

# Logan Samuel Limited - Anne Maree Gardens

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## 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:

<b>Legal entity:</b>	Logan Samuel Limited
<b>Premises audited:</b>	Anne Maree Gardens
<b>Services audited:</b>	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
<b>Dates of audit:</b>	Start date: 27 January 2022      End date: 27 January 2022
<b>Proposed changes to current services (if any):</b>	A new configuration to accommodate twenty dual beds was audited in preparedness for approval and occupancy.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	71



# Executive summary of the audit

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## 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

Anne Maree Gardens provides rest home, hospital, psychogeriatric and residential disability services (physical) care for up to 79 residents. The service is owned by Logan Samuel Limited and is managed by a general manager and a manager. A clinical leader supports the manager. The organisation owns two facilities.

This partial provisional audit was undertaken to establish the level of preparedness for the service provider for a planned configuration consisting of a new unit of twenty (20) additional dual purpose beds for rest home and hospital level care.

The owner/general manager and the manager were present and available for the audit. There are six areas requiring improvement identified in relation to human resources management, staff availability, medication management and safe and appropriate environment. Three areas requiring improvement from the previous audit related to service delivery. These were reviewed. They were previously closed out by the district health board (DHB) and this was confirmed at this audit.

## **Consumer rights**

Not applicable for this audit.

## **Organisational management**

Logan Samuel Limited is the governing body and is responsible for the services provided at Anne Maree Gardens. The vision, philosophy and objectives of the organisation are clearly documented in the policy and procedure manual and in all job descriptions sighted. The objectives are also displayed in the entrance to the facility. The policy manual has been reviewed.

The manager is experienced in aged care management and is currently supported by a clinical leader and administration staff. The owner/director and/or general manager can cover in the manager's absence.

There are processes for human resource management. The manager is currently recruiting for an additional four staff in preparedness for the planned configuration. An orientation programme is developed and implemented. The education plan was available for 2021 and 2022 to review. This covers all mandatory and educational requirements to meet the service's agreement with the Auckland District Health Board.

The manager provided a written rationale and roster for increasing the current staffing level and skill mix to provide safe service delivery for the dual purpose beds yet to be approved. The new unit will require registered nurse cover 24 hours a day, seven days a week and this is clearly understood by the management team.

## **Continuum of service delivery**

The medication management policies and procedures are clearly documented and implemented. Medicines are safely managed and administered by staff who are competent to do so. The medication room was under construction at the time of audit.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents were observed enjoying the main meal of the day and verified satisfaction. The food control plan was displayed and was current. A registered dietitian has audited the menu plans.

## **Safe and appropriate environment**

The facility meets the needs of residents and was clean and well maintained internally and externally. There is a current building warrant of fitness. Electrical equipment and calibration of medical equipment is tested as required. Communal and living spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Laundry is undertaken off-site, and the service is audited for effectiveness.

Staff are trained in emergency procedures, use of emergency supplies and attend regular fire drills. Fire evacuations are regularly practised. A fire drill is required when the configuration is completed prior to occupancy. Security is maintained.

## **Restraint minimisation and safe practice**

Not applicable for this audit.

## **Infection prevention and control**

The infection prevention and control programme is led by the clinical leader who aims to prevent and manage infections at this facility. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when needed. Consultation has been sought for the new configuration in relation to infection control.

Staff demonstrated good principles and practice around infection control which is guided by relevant policies and supported with regular education.

## 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)
<b>Standards</b>	0	9	0	7	0	0	0
<b>Criteria</b>	0	28	0	8	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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>The organisational chart for Anne Maree Gardens was reviewed on the 20 June 2021 and was sighted in the quality manual reviewed. The annual review of the 2021 business plan was reviewed and the business plan for 2022 was developed and implemented. The statement of purpose, philosophy of the service, mission statement and goals were clearly documented in the business plan along with clear objectives set for attaining each goal. The mission statement and goals were also displayed in the entrance to the facility. The strengths, weaknesses, opportunities and threats to the business and services provided were clearly highlighted.</p> <p>The manager discussed the reporting obligations and how reports were sent to the general manager and to the two directors of Logan Samuel Limited. Adequate information is reported including financial performance, quality data, any emerging risks and issues. One director is also the owner of the facility. The service is one of two aged care related services owned by the same company.</p> <p>The onsite service is managed by the general manager (GM), who covers two sites, and the manager for Anne Maree Gardens. The facility manager has worked for the organisation for 19 years and has been the manager for 14 years. The manager is supported by a clinical leader (CL)/registered nurse who has only</p>

