# Paramount Healthcare Limited - Paramount Healthcare

## 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Paramount Healthcare Limited

**Premises audited:** Paramount Healthcare

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

**Dates of audit:** Start date: 4 November 2021 End date: 4 November 2021

**Proposed changes to current services (if any):** The service is reconfiguring to include hospital (geriatric and medical) level care across 12 of the current 25 beds. The 12 rooms identified have been verified as suitable to provide dual purpose level care (hospital and rest home). The service is planning to introduce hospital residents from 1 December 2021.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 9

# 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

Paramount healthcare currently provides rest-home level care for up to 25 residents. There were nine residents on the day of the audit. The service is privately owned and operated by two owners/directors. The rest home is managed by the clinical nurse manager (registered nurse). The clinical nurse manager is one of the owner/directors, she is supported by a team of long-standing staff. The other owner (managing director) is responsible for non-clinical and maintenance areas of the business.

A partial provisional audit was completed to review the services readiness to provide hospital (medical and geriatric) level of care. This included viewing 12 current rest home rooms proposed to be used for dual-purpose care. The audit identified the facility, staff roster, documented equipment requirements, established systems and processes are appropriate for providing rest home and hospital (medical and geriatric) level care.

There are current business and transition plans in place, which are being implemented.

This audit identified improvements around completion of required education, recruitment of staff, completion of refurbishments, landscaping, and purchasing of equipment.

## Consumer rights

Not audited

## Organisational management

The owners have recently purchased the facility and commenced ownership on 2 August 2021. The clinical manager is a registered nurse and as is responsible for all clinical aspects. The other owner (managing director) has qualifications in engineering and technology. They have a business plan which outlines the mission, values, and philosophy of the business. This business plan includes goals. There is a transition plan in place outlining staged progression towards providing hospital level care at Paramount healthcare.

An education plan is documented, and the staff are working towards completing required sessions.

Employment practices are maintained. All staff employed will complete role specific orientation. A file of current practicing certificates is maintained. The roster provides sufficient staffing to care for current residents. Staff recruitment is underway to provide for hospital level care. A draft roster is documented for staged admissions of rest home and hospital level residents to the facility.

## Continuum of service delivery

There is a secure medication cupboard which is centrally located in the facility. An electronic medication management system has been implemented. All staff have a current medication competency.

The service has engaged with an external catering company. The external catering company is working alongside Paramount Healthcare to gain a food control plan, and assist with the completion of food safety training for staff.

## Safe and appropriate environment

There are policies and procedures in place for the safe storage of chemicals. Data sheets are available to staff. Personal protective equipment was sighted in sluice cupboards, laundry, and chemical cupboards. All chemicals are locked away when not in use.

The building has a current Form 12 which has been issued by the council in place of a building warrant of fitness, as checks could not be completed during Covid19 lockdown periods. The service has employed a maintenance person who will attend to all preventative and reactive maintenance. All equipment has been tagged, tested, and calibrated annually.

A number of maintenance projects are underway including decorating resident rooms, purchasing equipment and landscaping.

The facility provides safe easy access to all communal areas, resident rooms and outdoor spaces for residents requiring mobility aids. All bedrooms provide adequate space for equipment and mobility aids. There is a mixture of rooms with and without toilet ensuites. Appropriate cleaning and laundry procedures are adhered to. Emergency plans are in place. All staff have a current first aid certificate. Adequate supplies including food and water are in place. Fire drill occur six-monthly. The fire service has been through the building recently, the directors are awaiting confirmation of the fire evacuation scheme.

## Restraint minimisation and safe practice

Not audited.

## Infection prevention and control

A suite of policies and procedures are in place and are implemented. Staff have completed hand hygiene competencies. The clinical nurse manager is the infection control coordinator. All infections are logged, collated, and analysed for the month and discussed at staff meetings.

The Covid 19 resource folder is easily accessible to staff in the nurse’s station. Adequate supplies of personal protective equipment were sighted during the audit. The isolation kit is easily accessible to staff. There have been no outbreaks.

