

Copper Crest Living Well Limited - Copper Crest Living Well Limited

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 BSI Group New Zealand Ltd, 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: Copper Crest Living Well Limited

Premises audited: Copper Crest Living Well Limited

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: 23 February 2021 End date: 23 February 2021

Proposed changes to current services (if any): Copper Crest is a modern, spacious, purpose-built facility on a sloping section. The new facility is within a retirement village. The care centre is to operate on four levels (ground floor, level 1, 2). The lower level (also ground level due to the sloping section includes service areas, café, community lounge and is connected to adjoining

apartments). The ground floor includes the main entrance and reception area. There is a 11-bed secure dementia household (unit) and a 11-bed dual-purpose household. On level one there are two x 11-bed dual-purpose households. On level two there is a further 11 bed dual-purpose household. There is a total of 44 dual-purpose beds and 11 secure dementia beds. The service is opening in planned stages. It is currently proposed to open the dementia household first on the 12th of April and to open the 11-bed dual purpose household on the 2nd floor a week later. Other dual-purpose floors will open as resident numbers increase. The design of the facility embraces Arvida's living well model with each 11-bed unit designed as a small stand-alone household with its own kitchen and lounges.

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.

General overview of the audit

Copper Crest is owned and operated by the Arvida Group. Copper Crest is a modern, spacious, purpose-built facility on a sloping section. The new facility is within a retirement village. The care centre is to operate on four levels (with resident rooms on the ground floor, level 1, and level 2). The lower level (also ground level due to the sloping section) includes service areas, café, community lounge and is connected to adjoining apartments. The ground floor includes the main entrance and reception area. There is an 11-bed secure dementia household (unit) and also an 11-bed dual-purpose household. On level one there are two x 11-bed dual-purpose households. On level two there is a further 11 bed dual-purpose household. There is a total of 44 dual-purpose beds and 11 secure dementia beds. The service is opening in planned stages. The dementia household is scheduled to open on the 12th of April and the 11-bed dual purpose household on the 2nd floor will open a week later. Other dual-purpose households will open as numbers increase. The design of the facility embraces Arvida's living well model with each 11-bed household (unit) designed as a small stand-alone household with its own kitchen and lounges.

This partial provisional audit was undertaken to assess the new purpose-built care facility. The audit process included the review of policies and procedures, transition/education and staffing plans, observation of the environment and interviews with management.

There is a village manager (non-clinical) who has been in the role since June 2019 and has previous management experience with Pathlab. The village manager is supported by a clinical manager (registered nurse) who has been with Arvida for six years and in this current role since January 2021.

The audit identified the design of the dual-purpose households and dementia household, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home, hospital (medical and geriatric) and dementia level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

Improvements are related to opening of the new facility, induction, fire drill and employing staff.

Consumer rights

Not audited

Organisational management

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital, (medical and geriatric) and dementia level care. The proposed staff and newly purpose-built facility are appropriate for providing the initial service on opening of the dementia beds and the 1st dual-purpose household.

Copper Crest has a current business plan and a quality and risk management programme that outlines goals for the year. There is a transition plan and mobilisation plan around the opening of the new care centre.

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, which includes packages specifically tailored to the position such as Wellness Partner (caregiver), registered nurse (RN), and so on.

There is a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a planned transition around opening each of the floors and this is reflective in the draft rosters and processes around employment of new staff. The draft staffing roster also allows for assessed service type and acuity of residents.

Continuum of service delivery

The medication management system includes medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accord with the guideline. There is a medication/treatment room in each of the 11-bed households and locked cupboards in ensuites for storage of each resident's current regular medication. An electronic medication charting system is to be implemented.

Activities are to be provided by the Wellness Partners (caregivers) with guidance/oversight by the Wellness Leader.

The facility has a large workable kitchen in the service area on the lower floor. There is a walk-in chiller and freezer. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is to be transported in hot boxes to the household satellite kitchens. Nutritional profiles are to be completed on admission and provided to the kitchen manager.

