

Rivercrest Cromwell Limited - Golden View Care

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: Rivercrest Cromwell Limited

Premises audited: Golden View Care

Services audited: Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 5 July 2021 End date: 5 July 2021

Proposed changes to current services (if any): The new care centre is being opened in three stages. This stage includes the opening of the facility, (planned to open 2 August 2021) which includes a 37-bed dual-purpose unit and an 11-bed secure dementia unit. With the completion of this audit, the care centre will have a total of 48 beds.

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

Golden View Care home is located in Cromwell. The care centre is modern, spacious and part of a wider retirement village. The care home is planned to open 2 August 2021.

This partial provisional audit included verifying the opening of 48 beds in the care centre. This includes an 11-bed dementia unit and a 37-bed dual-purpose unit.

The general manager (background in aged care management/registered nurse) currently oversees a sister facility and will also oversee and support the management at Golden View Care home. There is a care home manager and clinical manager (both experienced RN managers in aged care). The management team are supported by the owners/directors.

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

The improvements required by the service are all related to the completion of the new service.

Consumer rights

[Click here to enter text](#)

Organisational management

The service has policies/procedures to provide rest home care, hospital, (medical and geriatric) and dementia level care. There is a quality plan with key objectives for 2021/2022. There is a documented business management and strategic plan.

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 induction/orientation programme, which includes packages specifically tailored to the position.

There is a documented rationale for determining staffing levels and skill mixes for safe service delivery. The draft staffing roster also allows for assessed service type, acuity of residents and the location of residents.

Continuum of service delivery

The medication management system includes medication policy and procedures that follow recognised standards and guidelines for safe medicine management practice in accord with the guidelines. The dementia unit and dual-purpose unit each have a secure medication treatment room. The service will be using an electronic medication system across the care centre.

There is a diversional therapist employed across five days. The diversional therapist will also support caregivers to deliver the activity programme. A further activity assistant is to be employed as resident numbers increase.

There is a newly purpose-built kitchen off the downstairs rest home that has recently open. Food will be transported to the satellite kitchens in the dementia units and hospital unit via hot boxes. Nutritional profiles are completed on admission and provided to the kitchen.

Safe and appropriate environment

There are documented processes for waste management. There is a secure sluice in each area. There are secure cleaning cupboards in each area.

The facility is purpose-built. The building and plant have been built to comply with legislation. The organisation has purchased all new equipment. Equipment is appropriate for hospital, medical, rest home and dementia level care. The facilities, furnishings, floorings and equipment are designed to minimise harm to residents.

There are completed landscaped outdoor areas including courtyards. There is good indoor/outdoor flow for residents to wander in the dementia unit.

Every resident's room has an ensuite with a disability friendly shower, toilet and paper towels. There are also well-placed communal toilets near the communal lounge and dining room. Resident rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents can personalise their rooms and the rooms are large enough for family and friends to socialise with the resident. Each area has a spacious communal dining and lounge area with satellite kitchen.

There is a large laundry in the service area with a dirty to clean flow.

There is a disaster management plan and emergency evacuation procedure. There is civil defence kit available for the whole facility and plentiful supply of stored water. There is an appropriate call-bell system throughout the facility.

There is air-conditioning and heating in common areas and resident bedrooms. These can be individually controlled. Each room has large external windows with plenty of natural light. A number of rooms in the dual-purpose unit have sliding doors that open to the courtyard.

Restraint minimisation and safe practice

Restraint and enabler use policy states restraint only used as a last resort. The restraint coordinator is clinical manager, and the quality committee acts as the restraint committee initially. The policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. The service is planning to be restraint-free. Restraint, enabler and challenging behaviour training is scheduled for the induction days.

Infection prevention and control

There are comprehensive infection prevention control (IPC) policies in place and a pandemic plan. There are clear lines of accountability to report to the IPC team on any infection control issues. There is an IPC coordinator job description. A registered nurse is the IC coordinator. Infection control is an agenda item in quality committee. There is plentiful supplies of PPE and hand sanitiser.