		<p>been in the role for a few weeks. However, the CL has previously worked at this facility and has covered this role at another facility. The manager is experienced and has completed appropriate business and human resource management education. Administration staff provide support to the management team.</p> <p>The service holds contracts with the Auckland District Health Board (ADHB). At the time of audit 71 residents were receiving services under the ADHB aged related residential care contract, 20 long term rest home level care, 41 hospital level care, one respite care and nine psychogeriatric level care residents. At the time of this partial provisional audit an invitation by the ADHB has been extended to the owner/director to increase the psychogeriatric beds and this is currently under negotiation.</p> <p>The purpose of this partial provisional audit is to ensure the service is well prepared with the newly built wing comprising of 20 dual purpose beds, increasing the number of beds from 79 to 99.</p>
<p><b>Standard 1.2.2: Service Management</b></p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>When the manager is on a temporary absence the general manager can cover. The clinical leader works full time and, in her absence, a senior registered nurse is able to cover as needed to ensure provision of timely, appropriate and safe services to residents. The owner/director is also a registered nurse with a current annual practising certificate and is available to cover clinically or to provide advice.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>Human resource management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes checks, police vetting/checks and validation of qualifications and practising certificates (APCs) were required. A folder is maintained with up-to-date evidence of each employed and contracted health professional's current registration. The contracted pharmacy licence was also validated. A sample of staff records reviewed, confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff interviewed reported that the orientation process prepared them well for the role. Staff records showed documentation of completed orientation and a performance review is completed annually by the manager. Competencies are also completed</p>

		<p>for staff relevant to the roles they undertake.</p> <p>Continuing education is planned annually including covering all mandatory training requirements. The records for 2021 and the programme set for 2022 were reviewed. A training facilitator is contracted privately to provide ongoing education and online training for all staff. This was especially valuable during the Covid –19 pandemic and this programme is still being provided. The care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider’s agreement with the ADHB. There are four of nine registered nurses who are fully trained and meet the annual competency requirements to undertake interRAI assessments for all residents as needed. Records reviewed and maintained by the manager, demonstrated completion of the required training and competencies. There are two areas for improvement required in relation to employment of further appropriate staff to cover the new service and staff will need to complete the required orientation for each role.</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>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there are adequate staff available to complete the work allocated to them. The manager interviewed stated that if the dual purpose beds are authorised the care staffing level will be increased accordingly. There will be an RN on all shifts which is a requirement for hospital level care residents. Staffing levels currently meet the interRAI acuity level report findings.</p> <p>There are two registered nurses on the morning shift, two registered nurses on the afternoon shift and one registered nurse on the night duty. In addition to this, the clinical leader works Monday to Friday and one registered nurse works four days a week completing interRAI assessments. There are eight caregivers in the hospital/rest home service areas and three caregivers in the afternoon and four caregivers at night. For the psychogeriatric unit there are three caregivers and one diversional therapist and one caregiver as a watch and two caregivers at night.</p> <p>The plan for the new reconfiguration which is located downstairs from the main facility was reviewed. There have been five registered nurses designated to this area, one diversional therapist (DT) (Monday to Friday) and an activities co-</p>

		<p>ordinator in the weekend. Four caregivers for the day shift are allocated (eg, two caregivers 7am to 3pm daily, one 7am to 12pm and one 7am to 2pm). The afternoon shift will consist of two caregivers, one 3pm to 8pm and one 4pm to 9pm and two caregivers on the night shift. Four new staff are currently being advertised to ensure the total staffing across all services will be maintained effectively. There are adequate care staff employed to cover the new service. This planning consists of one RN, one kitchen hand, two cleaners to share the role and one laundry staff member (four hours a day) initially and this will be increased as occupancy occurs.</p> <p>The clinical leader and an experienced registered nurse cover the after-hours for staff to access advice. The contracted medical practice covers the after-hours medical services as needed. The manager is on call for non-clinical issues that may arise.</p> <p>Observation and review of a four week roster cycle confirmed adequate staff has been provided with staff replaced in any unplanned absence. At least one staff on duty has a current first aid certificate. Staff are employed for the kitchen, cleaning and laundry duties which cover the facility presently. A proposed roster was provided and staffing discussed as above, in preparedness for the new configuration when authorised.</p> <p>There is one area for improvement in relation to service provider availability and the manager is well informed about this finding the employment of an additional registered nurse to make a team of five to cover the service appropriately 24/7 and in addition allied health staff as needed, to provide safe service delivery.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>The medication management policies and procedures are documented and implemented and are available to guide staff. All medication policies comply with legislation appropriate protocols and guidelines. There is an electronic medication record system implemented for this service.</p> <p>The service uses a contracted pharmacy and pre-packaged medicine that is checked by the registered nurses on delivery from the pharmacy. Weekly checks and six monthly stocktakes are conducted and confirmed that stock levels are correct. Routine internal audits are also performed as per the audit schedule sighted. The medication room is locked and any controlled medications is stored appropriately. Pharmacy input was recorded as required.</p>

