

# Summerset Care Limited - Summerset Monterey Park

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## Introduction

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

The audit has been conducted by Health and Disability Auditing New Zealand 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:** Summerset Care Limited

**Premises audited:** Summerset at Monterey Park

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

**Dates of audit:** Start date: 27 November 2018 End date: 21 December 2018

**Proposed changes to current services (if any):** A partial provisional audit was carried out on a new build of 23 serviced apartments. The preparedness of the provider to deliver rest home level of care in the serviced apartments was assessed across two dates. The intended opening date is 7 January 2019.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 36

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# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

Summerset Monterey Park provides rest home and hospital (geriatric and medical) level care for up to 81 residents including rest home level care across 29 serviced apartments. On the day of the audit there were 36 residents in the care centre and no rest home residents in the 29 serviced apartments. Summerset Monterey Park care centre has been operating for 10 months.

This partial provisional audit included verifying a new building of 23 serviced apartments which are attached to the current care facility. The serviced apartments were verified as suitable for providing rest home level care. This increases bed numbers up to 104 beds.

This partial provisional audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included a tour of the new serviced apartment block, review of documentation, medication management and food service and interviews with the management team. The audit was completed across two separate dates due to the building not being far enough on the first day of audit.

The village manager is appropriately qualified and experienced and is supported by an experienced care centre manager who oversees the care centre. The residents, relatives and general practitioner interviewed spoke positively about the care and services provided.

There are improvements required around completing the Code of Compliance, landscaping, and fire evacuation approval.

## Consumer rights

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| 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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## Organisational management

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| 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. |
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Organisational performance is monitored through several processes to ensure it aligns with the identified values, scope and strategic direction. The business plan is tailored to reflect the goals related to Summerset Monterey Park. There are policies and procedures to provide appropriate support and care to residents with hospital and rest home level needs.

An orientation programme is in place and there is ongoing training provided as per the training plan developed for 2018. Rosters and interviews indicate sufficient staff that are appropriately skilled, with flexibility of staffing around clients' needs. A roster

provides sufficient and appropriate coverage for the effective delivery of care and support including planned staffing for the serviced apartments to be certified at this audit.

## Continuum of service delivery

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| 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. |  | Standards applicable to this service fully attained. |
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There are medicine management policies in place that meets legislative requirements. Staff responsible for the administration of medications complete annual medication competencies and education. The general practitioner reviews the medication charts three monthly.

The food service is contracted to an external company. Resident's individual dietary needs were identified and accommodated. Staff have attended food safety and hygiene training. There is a current food control plan in place. Meals will be served from the main kitchen in hot boxes to the serviced apartment dining rooms.

## Safe and appropriate environment

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| 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 service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff. There are handrails in ensuites. There is a lift

between the floors that are large enough for mobility equipment and staff. The organisation has purchased all new equipment, and furniture.

The facility includes a call bell system that encourages independence and enables residents to call for assistance. The building is completed.

All resident rooms have ensembles and there are adequate numbers of toilets, which are easily accessible from communal areas. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

Resident rooms are of sufficient space to ensure care and support to all residents and for the safe use of mobility aids. Communal areas are well designed and spacious and allow for a number of activities.

There are policies and procedures in place for laundry and cleaning services. There is a laundry in the serviced apartment area for residents to access. The facility has a secure area for the storage of cleaning and laundry chemicals.

There are emergency and disaster policies and procedures. Equipment for fire and emergencies is in place and operational.

General living areas and resident rooms are appropriately heated and ventilated. Residents rooms are air conditioned and offer windows or balconies for air flow. Common areas are air conditioned.

## Restraint minimisation and safe practice

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| 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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## Infection prevention and control

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| 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 control programme is appropriate for the size and complexity of the service. The infection control coordinator (care centre manager) is responsible for coordinating and providing education and training for staff.

