

Dragon Boat Health Care Limited - Abbey Heights

Introduction

This report records the results of a 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: Dragon Boat Health Care Limited

Premises audited: abbey heights

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 30 October 2018 End date: 31 October 2018

Proposed changes to current services (if any): This audit is to establish how well prepared the prospective provider is to provide a health and disability services and their understanding of how to meet rest home level care residents' requirements at the facility. The current owner/operator will retain the building and the prospective new owner will take over the running of the business and pay rent for the use of the property.

Total beds occupied across all premises included in the audit on the first day of the audit: 21

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.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Abbey Heights provides rest home level care for up to 24 residents. The proposed new owner has worked as the facility manager for over nine years. The facility is currently privately owned and the sale of the business is expected to occur in February 2019. The facility manager is supported by a registered nurse who works full time. Most residents and families spoke positively about the care provided.

This provisional audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with the assistance of an interpreter for residents, family members, management and staff. The general practitioner was not available during the audit. Residents have Cantonese or Mandarin as their first language. Staff employed speak Cantonese or Mandarin which means there are no issues with communication and care. An interpreter from Waitemata Auckland Translation and Interpreting Service was engaged to undertake some staff and all resident and family interviews.

The audit was conducted to establish how well prepared the prospective provider understands their responsibilities to provide a health and disability service to meet the standards, how they plan to ensure residents' needs are met and to determine their understanding of the Age Related Residential Care contract requirements with the Waitemata District Health Board.

This audit has identified areas for improvement relating to building maintenance, food services and medication management. Improvements have been made to the facility manager's understanding of statutory and regulatory notification requirements,

resident information and evaluation processes which addresses three of the four areas requiring improvement at the previous audit. One area remains open and requires further improvement related to medication management.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Residents and their families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and these are respected. Services are provided that support personal privacy, independence, individuality and dignity. Staff interact with residents in a respectful manner.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if required. Staff provide residents and families with the information they need to make informed choices and give consent.

There were no residents at the time of audit who affiliate with their Maori culture. There was no evidence of abuse, neglect or discrimination. The service has linkages with a range of specialist health care providers to support best practice and meet resident's needs.

A complaints register is maintained with complaints resolved promptly and effectively.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.

Standards applicable to this service fully attained.

Business and quality and risk management plans include the scope, goals, values and mission statement of the organisation. Monitoring of the services provided to the governing body is regular and effective. An experienced and suitably qualified person manages the facility.

The prospective provider has documented transition timelines for the implementation of the new purchase. All quality and risk systems will remain the same, policies and procedures will be kept and there are no staff changes intended. He will continue to work in the business full time.

The quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved, and feedback is sought from residents and families. Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery and were current and reviewed regularly. The facility manager, who is the intended prospective owner, currently oversees all quality management systems and has a very good understanding of all quality requirements.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Access to the facility is appropriate and efficiently managed with relevant information provided to the potential resident/family.

The multidisciplinary team, including a registered nurse and general practitioner, assess residents' needs on admission. Care plans are individualised based on a comprehensive range of information and accommodate any new problems that might arise. Files reviewed demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular and timely basis. Residents are referred or transferred to other health services as required.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

The service has a medicines management policy. Medications are administered by staff who are competent to do so. The food service meets the nutritional needs of the residents with special needs catered for. Residents verified satisfaction with meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Some standards applicable to this service partially attained and of low risk.
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The facility meets the needs of residents and was clean. There is a current building warrant of fitness. Electrical equipment is tested as required. Communal and individual 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 onsite and evaluated for effectiveness.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells. Security is maintained.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The organisation has implemented policies and procedures that support a restraint free environment. No enablers or restraints were in use at the time of audit. Policy contains appropriate assessment, approval and monitoring processes should restraint be implemented. Policy identifies that the use of enablers is voluntary for the safety of residents. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection prevention and control programme, led by an experienced and trained infection control coordinator, aims to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when needed.

Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and supported with regular education. Aged care specific infection surveillance is undertaken, and results reported through all levels of the organisation. Follow-up action is taken as and when required.

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	42	0	1	2	0	0
Criteria	0	90	0	1	2	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
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The service has developed policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Nursing and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form and the use of an interpreter where required. Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented, as relevant, in the resident's record. Staff were observed to gain consent for day to day care.

