programme is reviewed annually. The most recent review on 12 February 2020 demonstrated a downward trend in infections over the past three years. The average rate for 2019 was one to two infections a month. A senior registered nurse is the designated IPC coordinator whose role and responsibilities are defined in a job description. The ICC works closely with the clinical manager. Infection control matters, including surveillance results are reported monthly by the RN to the clinical manager who reports to the manager.</p> <p>Signage at the main entrance to the facility requests anyone who is, or has been unwell in the past 48 hours, not to enter the home. The infection control manual provides guidance for all staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities.</p> <p>There have been no outbreaks for more than three years at this home. On the day of audit, the facility was operating at Level 4 Covid-19 due to a notified case in the region.</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)
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	All areas in the home including buildings, plant and equipment are in good working order and comply with the building code and other regulations. Although the new build was inspected the week before this audit, a code compliance certificate could not be issued until the fire suppression systems have been inspected and authorised.	A code compliance certificate has not been issued for the new wing.	Obtain and submit evidence that the new building has a code compliance certificate. Prior to occupancy days
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Low	The most recent evacuation scheme is dated 2005. Construction of the new wing changes the building footprint, and there is another emergency egress. How this impacts the current evacuation scheme has not yet been assessed by Fire Emergency New Zealand (FENZ) who are the regulatory body. The most recent fire drill did not incorporate the new wing.	The existing fire evacuation scheme does not include the new wing and its emergency egress. This requires review and/or a new scheme approved by an authorised party. A trial fire evacuation/drill including the new Mavis wing is yet to occur.	Provide evidence of a reviewed and approved fire evacuation scheme. Conduct a trial fire evacuation incorporating the new wing.

				Prior to occupancy days
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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.