

Rivercrest Cromwell Limited - Golden View Care

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Rivercrest Cromwell Limited
Premises audited:	Golden View Care
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 25 February 2022 End date: 25 February 2022
Proposed changes to current services (if any):	Golden View care centre opened in August 2021 following the completion of stage three of a proposed five stages. This audit was to verify stage four of a new build, where the service has extended a corridor of the existing stage three build to include a further twelve dual purpose rooms (rest home or hospital) to be included as part of the care centre. This will increase the bed numbers from 48 to 60. Stage five has not yet been started.
Total beds occupied across all premises included in the audit on the first day of the audit:	48

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

General overview of the audit

Golden View Care is located in Cromwell. The care centre is modern, spacious, and part of a wider retirement village. The care centre currently provides rest home, hospital, and dementia level care for up to 48 residents. On the day of the audit there were 48 residents.

This partial provisional audit included verifying a further 12 dual purpose rooms in the dual-purpose rest home/hospital area. This increases the total bed numbers from 48 to 60. The audit identified the proposed rooms as suitable to provide rest home and hospital level care following completion and fitting out of the rooms, ensuites and corridors. There is a documented transition plan with clear procedures and responsibilities for the safe and smooth transition of residents into the facility, and a draft roster documented.

The shortfalls identified at the previous audit around medication management, completion of the care centre (stages one, two and three) and emergency procedures have been addressed.

The improvements required by the service are all related to the completion of the building (stage four), to the Certificate of Public Use, emergency drills, the call bell system and to the fire evacuation scheme.

Consumer rights

Not Applicable

Organisational management

Golden View Care have a five-year strategic plan in place, which informs the interim quality plan.

There is a documented education plan which has been completed for 2021 and is implemented for 2022. There are documented job descriptions for all positions, which detail each position's responsibilities, accountabilities, and authorities. Organisational human resource policies are implemented for recruitment, selection and appointment of staff. The service has an implemented induction/orientation programme, which includes packages specifically tailored to the position such as caregiver, registered nurse (RN), activities and non-clinical staff.

There is a staffing rationale and skills mix policy, which provides the documented rationale for determining staffing levels and skill mixes for safe service delivery for the 12-bed unit. Adequate RN cover is already provided 24 hours a day, seven days a week and this will be sufficient to cover the new 12-beds. With the addition of the dual-purpose rooms, a draft roster has been documented which includes the recruitment of extra staff as required.

Continuum of service delivery

The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. All medicines are stored securely. Registered nurses and enrolled nurse's complete

annual medication competencies and medication education. Senior caregivers have second checker medication competencies in place.

The service has a contracted an external catering service and kitchen staff are employed by the contracted business. Meals are reheated on site. The kitchen is large enough to manage the increase in meals. There is a seasonal menu which has been reviewed by the caterer's dietitian. Dietary needs are known with individual likes and dislikes accommodated. Resident meals are delivered to the dining rooms in hot boxes and covered trays to the residents' rooms. The dining room is large enough to accommodate the extra 12 residents.

Safe and appropriate environment

There are documented processes for waste management. There is a secure sluice in each area each with a sanitiser. There are secure cleaning cupboards in each area. All chemicals are labelled with manufacturer labels. Chemical product use and safety data sheets are available. Chemicals are stored safely.

The facility is purpose-built. The building and plant have been built to comply with legislation. The organisation has purchased all new equipment on opening in 2021. Equipment is appropriate for hospital, medical, rest home and dementia level care. The facilities, furnishings, floorings, and equipment are designed to minimise harm to residents. The communal areas are large enough to accommodate the extra 12 residents.

There are completed landscaped outdoor areas including courtyards in the existing part of the facility. This is yet to be completed in the new part of the extension.

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

There is a large laundry in the service area with a dirty to clean flow. There are dedicated housekeeping and laundry staff. Cleaning trolleys are lockable for safe storage of chemicals. The cleaning trolleys are stored in the locked cleaning cupboard while not in use. Extra cleaning staff will be appointed if required.