## Summary of attainment

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

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| **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 | 10 | 0 | 4 | 1 | 0 | 0 |
| **Criteria** | 0 | 27 | 0 | 7 | 1 | 0 | 0 |

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| --- | --- | --- | --- | --- | --- |
| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Paramount Healthcare (formally Kimberly rest home) is privately owned and operated. The owners/ directors purchased the facility on 2 August 2021. The facility currently provides care for up to 25 rest home level care residents. On the day of the audit, there were nine residents (one of whom was funded under long term support – chronic health contract [LTS-CHC]). There is one double room which was not occupied. All other rooms are single occupancy.  A partial provisional audit was completed to review the services readiness to provide hospital (medical and geriatric) level of care. This included viewing 12 current rooms proposed to be used for dual-purpose care. The audit identified the proposed rooms and processes are appropriate for providing rest home and hospital (medical and geriatric) level care. The transition plan includes purchasing equipment, refurbishments, meeting the recommendations of the infection control audit completed by the district health board, improving food services, installing a dedicated secure medication room, staffing and completion of required education sessions for staff.  The service has a current general practitioner appointed from the local GP practice who visits for scheduled resident reviews and acute matters. The Directors have discussed the possibility of adding hospital level care with the medical centre management and the GP including the increased commitment of provision of after-hours care. The directors report the GP service are supportive of the inclusion of hospital level care. There is a physiotherapist service locally, who is booked to provide hoist and manual handling training with staff in November 2021 and will be available to provide services to the facility. There is an existing contract with a podiatrist.  The service is hoping to accept hospital level care residents from 1 December 2021.  The service is operated by two directors. One director is a registered nurse (clinical nurse manager) with five years of clinical experience in age care in New Zealand including clinical management. The clinical nurse manager is a qualified career force workplace assessor and has a diploma in health service management. The clinical nurse manager is responsible for all clinical aspects of the business. The other director (managing director) has an overseas qualification in mechanical engineering and a NZ diploma in information technology and business and will be responsible for non-clinical areas of the business. The directors have access to two experienced mentors in the age care industry.  There is a current annual business plan in place which includes the purpose, values, scope, direction, and goals of the business and service provision, objectives, and performance measures. The transition plan documents goals and tasks to be achieved prior to the occupancy of hospital level care residents. |
| Standard 1.2.2: Service Management  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. | PA Low | This partial provisional audit confirmed the service has operational management strategies and a quality improvement programme to minimise risk of unwanted events. The service is in the process of fully implementing policies and procedures, which reflect current best practice across rest home and hospital level care. The service has access to the hospice, needs assessors, geriatrician, dietitian, and other allied health professionals. A general practitioner (GP) is contracted by the service and visits once a week and as needed.  During the temporary absence of the clinical manager, a registered nurse will be responsible for the day to day running of the facility with support from fellow registered nurses. The registered nurses have yet to be fully recruited. |
| 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. | PA Low | There are human resource management policies in place. This includes that the recruitment and staff selection process require that relevant checks are completed to validate the individual’s qualifications, experience, and veracity. A copy of practising certificates is kept. Five staff files were reviewed (three healthcare assistants; including one employed by the current directors, one kitchen hand and one activity coordinator). The staff previously employed had reference checks in place. All staff have signed employment agreements, letters of offer, terms and conditions, and job descriptions. The recently employed healthcare assistant had an employment agreement, signed job description, police and reference checks completed prior to employment. The service has an orientation programme in place that provides new staff with relevant information for safe work practice, however, not all performance appraisals were current. The clinical manager has a plan to complete staff appraisals, and have recently purchased the facility, therefore no finding has been made.  The in-service education programme for 2021 is being implemented, and there is a plan for 2022 documented. Since purchasing the facility, education sessions have been held around fire safety, hand hygiene, health and safety, privacy, and confidentiality. Restraint competencies, cultural safety and hoist training are planned for November 2021, however, not all compulsory education sessions have been completed. All care staff have current first aid certificates, the activities coordinator has completed a driver competency, and is booked to complete first aid training in December.  