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Posters and brochures related to the Advocacy Service were also displayed and available in the facility. Contact details for the advocacy service was provided in English and Chinese in the downstairs lounge. Family members and residents interviewed were aware of the Advocacy Service, how to access this and their right to have support persons.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' family and friends. Family members interviewed stated they always felt welcome when they visited and comfortable in their dealings with staff.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission. One family member was not sure what the process was and this information was passed onto management at the closing meeting who confirmed they will contact the family member to explain the complaints process once again. Complaints forms are on display at the entrance to the facility and are written in Chinese. (Confirmed by the interpreter).</p> <p>The complaints register reviewed showed that three verbal complaints have been received over the past year. These have been documented by the facility manager and show that actions taken, through to an agreed resolution, are completed within the timeframes. Action plans showed any required follow up and improvements have been made where possible. The facility manager, who is the prospective owner, currently takes responsibility for complaints management and follow up. He has a good understanding of required actions. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints received from external sources since the previous audit.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents interviewed report being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and discussions with staff. The Code is displayed in the resident's bedroom along with the resident's rights and responsibilities and information is also found in the main foyer of the upstairs and downstairs areas together on how to make a complaint and feedback forms. These forms are written in both English and Chinese. The prospective provider is an experienced aged care sector provider who understands the Code.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents and families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room or share a room with their spouse with their consent.</p> <p>Residents are encouraged to maintain their independence by attending community activities and participation in clubs of their choosing, and being provided with support with personal cares and household chores. Care plans included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and annually.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service is supported by a Maori and Pacific people care policy and acknowledges the Te Whare Tapa Wha model. At the time of audit there were no residents that affiliated with their Maori culture. The registered nurse interviewed stated that there are no barriers in supporting residents who identify as Maori and had good knowledge and understanding of the policy.</p>

<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Residents verified that they were consulted on their individual culture, values and beliefs and that staff respected these. Resident's personal preferences required interventions and special needs were included in care plans reviewed and included specific customs and individual beliefs important to the resident and family. The resident satisfaction survey confirmed that individual needs are being met.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. The induction process for staff includes education related to professional boundaries, expected behaviours and the Code of Conduct. The registered nurse had records of completion of the required training on professional boundaries. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service encourages and promotes good practice through evidence-based policies, input from external specialist services and allied health professionals, for example, wound care specialist, the gerontology nurse specialist, mental health services for older persons, and education of staff. The general practitioner (GP) was unavailable to be interviewed at the time of audit.</p> <p>Staff reported they receive management support for external education and access their own professional networks to support contemporary good practice.</p> <p>Other examples of good practice observed during the audit included acknowledging and communicating with the resident and their family in their own language, knocking on doors before entering, respecting the resident and their customs, and day to day conversations.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents and family members stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet</p>

		<p>the requirements of the Code.</p> <p>All residents residing at Abbey Heights speak Chinese with the majority of the residents not able to speak or understand English. Staff know how to access interpreter services, although reported this was rarely required due to staff being able to speak Chinese and the support of family. The registered nurse interviewed stated that one staff member who does not speak Chinese is able to communicate well with the residents due to sign language, knowing a little of the Chinese language and the support of other staff members. The residents and families interviewed stated that they have no concerns, and where needed, they are offered an external interpreter as required.</p>
<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>	FA	<p>The strategic and business plans, which are reviewed annually, outline the purpose, values, scope and goals of the organisation. The documents described annual and longer term objectives and the associated operational plans. Three monthly service review reports showed adequate information to monitor performance. The current owner/operator is part of the service review group along with the facility manager and the registered nurse. Information is available on the intranet. Reporting covers all quality data, any areas of concern, emerging risks and issues.</p> <p>The prospective provider has documented timelines for the implementation of the purchase of the business. He intends to maintain the current quality programmes and reporting systems to meet the current policies and procedures which he will be using for his business. Agreement to do this was confirmed by the current owner. There is a documented strategic and business plan for 2019-2020.</p> <p>The service is managed by a facility manager who holds relevant qualifications and has been in the role for over nine years. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The facility manager confirmed knowledge of the sector, regulatory and reporting requirements which was an area identified for improvement in the previous audit and is now fully attained. He maintains currency through attendance at in-service education, Waitemata District Health Board aged care</p>