There is a disaster management plan and emergency evacuation procedure documented which will need to be revised to cover the extension. There is civil defence kit available for the whole facility and plentiful supply of stored water. There is an appropriate call bell system throughout the existing facility.

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

Restraint minimisation and safe practice

Not applicable.

Infection prevention and control

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The clinical manager is the infection control coordinator. The infection control programme is being implemented, and an annual review is due in August 2022.

Infection surveillance is an integral part of the infection control programme. There is a comprehensive Covid-19 policy related to all levels of pandemic management. There are plentiful supplies of personal protective equipment, and processes around isolating residents if needed. There have been no outbreaks since opening. There are no expected changes to the infection control programme with the addition of the 12-beds.

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	30	0	5	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Golden View Care home is located in Cromwell and currently provides rest home, hospital and dementia level care for up to 48 residents. The care centre is modern, spacious, and part of a wider retirement village. On the day of the audit, there were 48 residents (eight rest home, 28 hospital and 12 dementia level of care residents). There is one dual purpose room in the dementia unit (verified at the previous partial provisional), that is currently occupied by a resident requiring dementia level of care.</p> <p>The general manager, care home manager and clinical manager were interviewed. The general manager has a background in aged care management and is a registered nurse. The general manager currently manages a neighbouring sister facility and will also oversee and support the management at Golden View Care home. There is a care home manager and clinical manager (both experienced RN managers in aged care) and a clinical support nurse. The management team are supported by the owners/directors.</p> <p>This partial provisional audit verified the suitability of a further 12 dual purpose rooms. This will increase the total number of dual-purpose beds in the care centre from 48 to 60. The additional 12 rooms are an extension of a current corridor in the rest home/hospital unit. There is a transition plan documented which identifies</p>

		<p>a clear timeline and responsibilities for the smooth transition of admission of residents to the new rooms. There is a draft roster documented, adequate equipment in place, and resources to provide rest home and hospital level of care for another 12 residents.</p> <p>There is a documented five-year business management and strategic plan, which informs the quality improvement plan and includes the organisations vision, mission, and values. Key objectives have been identified including (but not limited to), providing a person-centred approach, health and safety, education, and emergency management. This will form the 2022/2023 quality plan which will be combined with the sister facility. The board is made up of five couples (all shareholders), and the management team report to the board monthly.</p> <p>The 12-beds (for hospital and rest home level of care) are expected to be used from the 28 March 2022.</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>In the temporary absence of the general manager, the care home manager will provide cover. In the absence of the care home manager, the clinical manager with support from the general manager will provide oversight of the facility.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. A register of practising certificates is maintained.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to each role (registered nurse, enrolled nurse, caregivers, activities staff and non-clinical staff) and includes documented competencies. New staff are buddied for a period, and during this period they do not carry a resident load. Newly employed staff complete a role-specific orientation booklet. Orientation training includes (but not limited to) fire safety and drill, manual handling, use of equipment such as ceiling hoists, electronic resident management system, first aid, CPR, emergency management, medication management, health and safety and infection control. Nursing competencies include (but are not limited to), medications, wound care, syringe driver, oxygen, nebuliser, venepuncture, and sub-cutaneous fluid administration. All registered nurses are</p>