Safe and appropriate environment

There are documented processes for waste management. There are secure sluices in each household.

The facility is completed, purpose-built and staged openings are scheduled for the care centre. The building is on a sloped section. The building and plant have been built to comply with legislation. The organisation has purchased all new equipment. The

dementia household has a spacious outdoor area off the open plan living area. This allows for easy indoor/outdoor flow and supervision.

Every resident's room has an ensuite with an accessible shower, toilet and handbasin. All bedrooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Each 11-bed household has an open-plan dining area and lounge area with kitchen. There is also a second sun lounge in each home.

The laundry is in the service area and has separate entrances for dirty and clean laundry.

There is an emergency and evacuation procedures and responsibilities plan in place. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are call bells in the residents' rooms, and lounge/dining room areas. These are linked to staff pagers. There are security procedures in place.

Resident room temperatures can be adjusted in all rooms. There is overhead cooling and heating system in all rooms and communal areas and underfloor heating in bathrooms.

Restraint minimisation and safe practice

Restraint minimisation policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. The clinical manager will be the restraint coordinator. There is an organisation restraint approval committee (clinical managers), and site-specific quality committee will act as the restraint committee.

Staff training around restraint minimisation and enablers, falls prevention, and management of challenging behaviours is to be completed annually and is also included as part of the induction week.

Infection prevention and control

Infection prevention and control (IPC) is currently the responsibility of the clinical manager. There are clear lines of accountability to report to the infection prevention and control team on any infection prevention and control issues. There is a reporting and notification to Support Office in place. Infections are benchmarked across the organisation. Infection control will initially be part of the quality committee on opening.

Policies, procedures and the pandemic plan have been updated to include Covid-19. There are adequate supplies of outbreak management equipment.

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	14	0	3	0	0	0
Criteria	0	33	0	4	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>Copper Crest is owned and operated by the Arvida Group. Copper Crest is a modern, spacious, purpose-built facility on a sloping section. The new facility is within a retirement village. The care centre is to operate on four levels (with resident rooms on the ground floor, level 1, and level 2). The lower level (also ground level due to the sloping section) includes service areas, café, community lounge and is connected to adjoining apartments.</p> <p>The design of the facility embraces Arvida’s living well model with each 11-bed unit designed as a small stand-alone households with its own kitchen and lounges.</p> <p>The ground floor includes the main entrance and reception area. There is an 11-bed secure dementia household (unit) and also an 11-bed dual-purpose household. On level one there are two x 11-bed dual-purpose households. On level three there is a further 11 bed dual-purpose household. There is a total of 44 dual-purpose beds and 11 secure dementia beds. The service is opening in planned stages. The dementia household will open on the 12th of April and the 11-bed dual purpose household on the 2nd floor will open a week later. Other dual-purpose household will open as numbers increase.</p>

		<p>There is a village manager (non-clinical) who has been in the role since June 2019 and has previous management experience with Pathlab. The village manager is supported by a clinical manager (registered nurse) who has been with Arvida for six years and in this current role since January 2021.</p> <p>The audit identified the design of the dual-purpose units and dementia unit, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home, hospital (medical and geriatric) and dementia level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.</p> <p>The village manager provides a monthly report to the Arvida CEO on a variety of operational issues. Arvida has an overall business/strategic plan. The organisation has a philosophy of care, which includes a mission statement. Copper Crest has a business plan 2021 and a quality and risk management programme which includes 2021 quality goals. The service has developed a transition plan around the new care centre.</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>	<p>FA</p>	<p>In the absence of the village manager, the clinical manager is in charge. Support is provided by the head of wellness operations and the general manager wellness and care.</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>	<p>PA Low</p>	<p>There are human resource management policies in place. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. There are documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities.</p> <p>The service is in the process of employing staff for the opening of the first 11-bed secure dementia household and one 11-bed dual-purpose household. Currently employed are three registered nurses (two are interRAI trained) and the service is interviewing for a further two RNs initially. There are five Wellness Partners (caregivers) being employed initially. Currently one has been employed to date. The service intends to employ level 3 & 4 caregivers for these roles.</p> <p>A Wellness Leader has been employed who will oversee activities and also</p>