	<p>Training and competency checklists are completed by all staff who administer or check medications. Sixteen (16) care staff are fully trained and competent to assist the registered nurses as required. All competency requirements were current and up-to-date. For those care staff, this added responsibility is included in their individual job descriptions - sighted.</p> <p>All allergies and sensitivities are recorded on each medication record or 'Nil Known' is documented to evidence the resident has been asked about this aspect of medicine management. Appropriate medicine abbreviations are used.</p> <p>A medication incident process was reviewed and is available if and when required.</p> <p>The medication fridge temperatures are monitored in the one medication room upstairs in the facility. Storage of all medicines is appropriate. No vaccines are stored or held on the premises. Medication management systems in place are appropriate for an increase in number of residents (hospital level care).</p> <p>No residents were self-administering medicines during the on-site audit. A sample of 18 electronic medication records were reviewed. There was evidence of the general practitioner (GP) reviewing the medication record three monthly or more often as required. The contracted pharmacist ensures medication reconciliation occurs when residents are admitted, and this is an ongoing process. The clinical leader ensures a system is in place for reviewing any treatments/medications that are provided on a short term basis in partnership with the GP.</p> <p>Two areas for improvement from the previous audit were reviewed. One related to PRN (as required) medication outcomes not being documented for effectiveness. Weekly audits are completed by the CL and the GM. A registered pharmacist also completes monthly audits to ensure the documentation is entered into the electronic system. The second area related to staff competencies. The staff competencies for those responsible for administering medicines were current and up to date. Staff on the roster plan sighted for the new configuration have already completed medication competencies. Both these areas for improvement have been addressed and confirmed as closed out effectively.</p> <p>One area of improvement has been raised due to the new build still being a construction area. The designated medication area was sighted; however, despite the space and design being explained, the auditor was not able to be review stock, storage, equipment and resources. A lockable medication trolley has been purchased and is available in readiness. Medical supplies required have been ordered from the organisation's preferred supplier and stock medications have</p>
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		<p>been requested/ordered from the contracted pharmacist to have on hand to meet the needs of the residents who will be admitted to this area of service delivery.</p>
<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is provided on site by three cooks and five kitchen hands and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a contracted qualified dietitian (03 February 2021). Recommendations made at that time have been implemented.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued on behalf of the registration authority the Ministry for Primary Industries (MPI). The food control audit was completed on the 01 September 2021 and the service gained eighteen months as per the verification report sighted. Food temperatures, including for any high risk items are monitored appropriately and recorded as part of the plan. The staff have all completed relevant safe food handling qualifications and other relevant food handling training. One further kitchen hand position was being advertised for the new unit at the time of audit.</p> <p>A nutritional assessment is undertaken for each resident by the registered nurses on admission to the facility and a dietary profile developed. The personal preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment to meet the resident's nutritional needs is readily available.</p> <p>Evidence of resident satisfaction with meals was verified from satisfaction surveys, resident meetings and residents' were observed to be enjoying their meals at lunchtime. Sufficient time is provided for residents to eat their meal and those requiring assistance had this provided.</p> <p>The dining area designated in the new build is large and well designed and will accommodate the increased capacity of up to 20 residents. The dining room is currently under construction, so no furniture or other resources, such as flooring, was in place at the time of the audit. The large original kitchen for the new build (previously a functions room) was purpose built and is well resourced with a fridge, microwave, bench areas and cupboards, washing up facilities, a stove and a range hood. The manager stated that all dishes will be transported back to the main kitchen after each mealtime. Food will be prepared and delivered from the</p>