The clinical manager (RN) has a current syringe driver competency and has completed interRAI training. The clinical nurse manager is a Careerforce assessor. Staff are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. Currently there is one healthcare assistant who has completed level 4 health and wellbeing and one healthcare assistant has completed level 2. There is one healthcare assistant currently completing level 3 and two are completing level 2.  The service is in the process of employing a further four permanent registered nurses and one casual for the opening of hospital level care. Four registered nurses have been secured but are not yet fully employed. The service is in the process of joining an agency to recruit overseas nurses. There are currently sufficient healthcare assistants to cover the roster for the change in level of care for the first phase of the recruitment plan of up to 12 residents. The registered nurses will have access to external training through the district health board (DHB) and Hospice. Two of the secured RNs are trained in interRAI.  Kitchen hands and healthcare assistants have completed food safety training through the external catering company. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | There is a documented and implemented process for determining staffing levels and skill mixes to provide safe care delivery, 24 hours a day, seven days a week. The service adjusts staffing levels to meet the changing needs of residents. The clinical manager is on call 24/7.  On the day of the audit there were nine rest home level residents including one resident on LTS-CHC funding.  The clinical manager is onsite Monday to Friday from 8am to 4.30pm. There is currently one caregiver on each shift (8am to 4pm, 4pm to 12 midnight and midnight to 8am).  The transition plan includes one registered nurse per shift until occupancy reaches 12. When occupancy increases from 12-16 residents two short shifts are planned to be introduced from 8am to 1pm and 5pm to 9pm. There will be one healthcare assistant and one RN on duty overnight. The roster can be adjusted depending on acuity levels and whether hospital or rest home.  When occupancy reaches 16-25 (full occupancy), long shifts of 7am to 3pm, 3pm to 9pm will be introduced and there will be one healthcare assistant and one RN on duty overnight.  The service has secured four registered nurses (totalling five including the clinical manager) and there is a plan in place to recruit a further registered nurse as a casual. A draft RN roster has been documented. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | PA Low | The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.  A new secure medication room has been allocated which is centrally located, however, the door will need to be relocated as currently the door is within the kitchen servery area (link 1.4.2.1).  A safe system for medicine management using an electronic system was observed on the day of the audit. All staff who administer medicines are competent to perform the function they manage. The clinical manager has a plan to review all medication competencies prior to hospital level occupancy. There were no residents self-medicating medication on the day of the audit.  Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by a medication competent healthcare assistant against the prescription. All medications sighted were within current use-by dates. Clinical pharmacist input is provided on request.  Controlled drugs when required are stored securely in accordance with requirements and checked by two staff for accuracy in administration. There is no resident requiring controlled drugs at the time of audit. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries when used in the past.  The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.  All staff have current medication competencies in place and the clinical nurse manager has a current syringe driver competency. The service has purchased an oxygen concentrator and a back- up oxygen cylinder which is stored securely. One resident is currently using the oxygen cylinder. All newly employed staff undergo a medication competency soon after employment. All registered nurses will be enrolled to attend syringe driver training with the Hospice at the earliest opportunity following employment. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | Food services at paramount Healthcare is provided by an external contract. The kitchen is fully functional with two ovens. A new oven has been purchased to reheat food precooked and delivered daily. There are two designated kitchen hands, who have completed food safety training. The external caterer has a current food control plan in place and is working alongside the directors to obtain a food control plan. An application has been lodged and a date is yet to be confirmed by the Dunedin City Council.  The external catering company’s menu is reviewed by a registered dietitian. Nutritional profiles are completed by the registered nurse/ clinical nurse manager and are sent to the external contractor, with a copy available onsite in the kitchen. The catering company can accommodate special diets including puree.  Freezer, fridge, and food temperatures are recorded daily as required onto an electronic app which is easily accessible to the catering company. Temperatures recorded were within expected ranges. Cleaning schedules are maintained.  Access to the kitchen in the morning is limited to kitchen staff. No residents or care staff were observed entering food preparation areas, during the time of audit. The kitchen hand (seven days a week) prepares, heats, and serves the lunchtime meals. The afternoon healthcare assistant spends time in the kitchen heating the pre-prepared meal and dishing up the tea meal. This is done at a time prior to cares being commenced. Safe food handling processes are in place and personal protective equipment (PPE) is provided to ensure infection control processes are maintained by care staff when undertaking kitchen duties in the evening. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | The service has a documented process for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. The owner/director is responsible for minor maintenance issues while other requirements are externally contracted. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant staff training. Material safety data sheets were available where chemicals are stored. A spill kit is available and accessible if needed. All chemicals are stored securely in the laundry area. There is provision and availability of protective clothing and equipment and staff were observed using them. A closed system is in place for cleaning chemicals. Policies are in place to include the management of hazardous waste. There are yellow infections waste bags available, the directors have access to ‘yellow’ infectious waste skips as required. Foot operated rubbish bins have been ordered and awaiting delivery. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | PA Moderate | The service has been issued with a form 12a in place of a building warrant of fitness as checks could not be completed during Covid 19 lockdown periods. The fire department has reviewed the fire evacuation plan, the service is awaiting confirmation of approval (link 1.4.7.3).  A maintenance person has been employed and the non-clinical director is in the process of refurbishing the facility. All equipment including the sitting weigh scales has been tagged, tested, and calibrated annually.  Twelve resident rooms were verified as suitable to provide hospital level care (room number 27, 29, 31, 36, 37. 38, 39, 40 have handbasins in the rooms. Rooms 45, 46, 48, and 50 have toilet ensuites). The 12 rooms are spacious and provide adequate space for care staff to use equipment required to provide care for hospital level residents. The ensuite facilities allow for mobility equipment residents and staff if needed.  There is one large room with full ensuite facilities including a shower. This room was vacant on the day of the audit; however, the director reports this room would be used for a married couple or single occupancy. There are two beds, call bells, however no privacy curtains were in place. This room is not suitable for hospital level care as the ensuite area is small and is not easily accessible for residents using mobility aids.  New equipment purchased includes 12 hospital beds and matrasses, there are two full body hoists and slings, two air pressure mattresses, two sensor mats, spenco landing mats, oxygen concentrator and cylinder. A tilting shower chair has been ordered.  Hot water temperatures have been monitored, however not documented as completed. This was commenced on the day of the audit. Temperatures recorded were within expected ranges. A maintenance schedule is planned to be drafted once refurbishments are completed.  A number of refurbishments are underway, this has included creating a dedicated medication room, which is secure and in the process of being furnished. The door from the medication room currently opens into the kitchen area (link 1.3.12.1). Six rest home level rooms are being refurbished and new carpet planned to be laid in the rooms, corridor, and foyer/reception area. A reception area is planned to be developed. Plans are in place to refurbish the previous garage/ storage area into the laundry and sluice area with a sanitizer, with a corridor and staffroom to be developed in the current laundry area. However, there is currently sufficient working sluices at the end of each wing and a working laundry. The corridor where the six resident rooms are being refurbished has been closed off to residents and staff.  External areas have been improved with the removal of large bushes and trees to let in sunshine and open up the garden area. Currently there are two entry/exits and car parking areas. There is an area which is safe for ambulance transfers. Further plans are in place to renew the driveway to create a one-way system. There is ramp access to the facility for wheelchairs and residents using mobility aids to the side of the facility.  The corridors are wide enough to enable mobility aids and fitted with handrails to encourage independent mobility. Residents’ rooms have direct external access to courtyards and garden areas. There are ramps to enable disability access. Residents can walk around freely throughout the facility and grounds which are securely protected. External areas are safely maintained and are appropriate to the resident groups and setting. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  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. | FA | There are adequate numbers of accessible bathrooms and toilet facilities throughout the facility. Communal toilets and showers have a system that indicates if they are vacant or occupied. These bathrooms are situated near the residents` rooms. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote residents’ independence. There are seven rooms with a toilet and hand washing basin. All other rooms have a hand washing basin. A visitor and staff toilet is available at the facility. Cracked vinyl was identified in one shower (link 1.4.2.1). The clinical manager demonstrated hoist access to the shared toilet and shower areas.  There are sluice cupboards at each shared shower/ toilet area, which are within close proximity to resident rooms. All commode bowls are designated to each residents using commodes. There was disinfectant spray, goggles, gloves, and aprons available in these areas. There is a plan in place to renovate the current garage area into a designated sluice area with a sanitizer (link 1.4.2.1). |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. There are 24 single bedrooms of which seven have a toilet and hand basin and one double room. Personal privacy is maintained. Rooms are personalised with furnishings, photos, and other personal items displayed. There is room to store mobility aids, hoists, and wheelchairs. Six rest home rooms are currently being refurbished (link 1.4.2.1). Twelve rooms were verified as providing adequate space for healthcare assistants to use hoists and mobility aids required to provide hospital level care. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | Communal areas are available for residents to engage in activities. The existing dining and lounge areas are spacious and enable easy access for residents and staff. All furniture is safe and suitable for the resident groups. The dining room will be moved to the current lounge area adjacent to the kitchen (link 1.4.2.1). This will provide residents using mobility aids with adequate space to safely move around. The lounge area will be at the front of the facility, where the current dining room is. The dining room is planned to be multipurpose as required for large group activities and entertainment. There is a conservatory area at the rear of the facility, which was being used by residents in the day of the audit. A small seating area has been developed to provide a quiet area for residents and relatives to enjoy. All areas are easily accessible to residents using mobility aids. Activities were observed taking place in the existing lounge during the audit. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | All laundry is laundered on-site or by family members if requested. Currently healthcare assistants attend to laundry and cleaning duties. Chemical training is included in the education planner (link 1.2.7.5). There is a dirty to clean flow. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers. A spill kit is available if required. Material data sheets are available in the laundry and the sluice room for staff to access when required. Personal protective equipment including goggles, gloves and aprons were sighted in the laundry, chemical cupboard, and sluice areas. Hot washes are used for linen and towels, warm washes are used for residents personal clothing. Goggles are cleaned between use. Cleaning and laundry processes are monitored through feedback from staff and family/whānau, internal audit programme, and corrective actions are acted upon. Healthcare assistants were observed managing the laundry services and the laundry area was tidy and clean on inspection. The environment was clean, furniture and fittings were clean and well maintained. There is a future plan in place to relocate the laundry and have a sluice area in the existing garage area which will include a sanitizer. Also included in the plan is to include dedicated housekeeping/ laundry staff. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | PA Low | Policies and guidelines for emergency planning, preparation, and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in the preparation for disasters. These describe procedures to be followed in the event of a fire or other emergency. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service. The most recent fire drill was conducted on and the fire evacuation audit was completed on 5 October 2021. The Fire Department has visited the facility to review the fire evacuation plan, the directors are awaiting proof of approval. The orientation programme includes fire and evacuation procedures.  Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones, and gas for cooker/barbecue, were sighted and meet the requirements. Emergency lighting is regularly tested. Call bells alert staff to residents requiring assistance. Call system audits are included in the internal audit schedule. Call bells were observed to be answered in a timely manner during the audit. The facility is secure at night. There are first aid trained staff across 24/7. |
| 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. | FA | All residents’ rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows and some have doors that open onto the outside garden or small patio areas. Heating is provided by heat pumps with wall panel heaters available for supplementary heating if required in residents’ rooms and the communal areas. Areas were warm and well ventilated throughout the audit. |
| 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. | FA | Paramount Healthcare provides a managed environment that minimises the risk of infection to residents, staff, and visitors by the implementation of an appropriate infection prevention and control (IPC) programme. Infection control management is guided by a comprehensive and current infection control manual. The infection control programme has been reviewed with the new directors and an annual review planned.  The clinical nurse manager is the designated infection control coordinator. Infection control matters, including surveillance results, are collated weekly and monthly, analysed for trends, and discussed at the quality/risk/staff meeting.  Signage at the main entrance to the facility requests anyone who is or has been unwell not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these related responsibilities. Covid19 policies and protocols are in place to include wellness declarations a Covid track and trace measures in line with current (level 2 covid 19 requirements). All staff and visitors are required to wear masks as witnessed on the day of the audit. Adequate supplies of personal protective equipment (PPE) including N95 masks were sighted during the audit. An isolation kit is fully stocked with signage, and is easily accessible to staff. The clinical nurse manager described processes, management, documentation and reporting of outbreaks.  Staff were observed to be wearing appropriate PPE when attending to laundry and housekeeping duties. The directors are in the process of developing policies and procedures around transitioning from caring to housekeeping/ laundry/ food service duties. Handwashing competencies have been recently completed, and infection control is included in the education planner (link 1.2.7.5). |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.2.2.1  During a temporary absence a suitably qualified and/or experienced person performs the manager's role. | PA Low | During interview with the directors, they describe the staged recruitment of staff including registered nurses and describe possibility of appointing a unit coordinator type role. This person would be in charge of the facility in the temporary absence of the directors/ clinical manager. | There is currently no clinical back up for the facility. | Ensure there is an appointed registered nurse who can provide a management role in the temporary absence of the clinical manager.  Prior to occupancy days |