		<p>undertake caregiving duties. Food service and laundry staff are also in the process of being employed.</p> <p>An induction week has been planned. The registered nurses will complete induction the week of 29 March. This will include Altura training courses and competencies. The Wellness partners (caregivers) will commence a week of induction training from the 6 April 2021. All staff will complete a fire drill, and specific equipment training during these weeks including (but not limited to) how to use the ceiling hoists. Competencies that are required to be completed by staff at induction include medication, insulin, , safe moving and handling, infection prevention and control, hand hygiene, and restraint.</p> <p>The in-service education programme for 2021 has been developed. One of the employed registered nurses is to complete the Careerforce assessor training on opening so that they can support Wellness partners to complete Careerforce and ensure those working in the dementia household have completed the required dementia standards within 18 months (if they don't already have the qualification).</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>There is a specific staffing Policy which provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. Copper Crest have developed a number of draft rosters for increase in resident numbers across the new facility.</p> <p>A draft roster has been developed for the initial opening of one 11-bed dual-purpose household and the 11-bed dementia household. A further draft roster has been developed for the opening of all floors/ households and demonstrates an increase in staffing as resident numbers increase. The draft rosters also consider the assessed level of residents and has flexibility for the acuity of residents.</p> <p>Dementia household:</p> <p>Initially on opening the clinical manager will oversee the dementia unit. For up to 5 residents, there will be a Wellness Partner (caregiver) 0700 – 1515, one caregiver 1500 – 2315 and one caregiver 2300 – 0715. The roster allows for two caregivers on each shift when there are 5-10 residents (adjusted for acuity).</p> <p>11-bed dual-purpose household.</p>

		<p>The roster allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of residents.</p> <p>There is an RN rostered across each shift (link 1.2.7.3). In addition, the clinical manager works 5 days a week.</p> <p>The initial roster includes 2 caregivers 0700 – 1515, two caregivers 1500-2315 and two caregivers at night 2300 – 0715.</p> <p>There is a contracted physiotherapist, hours yet to be confirmed but will be reflective of resident needs and numbers.</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>FA</p>	<p>A service wellness leader (DT) has been employed to work rostered shifts. The Wellness Leader has a background in counselling and mental health. With the small 11-bed households and Arvida’s model of care it is intended that the Wellness partners (caregivers) will complete activities with the residents in each of the households. A resident leisure profile is completed soon after admission and an individual activity plan developed at that time. The Wellness Leader will provide oversight to the activity programme and will be involved in the six-monthly review with the RN and the Wellness Partners.</p> <p>An overall activity programme has been drafted. This includes (but is not limited to); daily exercise groups, newspaper reading, board games, quizzes, happy hours, outdoor walks and activities, hand and nail care and group games. Community visitors include volunteers, church services, school children and entertainers. The service has a van for outings into the community.</p> <p>Residents will receive a copy of the village programme which has set daily activities and additional activities, entertainers, outings, church services and movies. The programme aligns with the Living Well model and the five Wellness pillars - eating well, thinking well, engaging well, resting well and moving well. Activities will be held in the communal lounges in each household and larger activities in the larger level 1 area or in the community centre lounge on lower ground.</p> <p>Household meetings will be held regularly with residents to assist with planning activities.</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>There is a food service manual and food control plan. The new kitchen is on the ground floor in the service area. There is a service lift next to the kitchen to assist with transporting hot boxes to each floor. The service intends to employ a kitchen manager a second chef and kitchen assistants to cover seven days (link 1.2.7.3).</p> <p>The kitchen includes one walk-in chiller and a walk-in freezer and pantry. The kitchen is spacious with room for an area for cleaning dishes, an area for cooking and a specific area for dishing up. The kitchen has the latest Southern hospitality equipment. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is to be transported in hot boxes to the kitchenettes in each of the 11-bed households. The dining area/kitchenettes have access to hot water, which includes safety measures to use.</p> <p>Arvida has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. The kitchen manager will have nutritional information on all residents electronically. There is access to an organisational dietitian.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>A service wellness leader (DT) has been employed to work rostered shifts. The Wellness Leader has a background in counselling and mental health. With the small 11-bed households and Arvida's model of care it is intended that the Wellness partners (caregivers) will complete activities with the residents in each of the households. A resident leisure profile is completed soon after admission and an individual activity plan developed at that time. The Wellness Leader will provide oversight to the activity programme and will be involved in the six-monthly review with the RN and the Wellness Partners.</p> <p>An overall activity programme has been drafted. This includes (but is not limited to); daily exercise groups, newspaper reading, board games, quizzes, happy hours, outdoor walks and activities, hand and nail care and group games. Community visitors include volunteers, church services, school children and entertainers. The service has a van for outings into the community.</p> <p>Residents will receive a copy of the village programme which has set daily activities and additional activities, entertainers, outings, church services and movies. The programme aligns with the Living Well model and the five Wellness pillars - eating well, thinking well, engaging well, resting well and moving well.</p>