		<p>first aid trained.</p> <p>Eight staff files were reviewed (one RN, two EN, one activities coordinator, one senior caregiver and two caregivers). All had a contract, reference checks, police checks and completed role-specific orientation documentation on file. All had six-week follow-up with the clinical manager and those who had been employed for more than three months had three-month appraisals completed as per policy.</p> <p>The annual education and training schedule for 2021 has been completed and the 2022 education plan has been implemented. Staff attendance is good. Staff are encouraged and supported to gain unit standards. Currently there are six caregivers who have completed New Zealand Qualification Authority (NZQA) in health and wellbeing level 4, six have completed level 3 and 12 have completed level 2. All staff who work in the dementia unit have either completed or have enrolled in the dementia standards. All have attended education sessions around caring for residents with dementia. The plan is for all caregivers in the facility to complete the dementia standards. The service has incorporated the dementia standards to the NZQA level 4 qualification.</p> <p>Registered nurses can access training through the DHB, hospice and any online platform. Golden View has ten RNs including the two managers and the clinical support nurse, and three enrolled nurses. Four of the RNs are competent in assessing interRAI, a further two are in training and a further four scheduled to start training when next available. The nursing team have access to external education.</p> <p>The service has included the increase in staffing to the transition plan and have a documented draft roster in place. They plan to recruit more caregivers to provide care for the 12 residents as required noting that there are sufficient staff to roster onto the 12-beds currently working in the service.</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 are policies in place which provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. Golden View ensures staffing meets the recommended requirements set down in the ARRC contract in its rostering for nurses and care staff in all levels of care. Adequate RN cover is provided 24 hours a day, seven days a week. The draft roster plans for an extra two caregivers on the morning and afternoon shifts and one for the night shift.</p>

		<p>There is a full-time care home manager, clinical manager and clinical support nurse who are available Monday to Friday and share the afterhours on call.</p> <p>The current dual-purpose unit currently has 48 residents, (eight rest home and 28 hospital). There are also 12 residents in the dementia unit.</p> <p>There is either two RNs or one RN and one EN rostered across morning and afternoon shifts, and one RN rostered for night shift.</p> <p>They are supported by five caregivers in the morning (4x 7 am to 3 pm, and 1x 7 am to 1.30 pm) - with the extra 12 beds, this will increase to add 1x 7 am to 3 pm and 1x 7 am to 1.30 pm.</p> <p>The afternoon shift currently has five caregivers (2x 3 pm to 11 pm, 2x 4.30 pm to 9 pm, and 1x 3 pm to 9 pm) this will increase to add 1x 3 pm to 11 pm, and 1x 4.30 pm to 9 pm.</p> <p>Night shift currently has 1x 11 pm to 7 am with a registered nurse, this will increase to add an additional caregiver overnight.</p> <p>The activities team consists of one full time DT and a part time activity coordinator, the service is in the process of recruiting another housekeeper.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. All medicines are stored securely. Registered nurses, ENs and senior caregivers' complete annual medication competencies and medication education. The previous shortfall around training has been addressed.</p> <p>There were no self-medicating residents on the day of the audit. There are competencies documented to be used if residents wish to self-medicate medications and each resident room has a locked drawer to store medications if required.</p> <p>The RNs and ENs are responsible for medication reconciliation against the medico blister pack system on arrival from the pharmacy. Any discrepancies are fed back to the supplying pharmacy who are available after hours if required. Standing orders were not in use. The medication fridge temperatures and medication rooms temperature are being monitored weekly and both were within acceptable limits.</p>

		<p>The service uses an electronic medication management system. There is a locked medication cupboard in the locked nurse's office. Currently there are two medication trolleys for the dual-purpose unit, the medication rounds will be reviewed to assess whether these will be adequate with the increase in residents. The current system and equipment is sufficient to include the further 12 beds.</p> <p>Imprest stock is regularly audited (monthly) for expiry dates and stock control.</p> <p>The service is currently in negotiations with a nurse practitioner group (who have GP input) to provide medical services for the facility, however, residents will still be able to retain their GP if they choose.</p> <p>Seven electronic medication charts were reviewed of current residents; all had been reviewed by the GP three monthly, all had photo identification, allergies were documented. 'As required' medications documented indication for use and efficacy has been documented in the electronic system.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>There are food service policies and procedures. All food and baking are provided by an external catering company. All catering staff are employed by Golden View. Staff have completed food safety training. CIBUS provides the menu, app for monitoring food control plan and ongoing support. The menu has been designed and reviewed by a CIBUS registered dietitian. The dietitian has been visiting monthly and is part of the MDT. A current food control plan is in place. The service also provides a meals on wheels service to the village residents.</p> <p>There is a hotel-styled kitchen in the serviced area. Food is plated and transported to the dementia unit in hot boxes. Food is transported to the dual-purpose unit kitchenette with heated servery and served. Nutritional profiles are completed on admission and provided to the kitchen. The kitchen staff were aware of the resident's preferences, alternatives are available. Special cutlery and crockery are available if required.</p> <p>The kitchen includes a walk-in chiller, and pantry. There is an area for washing up and one for preparing and serving meals. There is a delivery area and ample storage. All kitchen equipment is new. All fridge, freezer, and food (food received and reheated/cooked) temperatures are entered onto an app, which is monitored by the catering company. There is emergency food available, and more is stored at the neighbouring sister facility.</p> <p>There is adequate space in the dining room for the extra 12 residents,</p>