		<p>meetings, and management seminars related to aged care.</p> <p>The service holds the Age Related Residential Care (ARRC) contract with Waitemata District Health Board (WDHB) for rest home level care. All 21 residents were receiving services under the ARRC contract at the time of audit.</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>When the facility manager is absent, the current owner/operator carries out all the required duties. The prospective owner has written agreement that once he has ownership of the business, in his absence the current owner will assist the registered nurse to carry out all required management duties under delegated authority. This was confirmed verbally by the current owner during interview.</p> <p>During absences of key clinical staff, the clinical management is overseen by a casual registered nurse that worked at the facility for three years and who is experienced in the sector and able to take responsibility for any clinical issues that may arise. A signed agreement was sighted. Staff reported the current arrangements work well.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular resident and family satisfaction survey, monitoring of outcomes, clinical incidents including infections, wound care, challenging behaviour and pressure injuries.</p> <p>The prospective owner understands the need to produce an annual quality plan and intends to maintain existing quality processes. He is aware that any changes made, including changes to any policies or procedures, must meet legislative requirements, Health and Disability Services Standards and the ARRC contract requirements.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the quarterly quality meetings and staff meetings. Staff reported their involvement in quality and risk management activities through audit activities and the implementation of corrective actions. Relevant corrective actions are developed and implemented to</p>

		<p>address any shortfalls. Resident and family satisfaction surveys are completed annually. The most recent survey (July 2018) showed one resident did not know how to make a complaint and the corrective action documented identified that the resident was spoken to by the facility manager and the residents understanding of the complaints process was affirmed. All other comments and results were positive from residents and family members. This was confirmed during interviews carried out during the audit.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and are current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>The facility manager described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The manager is familiar with the Health and Safety at Work Act (2015) and has implemented requirements. These were identified in the risk register sighted.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Staff document adverse and near miss events on an accident/incident form. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is collated, analysed and reported to the facility manager. Data is also fully analysed at the quarterly service review meetings. The current owner stated that there are no legislative issues pending. However, the service has not yet filed a food safety plan with the Ministry of Primary Industries which is a requirement. Refer to comments in criterion 1.3.13.5.</p> <p>The facility manager, who is the prospective owner, described essential notification reporting requirements, including for pressure injuries. They advised there have been no notifications of significant events made to the Ministry of Health, since the previous audit. There have been no police investigations, coroner's inquests, issues-based</p>

		audits and any other notifications (eg, public health).
<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>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. 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 reported that the orientation process prepared them well for their role. Staff records reviewed show documentation of completed orientation and a performance review after one and three months and annually thereafter. All staff performance reviews sighted had been completed within the last year.</p> <p>Continuing education is planned on a biannual basis, including mandatory training requirements. Care staff undertake education including WDHB residential aged care integration programme topics which are presented by the gerontology nurse specialist. The prospective new owner stated that he has found a Chinese education authority who present a suitable age care New Zealand Qualification Authority (NZQA) programme and that caregivers will be registered for this training. The registered nurse is trained and competent to undertake interRAI assessments. Their annual competency was sighted.</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>	FA	<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. The prospective provider will be using existing policy regarding safe staffing levels and skill mix.</p> <p>Staff contact the registered nurse or facility manager after hours with any concerns. Staff reported that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this. Staffing levels meet the interRAI acuity level report findings. Observations and review of four weeks' rosters confirmed adequate staff cover has been provided, with staff replaced</p>

		<p>in any unplanned absence. At least one staff member on duty has a current first aid certificate. The registered nurse works Monday to Friday as does the facility manager. Dedicated kitchen staff work 7am to 12 midday and then 2pm to 5pm seven days a week. Two staff work dual roles, one as a kitchen hand and the other as a caregiver. They have both job descriptions in their staff files. Dedicated cleaning staff work 9am to 3pm Monday to Friday and 8am to 2pm Saturday and Sunday. The registered nurse and facility manager undertake activities 10am to 11am and 2pm to 4pm Monday to Friday with Saturday and Sunday outings occurring on a regular basis. Refer comments in Standard 1.3.7.</p> <p>Either the registered nurse or the facility manager 'sleepover' to cover seven nights per week to assist the afternoon and night caregiver if required.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. This includes interRAI assessment information entered into the Momentum electronic database. Records were legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely on site and are readily retrievable using a cataloguing system.</p> <p>Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed</p>

		demographic detail, assessments and signed admission agreements in accordance with contractual requirements. Service charges comply with contractual requirements.
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. The registered nurse interviewed stated that the service uses the DHB's 'yellow envelope' system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident and the family. At the time of transition between services, appropriate information is provided for the ongoing management of the resident.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Moderate	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A medication round using a paper-based system was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN checks medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. At the time of audit there were no controlled drugs stored on site. The controlled drug register provided evidence of weekly stock checks which was last completed on the 21 August 2018 with all non-required medications recorded as returned to the pharmacy.</p> <p>The records of temperatures for the medicine fridge were within the recommended range.</p> <p>The previous area for improvement related to documenting indications for use of pro re nata (PRN) medications has been partially addressed but further improvements are required. Discontinuation of medications</p>