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	31	0	6	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>Golden View Care home is located in Cromwell. The care centre is modern, spacious and part of a wider retirement village. The care home is planning to open 2 August 2021. This partial provisional audit included verifying the opening of 48 beds in the care centre. This includes an 11-bed dementia unit and a 37-bed dual-purpose unit. There is one room designed as a hospice and respite care room with an attached whanau room. This bedroom has two doors to enter and specific locks so one door can be locked off and therefore the resident room can be used as part of the dementia unit or as part of the dual-purpose unit depending on the need.</p> <p>The general manager has a background in aged care management and is a registered nurse. She currently oversees a neighbouring sister facility and will also oversee and support the management at Golden View Care home. There is a care home manager and clinical manager (both experienced RN managers in aged care). The management team are supported by the owners/directors.</p> <p>The audit identified the dual-purpose unit, dementia unit, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home and hospital (medical and geriatric) and dementia level care. There is a documented transition plan and clear procedures and responsibilities for the safe</p>

		<p>and smooth transition of residents into the care home.</p> <p>The organisation has comprehensive policies/procedures to provide rest home care, hospital (geriatric and medical) and dementia level care. The service continues to develop processes and systems around opening the new facility.</p> <p>There is a quality improvement plan with key objectives for 2021/2022. There is a documented business management plan. The board is made up of five couples (all shareholders), the management team will report to the board monthly.</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 care home manager (RN) will fulfil the general manager's role during a temporary absence of the general manager. The clinical manager and general manager will provide oversight in absence of the care home manager. The service has comprehensive policies/procedures to provide rest home, hospital (medical and geriatric) and dementia level 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>	FA	<p>There are documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. There is a recruitment policy. Additional role descriptions are in place for the infection prevention control coordinator, restraint coordinator, in-service educator, health and safety officer, and quality manager.</p> <p>There are sufficient staff employed for the opening of the dementia and dual-purpose unit. There are three enrolled nurses and 13 caregivers. Of the 13 caregivers four have completed level four (dementia standards) and will be rostered in the dementia unit, and two have completed level three. All caregivers are to be supported from commencement to complete Careerforce level three and four including the required dementia standards. Caregivers will be required to have this completed within 18 months.</p> <p>There are seven RNs employed, two are interRAI trained along with the care home manager and clinical manager. There are sufficient registered nurses employed to cover the opening of the hospital dual-purpose unit. Advised that more staff will be employed as resident numbers increase.</p> <p>An induction and training plan is in place. All staff currently employed completed specific orientation training days on 26-27 July 2021. Orientation training includes (but not limited to) fire safety and drill, manual handling, use of equipment such as</p>

		<p>ceiling hoists, electronic resident management system, first aid, CPR, emergency management, medication management, H&S and IP&C.</p> <p>There is a staff orientation policy, staff training policy and staff performance monitoring policy.</p> <p>Clinical staff and non-clinical staff will complete specific induction self-directed learning packages. There are competencies required to be completed by specific staff at induction and annually. These include (but not limited to); medimap, medication, manual handling, basic hygiene cares and hand hygiene.</p> <p>Staff education and training includes the Careerforce programme and other training programmes that support the development of caregivers for this aged care environment. There is a documented and implemented annual in-service programme that sets out annual and biennial in-service education requirements (sited for 2021).</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>Annual leave and rostering policy provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. There is also a competent care provision policy. The service has developed several draft rosters for increase in resident numbers across the two areas. They currently have 45 residents on the waiting list. The care home manager and clinical manager are both full time and on call for clinical issues.</p> <p>37-bed dual-purpose hospital unit:</p> <p>There is one registered nurse rostered across the three shifts.</p> <p>AM: There is an enrolled nurse and five caregivers rostered on full shifts with further caregivers rostered across short shifts depending on the acuity of residents and number of hospital residents. PM shift: there is an enrolled nurse and four caregivers on full shifts with further caregivers rostered across short shifts depending on the acuity of residents and number of hospital residents. There is one caregiver rostered over night with the registered nurse.</p> <p>A diversional therapist is employed full-time for across the facility, a further activity coordinator is yet to be employed. The service has a contract for medical services with a local practice. The house GPs will visit weekly initially and provide on-call cover till 2000 daily Monday to Friday and Saturday until mid-day. There is a contracted podiatrist available and a physiotherapist 4-5 hours weekly. A speech</p>