		wheelchairs, and mobility equipment. There are no changes required to accommodate the additional occupancy in the 12-beds.
<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>Policies and procedures are in place for waste management, waste disposal for general waste and medical waste management. All chemicals are labelled with manufacturer labels. Chemical product use and safety data sheets are available. Chemicals are stored safely. Gloves, aprons and protective face masks or goggles are available for staff. Hand sanitiser is readily available throughout the facility. There are sluice rooms (with sanitiser) centrally located throughout the facility with one located in the corridor close to the new rooms. All of the sluice rooms have bench space, adequate storage and shelving, and separate handwashing facilities. Chemical safety training is completed as part of the orientation and ongoing education schedule. There are no changes to the system already in place as a result of the additional 12-beds.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>The building holds a current warrant of fitness which expires 3 August 2022. A code of compliance has not yet been approved for the new build. The maintenance person works 35 to 40 hours a week, which is likely to increase to 40 hours a week with the increase in resident rooms. Reactive and preventative maintenance occurs, and a preventative maintenance schedule is implemented and maintained.</p> <p>Essential contractors/tradespeople are available 24 hours as required. Hot water temperatures in the existing facility are checked on a regular basis ensuring all rooms are tested regularly. The hot water temperatures reviewed were within expected ranges. It is expected that the systems in place to check hot water temperatures will be implemented prior to occupancy. Plumbing has not yet been completed in the corridor with the 'new' residents' rooms.</p> <p>All equipment has been purchased new when the facility opened and is not yet one year old. There is adequate equipment and weigh scales to accommodate the extra 12 residents.</p> <p>The facility is all on one level providing easy access to all communal areas. The dining room leads onto the main communal lounge, where an activities room with a screen which can be opened or closed to provide more space for large functions. These communal areas are large enough to provide space for the extra</p>

