

Ranfurly Manor Limited - Ranfurly Residential Care Centre

Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Ranfurly Manor Limited

Premises audited: Ranfurly Residential Care Centre

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 November 2021 End date: 23 November 2021

Proposed changes to current services (if any): A new wing consisting of 10 care suites and a dining area as an extension to the existing care suites within the facilities footprint. The new care suites are intended for residents assessed as requiring either rest home or hospital level care (dual purpose) and will be sold under an occupational rights agreement. The intention is to have the new wing ready for occupation by the end of November 2021.

Total beds occupied across all premises included in the audit on the first day of the audit: 129

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

Ranfurly Residential Care Centre is certified to provide rest home, hospital and dementia level care for up to 164 residents. The facility is owned by Ranfurly Manor Limited and is managed by a facility manager with support from a clinical and quality manager and a general manager.

This partial provisional audit was undertaken to establish the level of preparedness to provide services for a new wing consisting of 10 care suites and a dining area. This audit was conducted against the relevant Health and Disability Service Standards and the service contract with the district health board. The audit process included a review of policies and procedures, a review of staff files, documentation, observations and interviews with managers, residents and staff.

Areas requiring improvement relate to the issuing of a code compliance certificate, the installation of handrails and curtains, the completion externally of drainage, paths and gardens and a letter from the New Zealand Fire Service approving the amended fire evacuation scheme.

Consumer rights

Not applicable to this audit.

Organisational management

Ranfurly Manor Limited is the governing body and is responsible for the services provided. The business plan includes a vision, principles of care and goals. The facility manager provides regular reports to the general manager who reports to the governing body.

The facility is managed by an experienced and suitably qualified manager. The facility manager is supported by a clinical and quality manager and the general manager. The managers are all registered nurses. The clinical and quality manager is responsible for oversight of the clinical services and is supported by the facility manager and three team leaders/registered nurses.

Human resource policies and procedures are implemented. Practising certificates for staff who require them are current and an annual training plan is implemented to ensure ongoing training and education for all staff members.

Staff reported that there is adequate staff available. Proposed rosters reflected the staffing requirements for the new wing.

Continuum of service delivery

The current medicine management system is managed safely, in line with legislation, protocols, and guidelines. Medications are administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with any with individual requirements and resident preferences catered for. Food is safely managed. Planning and processes are in place to ensure adequate resources and food to meet the needs of additional residents.

Safe and appropriate environment

A building warrant of fitness is displayed at the front entrance. Preventative and reactive maintenance programmes include equipment and electrical checks.

The care suites in the new wing include a full ensuite bathroom. The rooms are spacious and allow for resident care and ease of movement. Accessible external areas are available around the existing facility with shade and seating for residents and their families/visitors. Each care suite will have their own private areas.

The monitored call bell system is linked to the existing facilities system for residents to summon help when needed. Essential emergency and security systems are in place to ensure resident safety with six monthly trial evacuations undertaken.

Protective equipment and clothing are provided and used by staff. Chemicals, soiled linen, and equipment were safely stored. All laundry is laundered on site. Cleaning and laundry processes are evaluated for effectiveness.

Restraint minimisation and safe practice

Not included as part of this audit.

Infection prevention and control

The infection control programme complies with legislative requirements. Relevant guidelines and procedures guide practice. The infection control programme is managed by a team leader/registered nurse who is experienced and appropriately trained for the role. The programme aims to prevent and manage infections.

Staff demonstrated understanding of the principles and practice around infection prevention and control. Staff are supported with regular education.

Infection prevention and control planning has been considered with the design and build of the new wing. All measures have been put in place to promote a safe environment for residents, staff and visitors.

Pandemic resources are available in readiness should an infection control event occur.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	13	0	2	0	0	0
Criteria	0	31	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>Ranfurly Manor Limited (Ranfurly) has a business plan 2021-2022 that includes a vision, philosophy, principles of care, service goals and corporate commitment. The business plan is reviewed annually.</p> <p>The general manager (GM) has oversight of the facilities within the group. Various reports are provided to the GM who reports to the governing body. The reports are a summary of all activities undertaken at Ranfurly including quality, infection control, education, occupancy and staffing, complaints and finances. Review of the reports and interview of the FM confirmed this.</p> <p>The facility is managed by an experienced FM / RN who has been in the position since 2017. The FM attended a business and leadership conference in 2020 and is currently completing a level six (NZQA) diploma in business.</p> <p>The management of clinical services is the responsibility of the clinical and quality manager (CQM) who is an experienced clinical manager in aged care and started in the role in 2018. The annual practising certificates for the FM and CQM were current. There was evidence in the CQM's file of keeping up to date clinically.</p> <p>Ranfurly has contracts with the local DHB, MoH and ACC. On the day of the</p>