		<p>and parameters for some medications does not always occur on the medication charts. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>There were no residents self-administering medications at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</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>PA Moderate</p>	<p>The food service is provided on site by one of two cooks and kitchen assistants and is in line with recognised nutritional guidelines for older people. The menu follows a four-week menu that specifically caters for the Chinese culture and was last reviewed by a qualified dietitian in September of 2018. No corrective actions were required at the time.</p> <p>Not all food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates without an approved food safety plan and registration issued by the Ministry of Primary Industries. Food temperatures, including for high risk items, are not monitored. The required labelling of repackaged foods does not occur, and the cleaning schedule is not signed off as being undertaken daily. The cook interviewed has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. 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>Standard 1.3.2: Declining Referral/Entry To Services</p>	<p>FA</p>	<p>If a referral is received but the prospective resident does not meet the entry criteria or there is currently no vacancy, the local NASC is</p>

Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.		advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and family. The registered nurse interviewed stated that the service has been required to decline a potential resident other than there has been no bed available. There is a clause in the access agreement related to when a resident's placement can be terminated.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	Information is documented using validated nursing assessment tools, such as pain scale, falls risk, skin integrity, nutritional screening and depression scale as, a means to identify any deficits and to inform care planning. The sample of care plans reviewed had an integrated range of resident-related information. All residents have current interRAI assessments completed by the registered nurse who is the trained interRAI assessor for the service. Residents and families confirmed their involvement in the assessment process.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Plans reviewed reflected the support needs of residents and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments were reflected in care plans reviewed. Care plans evidence service integration with progress notes, activities notes, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required was documented and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of care plans.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Documentation, observations and interviews verified the provision of care to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP was unavailable to be interviewed at the time of audit. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of

		care provided and in accordance with the residents' needs.
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The activities programme is overseen by a trained diversional therapist holding the national Certificate in Diversional Therapy. The diversional therapist visits the service once a month and is available by phone when required. The residents are supported by the care staff and management, Monday to Sunday with activities of interest.</p> <p>A social assessment and history is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated as changes occur and as part of the formal six-monthly care plan review.</p> <p>Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. Residents and families are involved in evaluating and improving the programme through residents' meetings, day to day discussions and satisfaction surveys. Residents interviewed confirmed they find the programme very good especially the exercise programme and regular outings into the community.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs change. The previous audit identified an area for improvement to ensure that all evaluations showed evidence of progress towards meeting the residents' desired outcome. The corrective action has been addressed, and records were available to demonstrate this. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples of short-term care plans being consistently reviewed and progress evaluated as clinically indicated were noted for infections, wounds, falls, pain, a pressure injury (stage one – now resolved). When necessary, and for unresolved problems, long term care plans are added to an updated. Residents and families interviewed provided examples of involvement</p>

		in evaluation of progress and any resulting changes.
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a 'house doctor', residents may choose to use another medical practitioner. If the need for other non-urgent services are indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to mental health services for older persons. The resident and the family are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate.</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>	FA	<p>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. An external company is contracted to supply all chemicals and cleaning products. Safe chemical handling training and education is undertaken as part of the in-service education offered. Material safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur.</p> <p>There is provision and availability of protective clothing and equipment as confirmed by staff during interview and observed use was noted during interview.</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 date 08 November 2019) is publicly displayed.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose. The testing and tagging of electrical equipment (15 August 2018) and calibration of bio medical equipment (23 October 2018) was current as confirmed in documentation reviewed, interviews with the facility manager and observation of the environment. The environment was hazard free, residents were safe and independence is promoted.</p> <p>There were issues found during audit related to the poor condition of the upstairs laundry area which has decaying wall board, chipped paint</p>