		<p>12 residents. There is adequate space in the dual-purpose unit for storage of mobility equipment. Hilo and electric beds have been purchased. There are several landing strips purchased, sensor mats, pressure relieving devices and hoists. The service has a van on site available to transport residents. There are well placed nurses' stations in the dual-purpose unit adjacent to the lounge and dining areas.</p> <p>The extension is nearing completion and therefore a code of compliance is yet to be obtained. Corridors are wide and have yet to be decorated and completed, handrails, carpets, and furnishings.</p> <p>All of the electrics and underfloor heating have been installed, and need to be connected, all resident rooms will have heat pumps/ air conditioning units which are yet to be installed. The rooms need to be fully completed, decorated, and furnished. A nurse's station areas (which will be used for documentation) is yet to be fitted out.</p> <p>The outdoor areas are yet to be completed, pavements to be completed and drains to be filled in and the area landscaped to provide safe access from resident rooms.</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>FA</p>	<p>Each room has a full ensuite with wet area shower, toilet, and basin, these are yet to be completed (link 1.4.2.1). The ensuites are spacious and provide adequate space for residents using mobility equipment. Underfloor heating is installed but not yet connected. There are visitor's toilet facilities close to the communal areas.</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 twelve additional resident rooms are situated at the end of an existing corridor. Each resident room has floor to ceiling windows with a sliding door to access the outdoor areas. The rooms are bright and spacious with plenty room for residents to move freely with mobility aids. All the rooms will have a ceiling hoist installed. The rooms are yet to be painted, decorated, flooring laid, furnished, lighting and call bells installed and connected (link 1.4.2.1). Resident rooms will have electric Hilo beds. There are beds already to go into the new rooms. Existing equipment will be used, and ceiling hoists will be fitted to the new rooms.</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 additional 12 rooms are located within close proximity of the existing communal areas. There is a spacious dining room, which leads onto the lounge with a TV area. The activities room is adjacent and can be screened off for separate activities or opened up for larger gatherings/activities. There are other areas around the facility for residents and relatives including a café. The centrally located nurses' station is directly off the open plan aspect of the dining and lounge area. The outdoor courtyards of the existing facility are well manicured, with raised beds and paving, seating, and shade. There is safe access to all communal areas for residents using mobility aids.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>The laundry is located in the 'service corridor'. There are three commercial washing machines (one for whites, one for personal washing and one dedicated for soiled/infectious washing). There are two commercial dryers. All laundry is laundered on site by dedicated laundry assistants over seven days a week. Personal protective equipment including goggles, aprons and gloves are readily available. The chemicals are all contained in the original closed-circuit containers, and data sheets are visible. The laundry and housekeeping staff have completed chemical training. The service utilises colour coded laundry bags to sort laundry into personal, towels and linen. There is bench space for folding. There is a 'dirty' entry and a 'clean' exit. The service has a secure area for the storage of cleaning and laundry chemicals. Dirty laundry is transported from the resident area to the laundry in colour coded bags in a covered linen trolley. This will be the process for the new rooms. There will be no changes to the staffing or processes required with the additional 12 residents.</p> <p>The cleaner's trolleys have a lockable compartment for the safe storage of chemicals. The cleaning trolley is locked in the cleaner's cupboard when not in use. There are dedicated housekeeping staff. Laundry and housekeeping staff are overseen by a household manager. There will be no changes to the cleaning staff initially with the additional residents.</p> <p>The laundry and housekeeping facilities are adequate to manage the extra 12 residents and rooms.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security</p>	<p>PA Low</p>	<p>There is a disaster management plan and emergency evacuation procedures. Emergencies, first aid and CPR are included in the mandatory in-services</p>

<p>Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>programme every two years. Orientation includes emergency preparedness and fire knowledge test. Staff are yet to be employed to work in the new 12-bed wing and therefore emergency drills and training has not been held. There are sufficient employed staff with a current first aid certificate to cover all shifts.</p> <p>The service has alternative power systems in place and has a generator on site. There are civil defence kits available for the whole facility, adequate supplies of personal protective equipment were sighted. Emergency water is stored in several large holding tanks. Emergency supplies of food is stored in the kitchen. Training on fire and emergency procedures are completed during orientation to the facility. Fire drills have been held in July and October 2021.</p> <p>The call bell system is available in each resident room. There are call bells and emergency bells yet to be installed in the 12 bedrooms. The system software can be monitored.</p> <p>The doors of the village automatically lockdown at 6 pm to 7 am with intercom access afterhours. There are documented security procedures and CTV cameras at the entrance, and hallways (Closed Circuit Television Policy). Swipe pads are at the entrance to the dementia unit. Advised that families will have swipe cards to access, or the receptionist will let them in.</p> <p>Currently the extension/building area is screened off by a temporary fire wall, this will be replaced by fire doors. At the far end of the corridor, there will be fire doors, which will provide an 'escape route' for the residents at the far end of the corridor to exit the facility (in an emergency only) through what will be phase five (serviced apartments). There doors will be able to be opened by swipe cards and will automatically open in an emergency.</p> <p>The fire department has had a look through the extension and advised the service of the need for this extra emergency access. The fire evacuation scheme is in draft with the fire service. A fire drill will be required to be held prior to opening.</p> <p>There are no changes required to the emergency systems already in place to accommodate a further 12 residents.</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</p>	<p>FA</p>	<p>All rooms have underfloor heating installed, and resident rooms will be fitted with heat pumps so residents can control the temperature of their rooms, however these are not yet operational (link 1.4.2.1). All resident rooms have floor to ceiling windows. The facility was maintained at a comfortable temperature during the</p>