		<p>audit, 129 residents were receiving services. Aged related residential care contract -110 residents (41 hospital level including residents in the care suites under an occupation rights agreement, 49 rest home level including residents under an occupational rights agreement, and 20 residents receiving dementia level care). Residential-non aged contract – 12 (1 rest home and 11 hospital level care). Complementary Care Services contract-respite –1 hospital level resident. Young physically disabled contract- 3 rest home and ACC individual contracts-3 residents.</p> <p>All beds have been approved as dual purpose apart from the beds in the dementia unit.</p> <p>The new wing will provide 10 care suites under an occupational rights agreement and will be for residents assessed as requiring rest home or hospital level care. The rooms are fit for purpose and the FM advised the new wing will open once all corrective actions from this audit have been completed. This will take the number of certified beds to 174.</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 FM and CQM work fulltime with team leaders/RNs in the three services. When the FM is temporarily absent, the GM fills the role with support from the CQM and the FM from the sister facility nearby. If the CQM is temporarily absent, one of the team leaders fills the role with support from the FM. The FM and CQM reported this arrangement works well.</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>Policies and procedures relating to human resources management are in place. Staff files reviewed included job descriptions which outline accountability, responsibilities and authority, employment agreements, references, completed orientation, competency assessments, education records and police vetting.</p> <p>The orientation programme is robust and includes a comprehensive orientation book for both non-clinical and clinical staff with competencies. All new staff are required to complete this. The workbook is completed within three months of employment. Staff performance is reviewed at the end of this period and annually thereafter. Orientation for staff covers all essential components of the service provided. The FM advised current staff working in the care suite area will be orientated to the new wing.</p>

		<p>Ongoing training is provided for staff in several ways, including repeated one-hour sessions over five days provided at different times to give all staff the opportunity to attend. 'Toolbox talks' have been introduced to try and improve attendance numbers and documentation reviewed confirmed an increase. The local DHB and hospice also provide a training programme for RNs and staff attend other external education. Individual records of education are held electronically. Competencies were current including medication management and restraint. Attendance records are maintained. Of the 25 RNs, 12 are interRAI trained and have current competencies. All RNs, some care staff and others, including the activities staff, have current first aid and CPR certificates - 56 staff in total.</p> <p>All care staff in the dementia unit have attended level 4 (NZQA) - dementia specific modules. All care staff working in the rest home/hospital areas have either completed or are enrolled to complete the training.</p> <p>A New Zealand Qualification Authority (NZQA) education programme (Careerforce) is available for staff to complete, and they are encouraged to do so. Two team leaders are Careerforce assessors. Eleven HCAs have attained level 2, with five enrolled, eight have attained level 3, with six enrolled and eight have attended level 4 with one enrolled. One of the activities coordinators is enrolled to complete the diversional therapy programme.</p> <p>Staff performance appraisals were current. Annual practising certificates were current for all staff and contractors who require them to practice.</p> <p>Staff confirmed they have completed an orientation, including competency assessments. Staff also confirmed their attendance at on-going in-service education and the currency of their performance appraisals.</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 documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery. Staffing levels are reviewed constantly to meet the changing needs of all residents, skill mix and the layout of the physical environment. The senior management team are rostered on call after hours for a week at a time. Care staff reported there is adequate staff available to complete the work allocated to them. Residents interviewed confirmed this.</p> <p>Observations and review of rosters confirmed adequate staff cover is provided,</p>