		<p>on the walls, doors and skirting boards and two upstairs bathroom areas (room 8 and room 6) which have rotting wall board, badly chipped wall paint and exposed wood on the bottom of the doors. All of these items are identified for repair in the maintenance plan for March 2019 which would be after the prospective owner takes over. Remedial work is required to these areas to ensure infection control standards can be maintained.</p> <p>External areas are safely maintained and are appropriate to the resident group and setting. Residents and families interviewed had no concerns related to the internal or external environments.</p> <p>The prospective provider has no immediate plans for environmental changes to the service and understands that the service must comply with all legal requirements should any changes be made in the future. He is aware of the ongoing maintenance requirements. At the closing meeting the current owner was informed of the findings and stated that he would ensure all remedial work was undertaken to meet infection control standards prior to the prospective new owner taking over.</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>	FA	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. This includes two bedrooms with full ensuite facilities. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence. There is one fully refurbished bathroom areas downstairs. Refer comments in criteria 1.4.2.1</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>	FA	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. This was confirmed during staff interviews. There are four bedrooms which are shared rooms, but the facility manager confirmed they are only used for couples. At the time of audit, two double rooms are occupied by married couples and all other bedrooms are single occupancy. Where rooms are shared, approval has been sought. Rooms are personalised with furnishings, photos and other personal items displayed. Residents reported their satisfaction with their bedrooms, and as observed, mobility aids are kept in residents' bedrooms.</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>	FA	<p>Communal areas are available for residents to engage in activities. There are two dining and lounge areas, one upstairs and one downstairs, which cater for all residents' dining, relaxation and activity needs. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and residents' needs.</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>	FA	<p>Laundry is undertaken on site in two dedicated laundry areas. Refer comments related to the upstairs laundry area in criteria 1.4.2.1. There is also one washing machine in the downstairs laundry which belongs to a resident and only used by them. All equipment is maintained by the service. Care staff who undertake laundry as part of their daily duties demonstrated a sound knowledge of the laundry processes, dirty to clean flow and handling of soiled linen. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner.</p> <p>There is a small designated cleaning team who have received appropriate training. The facility looks and smells clean. Chemicals were stored in a lockable cupboards and were in appropriately labelled containers. Staff have undertaken safe chemical handling training.</p> <p>Cleaning and laundry processes are monitored through internal audits, resident satisfaction surveys and observation. Many residents choose to hand wash some of their clothing and are supplied with a portable airing rack which they place on the deck outside their bedroom. Residents reported this level of independence remains important to them.</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>	FA	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in 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 18 November 2010. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 31 May 2018. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p>

		<p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for the 24 residents. Bottled water storage is located in the kitchen area. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed monthly by the facility manager and this is documented. Residents and families reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and there is closed circuit television in common areas and at the front door. This is monitored in the manager's office and/or by cell phone. Residents, families and staff are informed of the CCTV during admission and as part of orientation. Signage identifies that CCTV is in operation.</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 external windows and all bedrooms have ranch slider doors that open onto outside deck areas. Heating is provided by thermostat controlled wall mounted electric heaters in residents' rooms in the communal areas. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature.</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 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 comprehensive and current infection control manual, with input from the gerontology clinical nurse specialist as required. The infection control programme and manual are reviewed annually.</p> <p>The registered nurse 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 facility manager and tabled at the quality committee meeting. This committee includes the registered nurse and facility manager.</p>

		Signage at the main entrance to the facility requests anyone who is, or has been unwell in the past 48 hours, not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities.
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The IPC coordinator has appropriate skills, knowledge and qualifications for the role, and has been in this role for one year. She has undertaken relevant study days, as verified in training records sighted. Additional support and information is accessed from the infection control team at the DHB, the community laboratory, the GP and public health unit, as required. The coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The IPC coordinator confirmed the availability of resources to support the programme and any outbreak of an infection.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection prevention and control policies reflected the requirements of the infection prevention and control standard and current accepted good practice. Policies were last reviewed in May 2018 and included appropriate referencing.</p> <p>Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>Interviews, observation and documentation verified staff have received education in infection prevention and control at orientation and ongoing education sessions. Education is provided by the gerontology clinical nurse specialist and the IPC coordinator. Content of the training is documented and evaluated to ensure it is relevant, current and understood. A record of attendance is maintained.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in</p>

		their room if they are unwell, and increasing fluids during hot weather.
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Surveillance is appropriate to that recommended for long term care facilities and includes urinary tract infection, respiratory tract infection, skin, wound, eye, gastroenteritis and other infections. The IPC coordinator/registered nurse reviews all reported infections, and these are documented. New infections and any required management plan are discussed at handover, to ensure early intervention occurs and short-term care plans are developed.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers.</p> <p>The facility has had a total of 15 infections since April 2018 through to and including September 2018. One resident has been identified with three of those 15 infections due to co-morbidities. The residents' file reviewed highlighted short term and long-term care planning to reduce and minimise the risk of infection. It was noted at the time of audit that over reporting of infections is occurring. Two residents had been commenced on antibiotics while still admitted in an acute hospital setting. One of the two residents was also retreated with antibiotics for the same infection. Care staff interviewed demonstrated knowledge of residents who have a higher risk of infections and the interventions required. Data is benchmarked externally three-monthly. Benchmarking has provided assurance that infection rates in the facility are below average for the sector.</p> <p>There have been no infection outbreaks in the last 12 months.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Policies and procedures identify that the facility is restraint free with the exception of a coded number gate on the external car park entrance. All residents and family members confirmed they can come and go as they wish and that they have no problems with opening the gate. This is in place owing to members of the public using the facility car park if it is kept open. All policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers should they be implemented. The restraint coordinator (RN) provides support and</p>