## 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                           | 14                  | 0  | 2                                    | 0  | 0                                      | 0  |
| Criteria          | 0                           | 34                  | 0  | 3                                    | 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  |
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| Standard 1.2.1: Governance<br>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA                | <p>A staged building project has been underway, which includes retirement villas, apartments, and a care centre.</p> <p>The ground floor referred to as the first floor includes the service areas and 29 serviced care apartments, which are already certified to provide rest home level of care. These serviced apartments are occupied by independent residents, none of whom require rest home level of care. There are a further 23 serviced apartments located on level one that are to be certified as part of this partial provisional audit.</p> <p>On level two, there are 52 dual-purpose beds with this identified as the care centre. Summerset at Monterey Park care centre opened on 20 March 2018. On the day of the audit there were 36 residents in total with 15 residents at rest home level and 19 residents requiring hospital level of care. Level three is independent living apartments.</p> <p>The total number of potential beds certified (care centre and serviced apartments) currently total 81 with a further 23 serviced apartments to be certified because of this audit (total beds if these are certified to be 104 including 52 dual-purpose beds and a further 52 rest home level beds identified in serviced apartments).</p> <p>Summerset group has a well-established organisational structure. Each of the</p> |



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|  |    | <p>Summerset facilities throughout New Zealand is supported by this structure. The Summerset group has a comprehensive suite of policies and procedures, which guides staff in the provision of care and services. The Summerset Group Limited Board of Directors have overall financial and governance responsibility and there is a company strategic business plan in place. Summerset at Monterey Park has a site-specific 2018 business plan and goals that is developed in consultation with the village manager, care centre manager and regional quality manager. There is a full evaluation completed at the end of the year with a quarterly review of progress documented against goals. The philosophy, vision and values of the organisation are documented and able to be articulated by staff when interviewed.</p> <p>The service has a village manager who has been in the role for the last 18 months and was involved in the opening of the village. The village manager has a background in human resources and aged care management. She is supported by an experienced care centre manager (RN) who has been in the role for a year and who has been involved in the aged care industry for ten years. The village manager and care centre manager are supported by a regional quality manager who was on-site to provide support on the days of audit.</p> <p>The village manager and care centre manager have attended at least eight hours of leadership professional development relevant to the role.</p> <p>A transition plan is in place to coordinate the opening of the serviced apartments to be certified as part of the partial provisional audit completed on-site. This includes all aspects of service delivery, property management, staffing, resourcing and equipment.</p> <p>There are no intended changes in governance for the planned certification of the 23 serviced apartments.</p> |
| <p><b>Standard 1.2.2: Service Management</b></p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p> | FA | <p>The village manager is responsible for the administrative functions of the facility and the care centre manager is responsible clinically for the service. The care centre manager will provide clinical leadership and oversight for the clinical nurse lead who has yet to be appointed. The regional operations manager (to be appointed) and the regional quality manager will provide oversight and leadership should the village manager or care centre manager be on leave.</p> <p>There are no intended changes in management or leadership for the planned certification of the 23 serviced apartments.</p>  |

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| <p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p> | FA | <p>There are human resources policies to support recruitment practices. Six staff files (one care centre manager, two registered nurses and three caregivers [one of whom is also working as a recreational therapist]) were reviewed and all had relevant documentation relating to employment. The sample size was increased by three to review completion of orientation only.</p> <p>Performance appraisals have been completed annually. Copies of annual practising certificates are held by the care centre manager and all registered nurses and the care centre manager records confirmed that these were current.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and believed new staff were orientated well to the service. The orientation programme includes a buddy system with the new staff member working alongside an experienced care staff member for five days. Care staff complete competencies as part of orientation relevant to their role.</p> <p>There is an annual education plan that is outlined on the 'Clinical audit, training and compliance calendar'. The 2018 education plan is being implemented. A competency programme is in place with different requirements according to work type (e.g., caregivers, RNs and kitchen). Core competencies are completed, and a record of completion is maintained. Staff interviewed were aware of the requirement to complete competency training and commented that the current education programme was informative and interesting. The service has all RNs (including the care centre manager) trained in interRAI. Staff interviewed stated that the training meets their needs.</p> <p>Staff allocated to provide support for any residents in the serviced apartments are already rostered onto other parts of the service and have completed training as per the training calendar. This will include any staff rostered onto the proposed new serviced apartments for certification.</p> |
| <p><b>Standard 1.2.8: Service Provider Availability</b></p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>       | FA | <p>Staffing levels and skills mix policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. There are clear guidelines for increase in staffing depending on acuity of residents. A staff availability list ensures that staff sickness and vacant shifts are covered, and a review of rosters</p>   |