<p>maintained at a safe and comfortable temperature.</p>		<p>audit. The whole facility is heated with underfloor heating and there are heat pumps to provide extra heating or cooling to the communal areas and resident rooms.</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>	<p>FA</p>	<p>The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Staff are well informed about infection control practises and reporting. The clinical manager is the infection control coordinator and is responsible for infection control across the facility. The programme is developed by an external contractor and is due for review in August 2022. The infection control coordinator and the registered nurses form the infection control committee at present and are in the process of developing a committee to be representative of the facility.</p> <p>The infection control coordinator has access to the Southern District Health Board infection control specialist, public health team, Ministry of Health website and the New Zealand Aged Care Association for advice. The infection control coordinator has attended external training and has completed online training.</p> <p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. There is a comprehensive Covid-19 policy related to all levels of pandemic management. There are plentiful supplies of PPE and processes around isolating residents if needed. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and compared month by month and reported at facility meetings. There have been no outbreaks.</p> <p>All visitors and contractors are required to complete a wellness declaration, temperature checks, and provide evidence of a vaccine pass prior to entry.</p> <p>There are no changes required to the IC programme to accommodate the 12 new bedrooms.</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 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The facility is purpose-built. The building and plant have been built to comply with legislation. The organisation purchased all new equipment prior to the facility opening and is not yet a year old. Equipment is appropriate for hospital, medical, rest home and dementia level care. Medical equipment calibration and servicing is captured through the quality programme and scheduled annually. Hot water is yet to be monitored in the extension. A code of compliance is yet to be obtained for the extension.</p> <p>The facilities, furnishings, floorings, and equipment are yet to be completed. There is a small ‘nurses’ station’ which will be used to complete documentation which is yet to be fitted out with electric plugs, bench space and furniture.</p>	<p>(i) A code of compliance is yet to be obtained for the new wing.</p> <p>(ii) Hot water monitoring has yet to be completed in the extension.</p> <p>(iii) Corridors are yet to be furnished.</p> <p>(iv) Resident rooms are yet to be furnished including installing ceiling hoists.</p> <p>(v) Residents ensuite facilities are yet to be fully furnished</p>	<p>(i) Ensure a code of compliance has been obtained.</p> <p>(ii) Ensure hot water temperatures are checked prior to occupancy.</p> <p>iii) – (v) Ensure furnishings and handrails are completed and installed</p> <p>(vi) Ensure heating is connected to all resident areas including the corridors.</p> <p>(vii) Ensure the nurses</p>

			<p>(vi) Heating is to be connected to the resident rooms, ensuites and the corridor.</p> <p>(vii) The nurse station is yet to be fitted out and furnished.</p>	<p>station is fully fitted and furnished.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	The outdoor areas are yet to be completed, pavements to be completed and drains to be filled in and the area landscaped to provide safe access from resident rooms. There is access to other safe outside areas off the current facility	Landscaping the outdoor areas is still to be completed	<p>Ensure all landscaping is completed</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	Fire drills have been held for the existing facility. Staff have yet to be employed to work in the new extension and will be required to complete emergency drills as part of the training.	A fire drill has yet to be held for the extension.	<p>Ensure a fire drill is held prior to opening.</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	The fire service has visited the site. A fire evacuation plan is in place and has been updated to include the new wing. This is awaiting sign-off by the fire service. Fire exits are yet to be installed and are not yet operational.	<p>(i) The current fire evacuation plan has been updated to include the new wing, but this is yet to be approved by the fire service.</p> <p>(ii) Fire doors at either end of the extension are yet to be installed and</p>	<p>(i) Ensure the amended fire evacuation plan has been approved.</p> <p>(ii) Ensure the fire doors are fitted and functional prior to opening.</p>

			not yet operational.	Prior to occupancy days
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p>	PA Low	A call bell system has been installed in the existing facility; however, these have not yet been installed in the new extension.	The call bells have not yet been installed into the resident rooms or the ensuites.	<p>Ensure the call bell system is installed and functional in the resident rooms and ensuites prior to occupancy.</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.