		<p>with staff replaced in any unplanned absence. The FM reported that, should there be a need where a change in residents' health status requires this, part time staff cover extra hours. There is a casual RN and eight HCAs as well to call on. The senior managers and team leaders are experienced RNs. Two of the 25 RNs working on the floor are new graduates and the remaining RNs all have prior aged care experience ranging from two to 20 plus years. Registered nurses who have extra responsibilities, including completing interRAI assessments, are rostered off the floor. An extra RN is rostered on, or the EN is rostered on flexible shifts as required across the facility.</p> <p>The dementia unit and the wings in the hospital/rest home have team leader/RNs rostered on duty 8 am to 5 pm. The dementia unit has three health care assistants (HCAs) on the morning shift, three HCAs on the afternoon shift and one HCA on the night shift with the HCA from the hospital areas to assist as needed.</p> <p>The hospital/rest home areas have two team leaders/RNs plus an RN and 13 to 14 HCAs on the morning shift; three-four RNs and 13-14 HCAs on the afternoon shift; and two RNs and five HCAs on the night shift.</p> <p>The apartment team leader who is an experienced RN is responsible for the care provided to the residents who have an occupational right agreement. The care suites are situated within the facility and staff are included in rostering. The new wing has extended the care suite area and will be the responsibility of the apartment team leader and the care team rostered. The FM reported rostering will initially include an extra HCA rostered on the morning and afternoon shifts with the existing night staff covering the night shift. This arrangement will be reviewed once the care suites are occupied.</p> <p>Support staff consists of a diversional therapist, and two activities assistants, two maintenance people, a house keeping supervisor and 18 cleaners and laundry staff. The kitchen has a kitchen supervisor and 11 cooks/kitchen hands. The FM reported there will be no need for any changes to the existing housekeeping and support staff.</p>
<p>Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative</p>	<p>FA</p>	<p>The medication management policy identifies all aspects of medicine management and ensures medicines are administered safely to comply with legislation, protocols, and guidelines. Current medication processes will be</p>

<p>requirements and safe practice guidelines.</p>		<p>implemented in the new wing.</p> <p>An electronic system for medicine management is in place. Staff demonstrated knowledge and understanding of their roles and responsibilities related to each stage of medicine management. Education and training in medicine management processes is provided. All RNs and some HCAs have completed annual medication competencies and records are maintained.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These arrangements will include residents admitted into the new wing. All medications sighted were within current use by dates. The process for the reconciliation of medicines is robust. A review of documentation confirmed that three monthly medication reviews occur. Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries with controlled drugs signed in. All registered nurses are competent with syringe drivers.</p> <p>The treatment/medication room for the existing care suite area will include the new wing and has appropriate storage of all medications.</p> <p>Records evidenced temperatures in the current medication fridge and the room are maintained within the recommended range.</p> <p>All individual medication records reviewed were current. All allergies and sensitivities are documented, or nil known.</p> <p>There was one resident who self-administers their own medication (inhaler) at the time of audit. Processes are in place to ensure this is managed in a safe manner, including a competency assessment completed three monthly by the GP and team leader/RN. Residents can request to self-administer medicines and the CQM confirmed the process in the new wing would be followed as per policy. There are no standing orders or verbal orders.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is provided on site and is in line with recognised nutritional guidelines for older people. The menus follow summer and winter patterns and has been reviewed by a dietitian.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service</p>

		<p>operates with an approved food safety plan and registration issued by the Ministry of Primary Industries. The cleaning schedule has been maintained and the kitchen was cleaned to an adequate standard. Food temperatures, including for high-risk items, are monitored and recorded.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. Any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. The kitchen provides a varied menu which supports residents with specific cultural food requirements. Special equipment to meet resident's nutritional needs is available.</p> <p>Residents interviewed expressed satisfaction with the meals and the satisfaction surveys and residents' meeting minutes confirmed this. There are snacks available 24 hours a day for residents in the dementia unit with trays of sandwiches also made. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</p> <p>The FM reported there will be no significant changes to the food service. Residents in the new wing will either be able to have their meals in the existing care suite dining area or the dining area in the new wing where there is room for two to three tables and chairs. The FM reported food will be provided in heated boxes and there is a special electrical plug in the new dining area so that food is kept hot. The care suites have a kitchenette with provision for a fridge, microwave and making beverages.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>Policies and procedures specify labelling requirements in line with legislation. Documented processes for the management of waste and hazardous substances are in place. Safety data sheets were sighted and are accessible for staff. The hazard register was current.</p> <p>Protective clothing and equipment were sighted that is appropriate to recognised risks. Protective clothing was observed being used by staff. Staff interviewed demonstrated a sound understanding of processes relating to the management of waste and hazardous substances.</p> <p>The CQM reported any hazardous waste from the new wing/care suites will be managed in-line with policy and the sluice room next to the existing care suites</p>