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|   |    | <p>for the past three months confirmed that staff are replaced when on leave.</p> <p>Interviews with residents and relatives confirmed that staffing levels are sufficient to meet the needs of residents. The village manager and care centre manager both work 40 hours per week from Monday to Friday and are available on call for any emergency issues or clinical support. The service provides 24-hour RN cover.</p> <p>It is expected there will be an additional caregiver rostered for each shift if the 23 serviced apartments are certified. The roster reviewed includes allocation of a staff member to each shift for these serviced apartments once opened.</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>        | FA | <p>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care 2011. The RNs are responsible for the administration of medications and have completed medication competencies. Caregivers complete medication competencies for the checking and witnessing of medications as required.</p> <p>The medication room is a locked room beside the nurses' station. Cabinetry and controlled drug safe have been installed.</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> | FA | <p>The service has a contracted company for the provision of all meals on-site. The head chef (interviewed) is supported by a sous chef and kitchenhands. All food service staff have completed food safety and hygiene. The service has a food control plan that expires 19 February 2019. The four-weekly menu has been developed to reflect resident preferences and reviewed by a dietitian. The main meal is in the evening. The chef receives a dietary profile for each resident and is notified of any changes including weight loss and provides smoothies and high calorie foods. The menu provides for pureed/modified texture diets and vegetarian. Resident dislikes and food allergies are accommodated. The care centre has a fully functioning kitchen used for baking activities and family functions.</p> <p>The fridge, freezer and chiller temperatures are taken and recorded twice daily. End-cooked food temperatures, serving and reheating temperatures are taken and recorded. All foods are stored correctly, and date labelled. Cleaning schedules are maintained. Staff were observed wearing correct personal protective clothing.</p> |

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|  |        | <p>The chemical provider completes a functional test on the dishwasher monthly. Residents can feedback on meals through direct feedback and resident meetings. Residents and relatives commented positively on the food services and meals.</p> <p>There is a communal dining area with kitchenette in the serviced apartments. Main meals will be prepared and cooked in the main kitchen and delivered in hot boxes by kitchen staff. Equipment for transfer of meals has been purchased.</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>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets were readily accessible for staff. Chemicals are stored safely throughout the facility. All chemical bottles had correct manufacturer labels. The service uses a mixing system for refilling chemical bottles. The chemical supplier monitors the use and effectiveness of chemicals. Personal protective clothing was available for staff and seen to be worn by staff when carrying out their duties on the day of audit. Relevant staff have completed chemical safety training.</p> <p>There is a service room that can accommodate locked storage for chemicals, sanitiser and cleaners trolley. There is also a centralised service room in the care centre which has a designated sink for cleaning equipment. A sluice room on the same floor as the serviced apartments is set up with a sluice installed.</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 is three levels with 29 serviced apartments on the first (ground) floor, care centre on the second level and independent apartments on the third level. The building has a certificate for public use which expires 5 December 2018. The construction manager has applied for an extension until construction of the new building of serviced apartments has been completed.</p> <p>A full-time property manager has been in the role since the opening of the building and oversees the maintenance for the care centre and serviced apartments. There are two property assistants and a contracted gardening service. There is a reporting system for maintenance requests and repairs, which is entered into the on-line system for approval and sign off when completed. The building is still under warranty. There are essential contractors available 24 hours. Monthly work orders are generated that covers planned maintenance such as resident equipment checks (wheelchairs, beds, call bells), test and tagging of electrical equipment, laundry and kitchen servicing. Hot water temperatures in resident</p> |