		<p>language therapist is available as needed and a dietitian can be accessed.</p> <p>20-bed Dementia unit:</p> <p>A draft roster has also been developed for up to 11 residents. The roster allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of residents.</p> <p>The draft roster includes the RN 0800 – 1630. Two caregivers (one full shift and one short shift). In the afternoon shift two caregivers (one full shift and one short shift). There is one caregiver rostered overnight.</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>	PA Low	<p>Medicines management policies and procedures reflect current medication legislation and residential care guidelines. Only registered nurses/enrolled nurses/senior caregivers who have been assessed as competent are permitted to administer medicines to residents. A register is to be in place to identify staff designated as medication competent staff. Medication management training and competencies are to be completed as part of the induction training days and annually thereafter.</p> <p>The service is planning to use two weekly blister packs and an electronic medication system. There is a secure treatment room off the nurse's station in the dementia unit and off the nurse's station in the dual-purpose unit. There are new medication trollies for both areas. Impress stock will be available in the hospital unit. Medication fridges and treatment room temperatures are to be monitored. There are air ducts into the treatment rooms which cools the room temperatures. There are locked drawers available for any resident self-medicating.</p> <p>There is a contract with a pharmacy in place. There is a contract with a local medical centre. The house GP will initially visit weekly and is on-call until 8pm. The medical centre is also on call Saturday morning.</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>	FA	<p>There are food service policies and procedures. There was a head chef that commenced today, a kitchen hand is to commence 26 July 2021 and two further kitchen hands are to commence on opening. The head chef has completed food safety certs and other staff will complete food safety as part of induction.</p> <p>There is a hotel-styled kitchen in the serviced area. Food is to be plated and</p>

		<p>transported to the dementia unit in hot boxes. Food is to be transported to the dual-purpose unit kitchenette with heated servery and served. Nutritional profiles are to be completed on admission and provided to the kitchen.</p> <p>The kitchen includes a walk-in chiller, and pantry. There is an area for washing up and one for preparing and serving meals. There is a delivery area and ample storage. All kitchen equipment is new.</p> <p>The menu has been designed and reviewed by a registered dietitian. The satellite kitchen in the dementia unit is open plan and includes safety measures around boiled water. Snacks will be available 24/7 in the unit with a fridge in the kitchenette for storing snacks.</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>There is currently one diversional therapist (DT) employed Mon- Fri 1000 – 1600 and a part time activity assistant to employed as numbers increase. The DT will share her time across the dual-purpose unit and dementia unit. Caregivers rostered in the dementia unit will also provide activities with residents. There is a weekly activity plan for the dual-purpose unit and the dementia unit. The dementia programme is designed for residents with memory loss.</p> <p>A facility van is available for outings for all residents. In the dementia unit there is a spacious communal lounge and a further quiet lounge for individual and/or group activities. A sensory room is also being planned to be set up in in the future. Activities planned include (but not limited to) music, newspaper reading, church services, pet therapy, van outings, visits to the library, exercises, and group games. One-on-one sessions include hand and nail pampering and reading with residents.</p> <p>Community involvement is scheduled and includes (but not limited to) entertainers.</p> <p>Activity assessments are completed for residents on admission and an individualised activities plan is developed from this. The activity plans utilised allow for individual diversional, motivational and recreational therapy to be identified across a 24-hour period. Assessments identify former routines and activities that the resident is familiar with and enjoys. The activities plan is integrated within the overall care plan on the care planning electronic system.</p>
<p>Standard 1.4.1: Management Of Waste And</p>	<p>FA</p>	<p>There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and</p>

<p>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>disposal of waste and hazardous substances. There is a sluice in each area that is secure. There is a sanitiser with an internal chemical system in each sluice room. There are secure cleaning cupboards in each area. The cleaning room has a closed chemical system with MSDS available in the room.</p> <p>Waste management audits are part of the internal audit programme. All staff are required to complete training regarding the management of waste during induction. Chemical safety training is a component of the compulsory two-yearly training and orientation training.</p> <p>Gloves, aprons, and goggles have been purchased and are to be installed in the sluices and cleaners' rooms. 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. Sanitisers to be placed on walls around the facility and one between two rooms.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>The facility is purpose-built. The care centre is near completion with staged openings. This audit verifying the initial opening of the building. The building and plant have been built to comply with legislation. The organisation has purchased all new equipment. Equipment is appropriate for hospital, medical, rest home and dementia level care.</p> <p>There is a maintenance person employed to commence on 26 July 21 and will work 30 hours a week initially. All electrical equipment and other machinery are to be checked as part of the annual maintenance and verification checks. Medical equipment calibration and servicing is captured through the quality programme and scheduled annually. There is a van for residents that include a hoist. Hot water is yet to be monitored. The CPU is yet to be obtained.</p> <p>The facilities, furnishings, floorings and equipment are designed to minimise harm to residents.</p> <p>The care centre is modern, spacious and part of a wider retirement village.</p> <p>37-bed Dual-purpose unit</p> <p>The unit is a 37-bed rest home/hospital dual-purpose unit. There is one room designed as a hospice and respite care room with an attached whanau room. This bedroom has two doors to enter, and specific locks so can be used as part of the dementia unit or as part of the dual-purpose unit. The dual-purpose unit is</p>