		will also service the care suites in the new wing.
<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>A building warrant of fitness is displayed at the front entrance that expires on the 20 August 2022. A code compliance certificate for the new wing has not yet been issued by the local authority.</p> <p>Residents confirmed they can move freely around the facility and that the accommodation meets their or their relative's needs. Passageways are wide and there is ample room for residents to pass comfortably in all areas including the passageway in the new wing.</p> <p>The new wing is fit for purpose apart from handrails that are yet to be installed along the passageway. The care suites are finished apart from curtains which are yet to be hung.</p> <p>The FM stated residents who buy a care suite will provide their own furniture. If a hospital bed is requested or required the facility will provided one. Care staff confirmed they have access to appropriate equipment, that equipment is checked before use and they are competent to use it.</p> <p>There is a proactive and reactive maintenance programme, and the buildings, plant and equipment are maintained to a high standard. Maintenance is undertaken by a team of maintenance staff who demonstrated good knowledge. The testing and tagging of electrical equipment and calibration of bio-medical equipment was current. Hot water temperatures at resident outlets are maintained within the recommended range including the new care suite outlets.</p> <p>There are external areas available that are appropriate to the resident groups and setting. Large external courtyards with seating and shade are available for residents to frequent, including secure outdoor areas for the dementia residents. The environment is conducive to the range of activities undertaken in the areas. Residents are protected from risks associated with being outside. The external areas around the new wing are yet to be completed.</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</p>	FA	<p>All new care suites have full ensuite facilities with a shower, toilet and a wash hand basin. A call bell system is operating and linked into the existing system.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities</p>

<p>privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		<p>throughout the existing facility.</p> <p>Appropriately secured and approved handrails are provided in the toilet/shower areas and other equipment and accessories are available to promote independence. Existing separate bathrooms for staff and visitors are available within the facility.</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>The care suites in the new wing are spacious. Good personal space is available to allow residents and staff to safely move around in. Equipment was sighted in the occupied rooms with sufficient space for both the equipment and at least two staff and the resident. The residents' accommodation is personalised with their own furnishings, photos and other personal possessions. Residents and families are encouraged to make the space their own and residents stated their rooms are suitable for their needs.</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>The new wing has a separate small dining area or residents can choose to go to the existing bigger dining room for residents who reside in the existing care suites. There is sufficient space in each resident's room for a small table for a resident to have their meals in their own room if they wish.</p> <p>There are a number of areas in the existing facility for activities and for sitting. An existing lounge is situated near to the new wing and includes a library.</p> <p>There are sufficient quiet areas in the current facility for residents and their visitors to access if they so wish.</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>Cleaning and laundry policies and procedures are documented and guide services. The facility is cleaned to a high standard. There are processes in place for the collection, transportation and delivery of linen and residents' personal clothing.</p> <p>There are safe and secure storage areas and staff have appropriate and adequate access to these areas, as required. Chemicals were labelled and stored safely within these areas and a closed system is used. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities and gel</p>

		<p>are available throughout the facility.</p> <p>The effectiveness of the cleaning and laundry services is audited via the internal audit programme, spot checks, and visits from the chemical company representative. Reports from the chemical company representative and completed audits for laundry and cleaning were reviewed. All laundry is laundered on site including residents' personal clothing. Cleaning and laundry staff demonstrated a sound knowledge of processes. Residents stated they were satisfied with the cleaning and laundry services.</p> <p>The FM reported changes to the cleaning and laundry service are not required as there is already capacity within the house keeping rostered hours to include the cleaning of the new wing and for laundering linen and resident's personal clothes.</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>A letter from the New Zealand Fire Service (NZFS) dated 5 November 2013 approving the fire evacuation scheme was sighted. The FM reported the NZ Fire Service have visited the facility and are yet to approve the amended fire evacuation scheme. The last drill was undertaken on the 8 September 2021 and a copy sent to the NZFS. Emergency and security management education is provided at orientation and at the in-service education programme.</p> <p>Documented systems are in place for essential, emergency and security services. Policy and procedures document service provider/contractor identification requirements along with policy/procedures for visitor identification.</p> <p>Information in relation to emergency and security situations is readily available/displayed for staff and residents. Emergency equipment was accessible, current and stored appropriately.</p> <p>The service has a call bell system in place that is used by the residents, families and staff members to summon assistance. All residents have access to a call bell including the new care suite wing. Call bells are checked by the maintenance staff. Residents confirmed they have a call bell and staff respond to it in a timely manner.</p> <p>The service has documented processes for essential, emergency and security services. There is at least one designated staff member on each shift with appropriate first aid training. Staff records sampled evidenced current training regarding fire, emergency and security education.</p>