		main kitchen upstairs in hot boxes (same have been ordered). This was validated and information provided by the facility administrator. The hot boxes will be transported via the lift and a designated kitchen hand will give out the meals to the residents (refer to 1.4.5.1). Staff will be available to assist residents at the designated mealtimes.
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Staff follow documented processes for the secure storage and management of recycling, waste and infectious and hazardous substances. Appropriate signage is displayed. Waste is collected at scheduled intervals by contractors and the local council weekly.</p> <p>An external company provides chemicals and cleaning products, and they also provide relevant training for staff.</p> <p>Material safety data sheets (MSDS) were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. Posters provide a summary about the use of chemicals on site. Posters, signage and MSDS are available in readiness for the configuration when the unit is completed.</p> <p>There are appropriate supplies of personal protective equipment (PPE) and staff and visitors to the facility (two mental health nurses visiting residents) were observed to be using these. There are adequate supplies available in readiness for the new configuration when the unit is completed.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>A current building warrant of fitness (expiry 02 June 2022) is publicly displayed. The service provider will need a Certificate of Public use prior to occupancy.</p> <p>In the existing areas of the facility appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme and buildings, plant and equipment are maintained to an adequate standard. The testing and tagging of equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed, interviews with the manager and observation of the environment. The maintenance person was available at the audit. A grounds person ensures the lawns and gardens are well maintained and are appropriate to the resident groups and setting.</p>

		<p>The environment is conducive to the range of activities undertaken in the areas. The environment was hazard free and residents are kept safe. Staff understood the processes they should follow if any repairs or maintenance are required. Any requests are appropriately actioned and the residents were happy with the environment.</p> <p>The newly built area is still a construction site.</p> <p>Handrails are installed in the entrance to the new area but not throughout the unit as yet, as this is still under construction. The handrails have been purchased and were available on site for installation. Safety rails in the bathrooms and toilets are yet to be installed to maximise residents' independence and to maintain safety. Shower chairs/aids are available for residents.</p> <p>An outdoor deck area is under construction which runs the length of the building at the rear of the new facility.</p> <p>While some equipment in the existing area of the new configuration was available, not all essential equipment was available. Supporting documentation was reviewed of orders placed with the organisation's preferred providers.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>PA Low</p>	<p>For the existing facility, there are adequate bathroom and toilet facilities for the residents to easily access. All are in close proximity to the residents' rooms in the rest home hospital and for the psychogeriatric unit. There is a separate toilet for staff and visitors available.</p> <p>There are adequate toilets/showers available for the new unit for twenty residents. A variety of bathrooms are available including some individual rooms with their own full ensuites. One large trolley shower bathroom is available. There are two shared bedrooms which each have their own bathroom. Bathrooms with toilet and shower units were available between some single rooms providing shared arrangements. All other single rooms are in close proximity to separate toilets and showers. T</p> <p>here is a shower and two toilets available in a designated area with lockers being available for staff use. Visitors can use either of the two toilets. Except for the staff designated area, all bathrooms are under construction and have not been completed at the time of audit.</p>

<p><b>Standard 1.4.4: Personal Space/Bed Areas</b></p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Adequate personal space is provided in the existing rest home/hospital and separate psychogeriatric unit for residents to move freely around within their bedrooms safely.</p> <p>This partial provisional audit for the configuration of a twenty bed wing for dual purpose use, verified that all rooms both on the plan and off the plan are of adequate size and all rooms allow for residents to be able to move freely and safely. Those residents with walking aids and those requiring hoists will be able to do so safely in the rooms available. All rooms though not completed were sighted. There are two double rooms and sixteen single rooms - sighted.</p>
<p><b>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</b></p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>PA Low</p>	<p>There are adequate communal areas for entertainment, recreation and dining in the existing facility at Anne Maree Gardens. On tour of the new wing, there is a large dining room, which although not completed, will accommodate twenty residents. Consideration for residents in wheelchairs or fallout chairs has occurred when designing the spaces. The designated space can be used for dining and activities. There is one large lounge for residents to enjoy and relax in.</p> <p>At the time of the audit neither of these rooms were completed. Furniture/furnishings (blinds and drapes) and flooring have been ordered for both settings appropriate to the needs of older people. Documentation was sighted.</p>
<p><b>Standard 1.4.6: Cleaning And Laundry Services</b></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>A contracted service provides an off-site laundry. Staff are employed to prepare the linen for collection and to put away linen appropriately when delivered back to Anne Marie Gardens. Linen rooms are accessible and located around the facility and designated space is provided in the new unit under construction. The laundry staff also assist with bed making daily. One further laundry staff member was being recruited in preparedness for an increase of twenty residents for the configuration (refer to 1.2.7). All staff understand the laundry processes and handling of soiled linen.</p> <p>Cleaning staff (three staff in total) are employed currently to cover this large facility. Two further cleaning staff are being employed to ensure adequate cleaning cover is available for the new unit (refer to 1.2.7).</p> <p>Chemicals are stored appropriately, and cleaning trollies are used and stored in a locked room when not in use. Material data sheets were accessible, and a spills</p>