		<p>designed around an internally landscaped courtyard. The centrally located nurses' station with windows near the dining and lounge areas, ensures that staff are in close contact with residents even when attending to paperwork or meetings. There are handrails in ensuites and hallways. The unit is spacious with wide hallways. There is a diversional therapy lounge off the main communal lounge. Large partitions that fold back into the wall space allow the room to be open-plan or closed as two lounges. All rooms and communal areas allow for safe use of mobility equipment. Each room has a ceiling hoist. The care centre has carpet throughout with vinyl/tiled surfaces in bathrooms/toilets, seven resident rooms and kitchen/dining areas. There is adequate space in the new dual-purpose unit for storage of mobility equipment. Hilo and electric beds have been purchased. There are several landing strips purchased, sensor mats, pressure relieving devices and hoists. There are completed landscaped outdoor areas including the internal courtyard and along the outside of the building.</p> <p>11-bed Dementia unit:</p> <p>The secure dementia unit is connected via an entrance foyer which includes a reception area. The unit includes handrail in ensuites and hallways. All rooms and communal areas allow for safe use of mobility equipment. Lighting is a mixture of ceiling and LED lights. There is a secure nurses' station that looks over the open-plan lounge and dining area. The satellite kitchen includes safety features. Resident room doors are a different colour. There is also plenty of natural light with large windows.</p> <p>This design layout enhances the resident's freedom of movement and ensures staff can supervise and monitor residents as they go about their day in a non-intrusive manner. There is a separate quiet/sensory activity lounge off the open-plan living area. The unit allows for wandering with indoor/outdoor flow. There is one internal courtyard off the living area. Landscaping is complete but the fence is not yet fully secure (link 1.4.7.6). The outdoor area includes built-in bench seats and planter boxes along the fence line of the outdoor area. This is a potential hazard as it provides a seat for residents that they may use to climb over the fence.</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</p>	<p>FA</p>	<p>Dual-purpose hospital unit: 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. Every resident's room has an ensuite with a disability-friendly shower, toilet and hand basin. There are communal toilets near the open</p>

<p>requirements or receiving assistance with personal hygiene requirements.</p>		<p>plan communal lounge and dining room. There is a large, assisted bathroom with shower bed available.</p> <p>Dementia units: Every resident's room has an ensuite with a disability friendly shower, toilet and paper towels. The use of different coloured toilet seats makes an easier contrast for residents with dementia. There is also a well-placed communal toilet near the communal lounge and dining room. Communal toilets are set apart by signs. There is a communal assisted bathroom that allows for mobility equipment if needed.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Dual-purpose hospital unit: Residents rooms 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. All rooms have ceiling hoists.</p> <p>Dementia unit: Resident rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Each has a different colour door to assist with locating their room. Mobility aids can be managed in ensuites.</p> <p>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 appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>Dual-purpose hospital unit: The 37-bed unit has a large open-plan dining area that connects to a large communal lounge area. There is a diversional therapy lounge off the main communal lounge. Large partitions that fold back into the wall space allow the room to be open-plan or closed as two lounges. There are other areas around the facility for residents and relatives including a cafe. The centrally located nurses' station is directly off the open plan aspect of the dining and lounge area. The open plan lounge is large enough for individual or group activities.</p> <p>Dementia unit: The 11-bed unit has an open-plan living area in the centre of the wings. The living area is suitable for up to 11 residents and has a separate assigned dining area. There is a smaller quiet/sensory room off the dining area. The open plan area and quiet lounge allows for quiet areas and group activities. The open-plan living area and hallways are spacious and allow maximum freedom of movement while promoting the safety of residents who are likely to wander.</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 has documented housekeeping and laundry policies and procedures. The service has documented systems for monitoring the effectiveness and compliance with the service policies and procedures.</p> <p>The laundry is in the service area. The laundry has separate entrances for dirty and clean laundry. All laundry is to be completed onsite. Linen is to be transported to the laundry in covered linen trolleys. There are three commercial washing machines and two commercial dryers. There is appropriate ventilation. There are four cleaners employed who are responsible for cleaning. The service is in the process of interviewing for household/cleaning/laundry staff. Further laundry and cleaning staff will be employed as resident numbers increase.</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.</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>There is a disaster management plan and emergency evacuation procedures. Emergencies, first aid and CPR are included in the mandatory in-services programme every two years. Orientation includes emergency preparedness and fire knowledge test. There are sufficient employed staff with a current first aid certificate to cover all shifts.</p> <p>The service has alternative power systems in place as has a generator onsite. There are civil defence kits available for the whole facility. Emergency water is stored in several large holding tanks.</p> <p>The “Austco Monitoring programme” call bell system is available in each resident room. There are call bells and emergency bells in communal areas. The system software can be monitored.</p> <p>The fire evacuation scheme is in draft with the fire service. A fire drill is scheduled for the induction days.</p> <p>The doors of the village automatically lock down at 1800 to 0700 with intercom access after-hours. There are documented security procedures and CTV cameras at the entrance, and hallways (Closed Circuit Television Policy). Swipe pads are at the entrance to the dementia unit. Advised that families will have swipe cards to access, or the receptionist will let them in. Security Policy.</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 appropriately heated and ventilated. There is air-conditioning and heating in common areas and resident bedrooms. These can be individually controlled. Each room has large external windows with plenty of natural light.</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 IPC team on any infection control issues. There is an IPC coordinator job description. A registered nurse is the IPC coordinator. The IPC coordinator has completed external training. The clinical governance group meeting (between the two sister facilities) will act as the IPC committee. There is a specific pandemic plan and staff health policy. There are plentiful supplies of PPE and hand sanitiser throughout the facility. Staff will complete IPC training and hand hygiene competencies as part of induction.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Restraint and enabler use policy states restraint only used as a last resort. The policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. The restraint coordinator is the clinical manager, and the quality committee acts as the restraint committee. The service is aiming to be restraint-free.</p> <p>Staff training around restraint minimisation and enablers, falls prevention, and management of challenging behaviours is planned to be completed as part of the two-day induction. Further training is scheduled in the 2-yearly education programme.</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 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	PA Low	Medication management training and competencies are to be completed as part of the induction training days and annually thereafter.	Staff responsible for medication management will complete training around medimap and competencies during the induction days.	<p>Ensure staff responsible for medication administration have completed required competencies</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	The facility is purpose-built. The building and plant have been built to comply with legislation. The organisation has purchased all new equipment. Equipment is appropriate for hospital, medical, rest home and dementia level care. Medical equipment calibration and servicing is captured through the quality programme and scheduled annually. Hot water	<p>(i). The CPU is yet to be obtained.</p> <p>(ii). Hot water temperatures to resident areas are yet to be monitored</p>	<p>(i). Ensure the CPU has been obtained.</p> <p>(ii). Ensure hot water is monitored to resident areas.</p>