		<p>Information in relation to emergency and security situations is displayed and available for staff and residents with evidence of emergency lighting, torches, gas and BBQ for cooking and extra food supplies. Emergency water is maintained in a large tank. Battery powered emergency lights and a portable generator are also available.</p> <p>External doors are lock automatically and are alarmed. Security cameras are situated in communal areas and externally including the new wing. A notice at the front entrance to the facility advises visitors of the security cameras.</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>The new wing has safe ventilation and external windows that provide natural light. Heating throughout is provided by hot water radiators in the passageway, dining area and individual radiator heaters in each resident's care suite. The environment in all areas of both the current facility and new wing were noted to be maintained at a comfortable temperature on the day of audit.</p> <p>There are systems in place to obtain feedback on the comfort and temperature of the environment. Residents confirmed their environment is maintained at a comfortable temperature and there were no issues identified with the temperature of the facility.</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>The facility implements an infection prevention and control programme to minimise the risk of infection to residents, staff and visitors. A comprehensive and current infection control manual is available for staff and managers. The programme evidenced it is reviewed annually.</p> <p>The hospital team leader/RN is the designated infection prevention and control co-ordinator (IPC), whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly and reviewed at the monthly quality committee meetings. Infection prevention and control matters are also discussed at the RN meetings, handovers, staff meetings and at the management meetings. The committee includes the hospital team leader, GM, the CQM and the FM.</p> <p>The facilities main entrance displays signage that is relevant to the current COVID-19 pandemic and requests anyone who is, or has been unwell in the past 48 hours, not to enter the facility. The infection control manual provides guidance</p>

		<p>for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities and confirmed this had been further reinforced since the COVID-19 pandemic emerged with a documented process for each of the alert levels. The CQM and IPC reported they are currently developing information for staff, residents and families relating to the new traffic light system.</p> <p>Observation in the new wing evidenced it meets the requirements from an infection control perspective and staff and the CQM demonstrated the process for the safe transportation of linen. There are adequate hand washing facilities located and positioned in all areas of service delivery in the current facility and are close to the new wing. The care suites are made from materials suitable for cleaning to meet infection control principles.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	The current building warrant of fitness expires on the 20 August 2022. Testing and tagging of equipment and calibration of bio-medical equipment is current. Hot water temperatures were within the recommended ranges including the resident outlets in the new care suites. The local authority is yet to provide a code compliance certificate for the new build.	A code compliance certificate for the new wing has not yet been provided.	<p>Provide evidence of a code compliance certificate for the new wing.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	PA Low	The entire facility is spacious with wide passageways and all rooms and care suites are large with good space for residents, staff and mobility aids. The passageway in the new wing does not have handrails installed as yet and curtains are yet to be hung over the ranch sliders and the windows facing the passageway.	Handrails have not yet been installed in the passageway and the care suites do not have curtains hung over the ranch sliders and windows.	Provide evidence that handrails have been installed in the passageway and curtains have been hung in the care suites.

				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	Existing external areas are available that are appropriate to the resident groups and setting including the dementia unit. Seating and shade are provided in large external courtyards for residents to enjoy. Secure outdoor areas are also provided for residents in the dementia unit. The environment is conducive to the range of activities undertaken in the areas. Residents are protected from risks associated with being outside. The external areas around the new wing are yet to be completed. This includes drainage, completion of the concrete paths, the laying of lawns, private patios outside each care suite and the planting of gardens.	The external areas surrounding the new care suite wing have not yet been completed.	<p>Provide evidence that the external areas around the new care suite wing have been completed.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	A letter of approval for the fire evacuation scheme, from the New Zealand Fire Service (NZFS) dated 5 November 2013 was sighted. The FM reported the NZ Fire Service have visited the facility and once the 'mimic' panel board has been supplied and installed by the NZFS at the front entrance, the amended fire evacuation scheme will be approved.	The NZFS has not yet approved the amended fire evacuation scheme.	<p>Provided evidence of an approved amended fire evacuation scheme issued by the NZFS.</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.