		<p>Activities will be held in the communal lounges in each household and larger activities in the larger level 1 area or in the community centre lounge on lower ground.</p> <p>Household meetings will be held regularly with residents to assist with planning activities.</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>	FA	<p>There are documented processes for waste management. There are secure sluices in each household. A sanitiser is available in each sluice room. There are cupboards within the sluice for storage of chemicals. There are secure cleaning cupboards on each floor.</p> <p>Waste management audits are part of the internal audit programme.</p> <p>Gloves, aprons, and goggles have been purchased and to be installed in the sluices and cleaners' cupboards. MSDS for chemical products are available. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Training on the use of PPE is included in the induction programme. Staff will complete chemical safety training by the chemical provider.</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 facility is completed, purpose-built and staged openings are scheduled for the care centre. The building is on a sloped section. There is an entrance/reception area from the ground floor car park and from the road entrance.</p> <p>The building and plant have been built to comply with legislation. The CPU has been approved 25 February 2021. The organisation has purchased all new equipment. Equipment is appropriate for hospital (and rest home) level care. There are two lifts (one service lift) and one visitor lift. The lift is accessible for residents and relatives and opens to the entrance foyer of each floor. The lift is large enough for a stretcher.</p> <p>There is a 10-seater van on site available to transport residents. In addition, the facility will utilise the services of mobility taxis for outings requiring a tail lift for wheelchair bound residents.</p> <p>There is a full-time maintenance person employed. All electrical equipment and</p>

	<p>other machinery are to be checked as part of the annual maintenance and verification checks. Medical equipment Calibration and Servicing is captured within the Arvida quality programme and scheduled annually. This is serviced by a nationwide contract. This process is well established throughout Arvida services. Hot water is to be monitored in resident areas monthly , these are to be completed prior to occupancy and as part of the CPU.</p> <p>The new facility is within a retirement village. The care centre is to operate on four levels (with resident rooms on the ground floor, level 1, and level 2). The lower level (also ground level due to the sloping section) includes service areas, café, community lounge and is connected to adjoining apartments.</p> <p>The design of the facility embraces Arvida's living well model with each 11-bed unit designed as a small stand-alone household with its own kitchen and lounges.</p> <p>Dual purpose households (ground level, level one and two):</p> <p>The ground floor 11-bed dementia household and a further 11 bed dual bed household, 2x 11-bed dual bed households on level one and an 11-bed dual bed household on level two are fully completed and nearly all furnished. Due to the living-well model, a home-like desk is stationed in the lounge area of each 11-bed household for staff to complete electronic notes as needed rather than a specific nurse's station. There is a specific nurse's room/meeting room on level one for private conversations. Each 11-bed household has an open-plan lounge/dining area and satellite kitchen and a further sunroom on the end of each household. There are handrails in ensuites and narrow handrail ledges in hallways. All rooms and communal areas allow for safe use of mobility equipment. The care centre has carpet throughout with vinyl/tiled surfaces in bathrooms/toilets and kitchen/dining areas. There is adequate space in the new dual-purpose households for storage of mobility equipment. Hi-lo and electric beds have been purchased. There are landing strips purchased and bed sensors. The resident rooms have large windows, and many have a private balcony. There are spacious outdoor areas off the communal lounge on ground level and lower ground level. The service has available shade, seating, tables and chairs.</p> <p>Dementia household (ground level):</p> <p>The dementia household (11 beds) is on the ground level. The secure household is fully completed and furnished. There is an electronic walled iPad that allows visitors to talk to staff and gain access to the household. All rooms</p>
--	---