		<p>is yet to be monitored. The CPU is yet to be obtained.</p> <p>The facilities, furnishings, floorings and equipment are designed to minimise harm to residents.</p>		Prior to occupancy days
<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 dual-purpose unit has completed landscaped outdoor areas including the internal courtyard and along the outside of the building. Umbrellas are available for shade. The dementia unit allows for wandering with indoor/outdoor flow. There is one internal courtyard off the living area. Landscaping is complete but the fence is not yet fully secure (link 1.4.7.6). The outdoor area includes built-in bench seats and planter boxes along the fence line of the outdoor area. This is a potential hazard as it provides a seat for residents that they may use to climb over the fence.</p>	<p>The outdoor area includes built-in bench seats and planter boxes along the fence line of the outdoor area. This is a potential hazard as it provides a seat for residents that they may use to climb over the fence.</p>	<p>Ensure the bench seats are reviewed and the risk mitigated</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	<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 emergency preparedness. Induction training is scheduled before the opening of the hospital and dementia unit which includes a fire drill.</p>	<p>A fire evacuation drill has not yet occurred for the facility, this is scheduled for the induction days</p>	<p>Ensure a fire evacuation drill occurs.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved</p>	PA Low	<p>There is a fire evacuation procedure documented. This is currently with the fire service awaiting approval.</p>	<p>The fire evacuation scheme is in draft with the fire service</p>	<p>Ensure the fire evacuation scheme is approved.</p>

evacuation plan.				Prior to occupancy days
<p>Criterion 1.4.7.6</p> <p>The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.</p>	PA Low	The doors of the village automatically lock down at 1800 to 0700 with intercom access after-hours. There are documented security procedures and CTV cameras at the entrance, and hallways. Swipe pads are at the entrance to the dementia unit. Advised that families will have swipe cards to access of the receptionist will let them in.	<p>(i). The key pad swipe pads are not yet activated.</p> <p>(ii). The external dementia unit garden area is not yet fully secure as landscaping is being completed.</p>	<p>(i). Ensure key pads are activated so the dementia unit and required locked rooms are all secure.</p> <p>(ii). Ensure the dementia unit garden is secure</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.