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|   |    | <p>areas are checked monthly.</p> <p>The new building is three levels with 23 serviced apartments on the first (ground level), and independent apartments on the second and third level. The internal building has been completed. The building has an operational lift (with a certificate of compliance – sighted); electrical fittings completed with sign off of these sighted; purchase and installation of equipment and furnishings/furniture in communal areas completed; nurses station completed. The corridor link to the main building is now open with a closed door and signage to prevent people wandering through at this point.</p> <p>The landscaping has not been completed with the finishing date scheduled for the 25 January 2019.</p> <p>Hot water temperatures are still to be checked.</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>All serviced apartments have full ensembles and are complete. Furniture will be put in as rooms are purchased. There is a show room on the second floor that is a mirror image of the serviced apartments to be certified.</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>All the 23 serviced apartments are one bedroom, with room to manoeuvre around the bed with a mobility aid as seen in the showroom. Residents provide their own furnishings.</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>There is a spacious communal open plan dining and lounge/activity area in a central area of the serviced apartments that is easily accessible for all residents. The serviced apartments have an open plan lounge/dining area with a kitchenette (stove top elements, microwave and fridge). The dining room kitchenette is completed and ready to be operationalised. This will be used for rest home residents. Furnishings and furniture are in place. There is a communal gymnasium and swimming pool in the building and this is locked for resident safety.</p>   |

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| <p><b>Standard 1.4.6: Cleaning And Laundry Services</b></p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p> | <p>FA</p>     | <p>There are adequate policies and procedures that provide guidelines regarding the safe and efficient use of laundry services. The laundry is located in the basement area. All linen and personal clothing is laundered on-site during the night by a dedicated laundry person who carries a pager and is available to staff as required. There is a defined clean/dirty area with an entry and exit door. The laundry facility is well equipped, and all machinery has been serviced regularly. Dirty laundry is delivered in laundry bags via a chute in the care centre sluice room.</p> <p>There are dedicated cleaning staff on duty daily that commence from 5.30 pm to 12.30 am. Care staff complete linen changes and room tidies. Cleaning trolleys sighted were well equipped and are kept in designated locked cupboards when not in use. There are safety datasheets and product sheets available. All chemicals are dispensed through an auto dispenser. Internal audits monitor the effectiveness of laundry and cleaning processes. The chemical provider monitors the laundry and cleaning processes for effectiveness. Cleaning and laundry staff have completed chemical safety training.</p> <p>There is a communal laundry room for serviced apartment residents. Laundry for rest home level care residents will be transported in covered linen skips to the main laundry. The laundry is completed and has the equipment installed.</p> |
| <p><b>Standard 1.4.7: Essential, Emergency, And Security Systems</b></p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>                                    | <p>PA Low</p> | <p>Emergency and disaster policies and procedures, a pandemic plan and a civil defence plan are documented for the service. The education and training programme includes fire and security training, which begins during new staff orientation. Staff interviewed confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit in the care centre and serviced apartments already certified. Fire equipment has been checked within required timeframes.</p> <p>There are adequate supplies readily available in the event of a civil defence emergency including food, water and blankets. Two gas barbeques are available. There is an emergency generator on site and this includes emergency lighting for the care centre and all apartments including those requiring certification. Emergency lighting was tested on the day of audit and is operational.</p> <p>Currently there is enough stored water on site for the care centre residents and those in certified serviced apartments. There are supplies of clinical equipment,</p>   |