		kit is available if required. The facility was clean and tidy.
<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>	PA Low	<p>Policies and procedures for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on the 27 May 2003. This will have to be reviewed and approved again for the new building. The last fire drill was recorded 11 August 2021. The next fire drill is due February 2022. The manager has arranged for this next fire drill to be undertaken and to include the new unit which is a requirement prior to opening this new service/area.</p> <p>Anne Maree Gardens has adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and a gas barbecue to meet the needs of the 71 residents and the manager has already considered and is well informed about the need to increase supplies for the additional 20 residents prior to occupancy (reassurance was given that this was already implemented). Current water storage meets the requirements of the local council. The manager stated they have an arrangement with a contracted provider to supply a generator as needed. Emergency lighting is available and has been installed in the new area.</p> <p>There is a call bell system which works effectively in the existing areas of the facility. Audits are completed as part of the internal audit system. A nurse call system is installed in the new configuration/area and the display board is located in the nurses' station.</p> <p>Staff ensure the facility is locked in the afternoon and during the night-time undertake security rounds and checks of the residents regularly. This system will continue in the new wing.</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>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening windows. Areas are warm and well ventilated throughout the two floors of the facility. The facility is maintained at a comfortable temperature.</p> <p>All individual bedrooms have a window and natural light in the new area. The</p>

		lounges and dining rooms have large windows with sufficient light available. The new unit has underfloor heating which is installed throughout the total area except for the medication room.
<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 service implements an infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff and visitors. The programme is guided by a current infection control manual with input from a contracted infection control advisor, laboratory service and general practitioner and supportive practice.</p> <p>The clinical leader is the designated IPC coordinator whose role and responsibilities are defined in a job description. Infection control matters including surveillance results are reported monthly to the manager and tabled at the quality meeting. Feedback is provided to staff as required.</p> <p>Signage and signing in at the main entrance to the facility occurs as part of the pandemic response and processes in place. Staff are full informed of their responsibilities. The infection control programme review and objectives are in place (this was an area of improvement from the previous audit) and was confirmed as being closed out by the DHB and at this audit.</p> <p>The clinical leader is involved with setting up the new unit from an infection control perspective and is responsible for ensuring all consumables, personal protective equipment and resources are readily available. Assurance was provided that this is the case and adequate stocks are on hand in preparedness for the opening of the new unit.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	The additional key staff requirements to cover the service were discussed with the manager. The manager reported that the positions required have been advertised for the respective roles. The recruitment process for core staff positions has been planned and all staff are to be employed prior to the service opening. Job descriptions were reviewed for each of the staff positions advertised currently.	Positions for an additional registered nurse, a kitchenhand, two cleaners and one laundry staff member have been advertised. The appointment of appropriate service providers remains in progress and therefore could not be verified.	<p>Appropriate service providers are appointed to safely meet the needs of residents prior to commencement of the service.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service</p>	PA Low	Additional service providers are still to be employed to ensure the service is fully covered to meet the needs of the residents for the new service area. These positions have been	An orientation pack, handbook and orientation checklists have been developed in readiness for the appointment of new staff.	The orientation programme that covers the essential components of the facility and services provided is completed by

provided.		advertised and the manager is in the process of recruiting staff. All staff will be required to complete orientation that covers the essential components of the services being provided which will be rest home and hospital level care for residents.		all new staff employed prior to commencement of the service. Evidence of staff completing the relevant orientation will be required.  Prior to occupancy days
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	PA Low	The rosters were reviewed on the day of the audit. There is adequate staff to cover the facility currently. The manager is advertising for the additional staff required to ensure there will be appropriate cover across all the services provided, including the new twenty bed configuration which will increase capacity. This configuration is for twenty dual purpose beds in a lower level addition to the facility. A registered nurse, a kitchenhand, two cleaners and one laundry person are required to meet the staffing requirements. The manager is fully informed and aware of the new wing always requiring a registered nurse on site 24 hours a day seven days a week.	The manager is aware that the new wing will have to be adequately covered by registered nurses 24 hours a day seven days a week. One registered nurse and additional allied health staff will be required to cover this new area of service provision and increase in capacity to meet the needs of the residents.	To ensure the facility is adequately staffed to meet the increased numbers of residents who are assessed as requiring hospital level and rest home level care.  Prior to occupancy days
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration,</p>	PA Low	The medicines management system already implemented for this facility will not change with the planned opening of the new wing and for the increased numbers of residents as planned. Policies, procedures and	The design and the plan for the medication room was sighted but was not completed on the day of the audit. Storage and contents could not be reviewed. The medication room will need to be a	Provide evidence of the completion of the medication room and that all requirements for security, storage of medicines and controlled