| Criterion 1.2.7.3  The appointment of appropriate service providers to safely meet the needs of consumers. | PA Low | The service has secured four registered nurses, two of whom are interRAI trained, and plan to employ a casual registered nurse. None of the registered nurses have been fully employed as yet. There is a draft roster in place to include the employment of health care assistants to comply with rostering requirements for stage 2 and 3 of the staffing transition plans. | i). The service has secured four registered nurses who have not yet been fully employed.  ii). There is a plan in place to recruit healthcare assistants to fulfil rostering requirements. | i). Ensure registered nurses are fully employed and orientated to the service prior to the occupancy of hospital level care residents.  ii). Ensure healthcare assistants are employed to fulfil rostering requirements prior to stage 2 and 3 of the transition plan.  Prior to occupancy days |
| Criterion 1.2.7.5  A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers. | PA Low | There is an education plan documented for 2021 and 2022 which exceeds the eight hours required education sessions. The planner includes competencies including medication, interRAI (for RNs) first aid, fire safety, hand hygiene, moving and handling, and health and safety. To date, all staff have current first aid certificates, and have completed fire safety, hand hygiene, health and safety and privacy and confidentiality training. Training for November and December includes hoist and manual handling training by the physiotherapist, a review of medication competencies, restraint and enabler competencies, and cultural training. The 2022 education plan includes all compulsory training sessions, however, not all compulsory training has been completed to date. | Education sessions not yet completed include fall prevention, pressure injury prevention, wound management, incident management, continence, challenging behaviour, abuse and neglect, resident code of rights, advocacy services and chemical training. | Ensure all compulsory education sessions are completed by staff caring for hospital level residents.  Prior to occupancy days |
| Criterion 1.3.12.1  A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines. | PA Low | A new secured medication room has been developed; a medication trolley is in use. Handwashing facilities are nearby and very accessible, a bench has been ordered, and is yet to be installed. The rooms were originally a walk-in cupboard. | The newly developed medication room requires to be fitted with handbasin, and a bench for preparing medications. The medication room door is to be relocated so as not entering the kitchen area, and the medication room is to be fully fitted out | Ensure the medication room is fully furbished and the door moved and secure.  Prior to occupancy days |
| Criterion 1.4.2.1  All buildings, plant, and equipment comply with legislation. | PA Low | A number of refurbishments are underway including six rest home rooms, the development of a reception area, staff room. Replacement of carpets cracked vinyl in one shower area, and the medication room is secure, however, not fully fitted (link 1.3.12.1). The service is waiting on confirmation of approval of the fire evacuation plan (link 1.4.7.3). | i). Six rest home level rooms are in the process of being refurbished.  ii). Cracked vinyl was identified in a corner shower/ wet area.  iii). The service is making changes to the lounge and dining areas, making the dining area multipurpose as required for large group activities. | (i)-(iii) Ensure all refurbishments are completed prior to occupancy.  Prior to occupancy days |
| Criterion 1.4.2.4  The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group. | PA Moderate | Advised that hot water temperatures have been checked on a regular basis, however, not documented as completed. This was commenced on the day of the audit. | There was no documented evidence of hot water temperatures to resident areas being monitored. | Ensure hot water temperatures are documented as monitored and corrective actions completed if required.  30 days |
| Criterion 1.4.2.6  Consumers are provided with safe and accessible external areas that meet their needs. | PA Low | External areas have been improved with the removal of large bushes and trees to let in sunshine and open up the garden area. Currently there are two entry/exits and car parking areas. There is an area which is safe for ambulance transfers. Further plans are in place to renew the driveway to create a one-way system. There are current accessible and safe outdoor areas for residents. | Landscaping in process of front garden is not fenced off. However, there are other accessible areas for residents. | Ensure landscaping areas is fenced off from residents until complete.  Prior to occupancy days |
| Criterion 1.4.7.3  Where required by legislation there is an approved evacuation plan. | PA Low | The fire department has visited the facility to review the fire evacuation plan, the directors are awaiting proof of approval. | The fire department has reviewed the fire evacuation plan, the service is awaiting confirmation of approval | Ensure the fire evacuation procedure is approved.  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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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End of the report.