		<p>have ensuites. There are handrails in ensuites and ledges in hallways. All rooms and communal areas allow for safe use of mobility equipment. The household's design and equipment purchased, specifically consider residents with confused state. There is access to a secure outdoor landscaped garden, walking track with seating and shade from the communal lounge. This allows for easy indoor/outdoor flow and supervision. Three of the 11 rooms also have patio access to the outside garden area. There is an area at the end of the hallway that is to be turned into a sensory area for residents.</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>Dual-purpose households: Every resident's room has an ensuite with an accessible shower, toilet and hand basin, with under floor heating. There is one communal near the open plan communal lounge and dining room. There is a separate toilet for staff and visitors.</p> <p>Dementia household: Every resident's room has an ensuite with a disability friendly shower, toilet and handbasin. The use of different coloured toilet seats makes an easier contrast for residents with dementia. There are also well-placed communal toilets near the communal lounge and dining room. Communal toilets are well signed.</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>Dual-purpose households: Residents rooms on the ground floor, level one and level two hospital/rest Aria are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites. Ceiling hoists are available in the resident rooms.</p> <p>Dementia household: Residents rooms in the dementia household are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites. Residents can personalise their rooms and the rooms are large enough for family and friends to socialise with the resident.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age</p>	FA	<p>Dual-purpose households: Each of the four 11-bed dual-purpose households have an open-plan dining area, kitchen and lounge area that suits the number of residents living in that household. The area allows for the use of mobility equipment. Each household also has a sunroom lounge at the end of the hall.</p>

<p>appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>The centrally located nurse desk is within the open plan aspect of the dining and lounge area. The communal lounge/dining room is homely and will manage individual or group activities. There is also a large communal lounge on the lower group floor beside the café that can be used for large group activities and entertainers. There is a large sliding wall between the lounges of two of the households on level one. This sliding wall can be opened to enlarge the lounge for group activities if needed.</p> <p>Dementia household: The dementia household is a similar design to the dual-purpose floors above. The open-plan living area, dining area and kitchen is suitable for 11 residents. The open plan area allows for individual and group activities. The open-plan living area, hallways and indoor/outdoor flow allow maximum freedom of movement while promoting the safety of residents who are likely to wander (link 1.4.2.1). There is a sensory area being developed at the end of the hallway.</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>	<p>FA</p>	<p>The organisation provides housekeeping and laundry policies and procedures, which are robust and will ensure all cleaning and laundry services are always maintained and functional. The laundry is in the service area wing on the lower ground level and has separate entrances for dirty and clean laundry. The laundry has commercial washing machines and dryers. Dirty linen can be delivered to the laundry via the secure laundry chutes in each household. There are covered linen trolleys available. There is a service lift to transport clean linen to each floor. There are locked cleaners' cupboards on each floor.</p> <p>The organisation has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are completed as part of the quality programme.</p> <p>The service has a secure area for the storage of cleaning and laundry chemicals. Laundry chemicals are within a closed system to the washing machine. Material safety datasheets are available. Chemicals and supporting literature are provided by Diversey.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p>	<p>PA Low</p>	<p>There is an emergency and evacuation procedures and responsibilities plan in place. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 18/2/21 for the new building. A fire evacuation drill is</p>