review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.		guidelines on all aspects and requirements to manage the medicine management system safely and to meet all legislative requirements are available to guide staff. Staff interviewed were fully informed of the processes involved. The electronic medication system currently in use at this facility will be the programme of choice. The medication/dispensary for the new wing at the time of the audit was still under construction.	locked room, and this is yet to be installed.	drugs, equipment and resources are in place and readily available to staff.  Prior to occupancy days
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	The building was still a construction site. Externally the deck area is yet to be completed. Inside, on tour of the new building, the plan was easy to follow through and all rooms could be identified. Plastering and painting was being completed by the builders and the electrician was on site at the time of the audit. No equipment or furniture was on site though this had been ordered and documentation to confirm this was sighted. Information was provided on the day of the audit that the building would be completed by the end of February 2022. A certificate of Public Use will be required prior to occupancy.	Not all essential equipment and resources are available on site (although ordered) such as beds, bedroom furniture, lounge/dining furniture, consumables. The external deck is to be completed as per the building plan sighted. Safety rails in the bathrooms/toilets and hallway handrails are yet to be installed. A certificate for public use will need to be obtained prior to occupancy.	Ensure the external deck is completed and all essential equipment and resources are readily available and installed prior to opening the facility. In addition to this a Certificate of Public Use will be required and displayed prior to occupancy.  Prior to occupancy days
Criterion 1.4.3.1 There are adequate numbers of accessible	PA Low	There are adequate numbers of accessible toilets/shower facilities located in close proximity to each	Bathroom areas are easily identified but were not completed at the time of the audit.	Ensure all fixtures and fittings, vanities and toilets and shower units are

<p>toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.</p>		<p>service area to meet the needs of residents. On tour of the new build, each bathroom was easily identifiable, and plumbing had been completed to allow for the fittings to be attached appropriately, such as shower heads, grab rails and toilets. However, at the time of the audit these were not in place.</p>		<p>installed prior to occupancy.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.5.1</p> <p>Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.</p>	<p>PA Low</p>	<p>Designated communal areas were sighted on the tour of the new unit. There is adequate access provided to the main lounge and dining facilities sighted. Flooring, furniture/furnishings for both rooms has been ordered but are yet to be installed. The hot boxes for transporting the food are also ordered. The manager provided documentation to verify this has occurred. The areas are currently under construction.</p>	<p>The manager provided documentation of the furniture/furnishings and flooring which has been ordered and delivery dates are arranged. Both the dining and lounge areas are of an adequate size to accommodate twenty residents comfortably but need to be completed prior to occupancy.</p>	<p>Ensure the communal areas for entertainment, recreation and dining are completed prior to occupancy.</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>	<p>PA Low</p>	<p>The service is currently up-to-date with all legislative requirements, however the fire evacuation scheme has not been reviewed and re-approved by the New Zealand Fire Service (NZFS) for this new build. Training is provided to staff regularly on managing any emergency and security situations. The next arranged six monthly fire evacuation training is due February 2022. The</p>	<p>A fire drill is required before the new configuration/area can be approved. The next facility six monthly fire drill is due February 2022, and the manager is planning to include the new area of service in this drill which will be required prior to gaining approval and prior to occupancy. In addition to this, the fire approval scheme will need to be reviewed and approved by</p>	<p>Provide evidence that a fire drill has occurred with all staff involved for the new area of service, and that this occurs in a timely manner prior to occupancy. Ensure the fire evacuation scheme has been reviewed and approved by the New Zealand Fire Service.</p>

		<p>service also has to ensure that staff are fully trained for the new area of service delivery, prior to approval and occupancy.</p>	<p>the New Zealand Fire Service, as this was not verified on the day of the audit in relation to the new building.</p>	<p>Prior to occupancy days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.