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|  |    | <p>medication and other resources to support all residents in the care centre and those in certified serviced apartments for at least three days in the event of an emergency.</p> <p>A call-bell system is in place. There is a minimum of one staff available 24-hours a day, seven days a week with a current first aid/CPR certificate.</p> <p>The caregiver allocated to the 23 serviced apartments yet to be opened will be an existing staff member who has completed the health and safety and other competencies, and they are first aid trained. The designated staff member is already working to support residents in serviced apartments and when interviewed has a sound knowledge of emergency procedures. They also stated that they know how to access support and the registered nurse if needed.</p> <p>Serviced apartments (23) for the partial provisional audit:</p> <p>The serviced apartments are completed. These include the following: Fire detection equipment is fully installed and operationalised; and supplies are in place in the event of an emergency. There is a policy around management of security. Doors are locked at 8.00 pm in the care centre and for the main door for the certified serviced apartments. Security arrangements are in place with buildings able to be locked after hours for the serviced apartments ready to be certified and gates able to be locked after hours. Internal doors requiring locks have these installed (e.g., locks on medication and treatment room, chemical cupboards, sluice room, communications room, and pin pad access to the nurses' station). Call bells are operational.</p> <p>The current evacuation scheme is required to be reviewed to include the new serviced apartment block.</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 bedrooms have wall panels in the bedroom and heat pump/air conditioner and wall heater in the lounge/dining room. There are bathroom heaters. All lounge doors open out to the courtyards. There is ceiling heating in the communal areas. Bedrooms and the communal areas are completed.</p>   |
| <p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the</p>   | FA | <p>The infection control programme is appropriate for the size and complexity of the service. There is an infection control responsibility policy that includes responsibilities for the infection control coordinator and infection control team</p>  |

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| <p>risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>  |           | <p>members. The infection control coordinator (care centre manager) has been in the role since the service opened 10 months ago.</p> <p>The infection control programme is linked into the quality management system and has been reviewed November 2018 in consultation with the RNs. The quality and staff meetings include a discussion of infection control matters.</p> <p>Visitors are asked not to visit if they are unwell. Influenza vaccines are offered to residents and staff. Hand sanitisers are available throughout the facility.</p> <p>The infection control programme and infection control management will continue to be overseen by the infection control coordinator. Infection control resources such as hand sanitisers and outbreak kit are in place.</p>   |
| <p><b>Standard 3.5: Surveillance</b></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> | <p>FA</p> | <p>The infection control policy includes a surveillance policy including a surveillance procedure, process for detection of infection, infections under surveillance, outbreaks and quality and risk management. Infection events are collected monthly and entered into the electronic system. The infection control coordinator (care centre manager) provides infection control data, trends and relevant information to the quality and full staff meetings. Infection control data, trends and analysis are reviewed by management, and data is forwarded to head office for benchmarking. Areas for improvement are identified and corrective actions developed and followed-up. The infection control board in the staff office displays meeting minutes, statistics and graphs. A recent rise in urinary tract infections was identified, and analysis identified hot water temperatures were low in one wing of the facility. This was reported to the property manager and the tempering valves replaced and issue resolved. Infection control audits are completed, and corrective actions signed off. Surveillance results are used to identify infection control activities and education needs within the facility. There have been no outbreaks.</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)   |
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| Criterion 1.4.2.1<br>All buildings, plant, and equipment comply with legislation.                          | PA Low            | The new building is three levels with 23 serviced apartments on the first (ground level), and independent apartments on the second and third level. The 23 serviced apartments have been assessed (on completion of the building) as suitable for rest home level of care. | (i)All hot water temperatures in resident areas are required to be checked for compliance.<br>(ii)The Code of Compliance is not yet completed for the new serviced apartment block. | (i) Hot water temperatures are to be for compliance checked.<br>(ii) Ensure the Code of Compliance is completed and provided to the DHB<br><br>Prior to occupancy days |
| Criterion 1.4.2.6<br>Consumers are provided with safe and accessible external areas that meet their needs. | PA Low            | The building is still a construction site with external areas yet to be landscaped.  | The external landscaping has not been completed.  | Ensure the landscaping is completed.<br><br>Prior to occupancy days  |

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| <p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p> | <p>PA Low</p> | <p>The 23 serviced apartments have smoke detectors in each room and a sprinkler system in place. The sprinkler system is operational. There are manual fire activation call points already installed and these are operational, and a fire alert panel is installed in the nurses' station. This is connected to the main panel at reception and this will be confirmed by the New Zealand Fire Service as part of the approval of the evacuation scheme.</p> | <p>The updated evacuation scheme has not been approved for the extra serviced apartment block.</p> | <p>Provide evidence that an evacuation scheme has been approved for the 23 serviced apartments.</p> <p>Prior to occupancy days</p> |
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## Specific results for criterion where a continuous improvement has been recorded

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As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

|                    |
|--------------------|
| No data to display |
|--------------------|

End of the report.