		<p>oversight for enablers and restraint management in the facility as required. The restraint coordinator demonstrated a sound understanding of the organisation's policies, procedures and practice and her role and responsibilities.</p> <p>On the day of audit, no residents were using restraints or enablers. Enablers are described in policy as the least restrictive and used voluntarily at their request. Restraint would only be used as a last resort when all alternatives have been explored. The restraint coordinator understood the required approval and review process. Staff education related to restraint is undertaken annually as identified in the staff education sighted.</p> <p>The prospective owner will endeavour to keep the facility restraint free and they understand their responsibilities around restraint minimisation and safe practice.</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)
Criterion 1.3.12.6 Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.	PA Moderate	The registered nurse knew the residents well and when interviewed could recall the proper procedures required when administering and supporting residents with medication. Four of ten medication charts identified that pro re nata (PRN) medication prescribed in 2018 had indications for use documented by the GP but PRN medications prior to this date and as far back as 2014 did not have indications for use. The medication chart review was extended to include a further seven files with the same outcome for two of those seven medication charts. Four of the 17 medications charts reviewed did not have short course medications dated and signed off as completed by the GP. The Warfarin dosage monitoring chart for one resident does not identify the	While some improvements have been made, pro re nata (PRN) medication do not all have a documented indication for use. Not all short course medication has been signed off by the GP as complete. Charted warfarin does not have any parameter indications for safe use.	Provide evidence that all medication legislative and safe guidelines are maintained. 30 days

		therapeutic level for the international normalized ratio for blood clotting time (INR).		
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	<p>PA Moderate</p>	<p>The cook interviewed has completed relevant food safety training. The service has not developed nor, does it operate with an approved food safety plan and is not registered with the Ministry of Primary Industries. Food temperatures are not recorded at any stage of procurement, production or preparation of food. The cook interviewed stated that meat in two freezers that were observed at the time of audit had been repackaged into smaller portions and dated when frozen but had not been relabelled with the name of the meat.</p> <p>The kitchen at the time of audit appeared clean. The cook interviewed stated that the kitchen is cleaned daily and showed evidence of a cleaning schedule. The facility manager interviewed stated that he views the kitchen at the end of each day for cleanliness but does not document that this occurs.</p>	<p>The service operates without an approved food safety plan and registration has not registered with Ministry of Primary Industries.</p> <p>The are no food temperature recordings.</p> <p>Food repackaged and frozen is dated but not labelled to show the content of the package.</p> <p>There is no documented evidence that the kitchen cleaning schedule is being undertaken daily.</p>	<p>A Food Control Plan is registered with the required authority to meet current legislative requirements.</p> <p>Provide evidence that all food is clearly labelled and dated and that food temperatures are monitored and recorded.</p> <p>Provide evidence that the cleaning schedule is signed off as being undertaken daily.</p> <p>7 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	<p>PA Low</p>	<p>The service has a current building warrant of fitness. All monthly processes are documented to inform the requirements of legislation. Electrical safety and bio-medical equipment checks were current. The upstairs laundry room, which is also used to store chemicals and cleaning equipment, and two upstairs bathrooms</p>	<p>The upstairs laundry wall under the window has decayed and the wallboard has disintegrated, the cupboard doors and skirting boards are chipped and the wall under the chemical cupboard has exposed wallboard where the paint has come off. Two of the upstairs bathrooms (room 8 and room 6) have chipped paint</p>	<p>Provide evidence that maintenance has occurred to ensure all infection control cleaning standards can be met.</p>

		are in a poor state of repair. This has been identified by the current owner/operator and remedial maintenance is planned for March 2019. As the areas do not meet good infection control standards this work needs to be carried out sooner to ensure compliance with standards can be maintained.	down to the naked wood and areas of skirting boards which have rotted. The inside lower edge of both bathroom doors are very badly damaged with the wood exposed and decaying. It is not possible to clean these areas in a manner that would guarantee that infection control standards could be met.	90 days
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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.