<p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>scheduled for the induction week. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments.</p> <p>There are adequate supplies in the event of a civil defence emergency including emergency power back up, civil defence and first aid kits, food, water (large water tanks), blankets and gas cooking (gas hobs). There are also sufficient supplies of outbreak/pandemic and personal protection equipment (PPE) available. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) will always be available (link 1.2.7.4). There are call bells in the residents' rooms, and lounge/dining room areas. These are linked to staff pagers. There are security procedures in place.</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>Residents are provided with adequate natural light and safe ventilation. The environment is maintained at a safe and comfortable temperature. Resident room temperatures can be adjusted in all rooms. There is overhead cooling and heating system in all rooms and communal areas and underfloor heating in bathrooms. All rooms have large windows and or balconies.</p>
<p>Standard 3.1: Infection control management 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>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The organisational programme is linked into the quality management system. The clinical manager is the designated infection control coordinator with support from the organisation. Internal audits include hand hygiene and infection control practices, and these will be implemented on opening. Education is provided for all new staff during induction. The Arvida infection control programme has been reviewed annually.</p> <p>Hand sanitiser is in the process of being installed throughout the facility. Adequate supplies of personal protective equipment are available. The organisation has a comprehensive pandemic plan.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively</p>	<p>FA</p>	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. The restraint</p>

<p>minimised.</p>		<p>coordinator is currently the clinical manager. There is an organisation restraint approval committee (clinical managers forum), and the site-specific quality committee will act as the restraint committee at Copper Crest.</p> <p>Staff training around restraint minimisation and enablers, falls prevention, and management of challenging behaviours is completed annually and also to be included as part of the induction week.</p>
-------------------	--	---

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	<p>The service is in the process of employing staff for the opening of the first 11-bed secure dementia household and one 11-bed dual-purpose household. Currently employed are three registered nurses (two are interRAI trained) and interviewing for a further two RNs initially. There are five Wellness Partners (caregivers) being employed initially. Currently one has been employed to date. The service intends to employ level 3 & 4 caregivers for these roles. The service intends to roster caregivers into the dementia household initially that have experience with working with people with dementia and utilise caregivers that already have the required dementia standards.</p>	<p>The service does not currently have sufficient caregivers and RNs employed to cover 24/7.</p>	<p>Ensure there are sufficient RNs and caregivers employed to cover 24/7.</p> <p>Prior to occupancy days</p>

<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	<p>Induction weeks have been planned. The registered nurses will complete induction the week of 29 March. This will include Altura training courses and competencies. The Wellness partners (caregivers) will commence a week of induction training from the 6 April 2021. All staff will complete a fire drill, and specific equipment training during these weeks including (but not limited to) how to use the ceiling hoists. Competencies that are required to be completed by staff at induction include medication, insulin, safe moving and handling, infection prevention and control, hand hygiene, and restraint.</p>	<p>Induction weeks scheduled are yet to occur and all staff will complete required inductions, competencies and orientation to new equipment.</p>	<p>Ensure all inductions and competencies are completed.</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	<p>The dementia household has a spacious outdoor area off the open plan living area. This allows for easy indoor/outdoor flow and supervision. The outdoor area includes (but not limited to) directional paths with raised gardens, seats and gates. There are two areas where change of surface area needs to be managed.</p>	<p>The side of the patio off the dementia household lounge has a change in surface area beside the path. This will need to be managed as part of the hazard register. Advised that pot plants will be placed there to distract residents from that edge of the patio. One patio off one of the rooms in the dementia household is not yet connected to the path</p>	<p>Ensure change in surface area is managed off the dementia household into the outdoor area.</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</p>	PA Low	<p>Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes</p>	<p>A fire drill is scheduled for induction of the new building</p>	<p>Ensure a fire drill is completed prior to occupancy</p>

security situations. This shall include fire safety and emergency procedures.		emergency preparedness. A fire drill is scheduled as part of induction to the new building.		Prior to occupancy days
---	--	---	--	-------------------------

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.