

# Bethsaida Trust Board Incorporated - Bethsaida Retirement Village

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Bethsaida Trust Board Incorporated

**Premises audited:** Bethsaida Retirement Village

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

**Dates of audit:** Start date: 18 February 2019      End date: 18 February 2019

**Proposed changes to current services (if any):** A second phase of a staged renovation has been completed. Also, residents' rooms previously completed in 2018 required review.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 40

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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

Bethsaida Retirement Village currently provides rest home and hospital level care for up to 41 residents. The service is operated by the Bethsaida Charitable Trust and managed by a facility manager and a clinical nurse leader. Residents spoke positively about the environment and the high level of care provided.

This partial provisional audit was required following notification of a reconfiguration that involved a newly constructed wing for rest home or hospital level care residents and the completion of additional residents' rooms in another wing, some for which occupation had already been authorised. The 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 relevant policies and procedures and other key documents, review of staff files, observations and interviews with residents, management and staff.

There are no outstanding areas for improvement required prior to occupancy of the newly developed areas. The service provider demonstrated it is fully prepared to deliver rest home, or hospital, level care for residents in up to 57 rooms.

## **Consumer rights**

Not applicable to this audit.

## **Organisational management**

Bethsaida Charitable Trust is the governing body of the Bethsaida Retirement Village and is responsible for the services provided at this facility. A 2017 – 2022 business plan includes the scope, mission statement and values of the organisation as well as short and long term objectives and associated action plans. Systems are in place for monitoring the services provided, including monthly reporting by the facility manager to the Board of Trustees. A quality and risk management plan is available.

The facility is managed by an experienced and suitably qualified manager, who is also a registered nurse. In the absence of the facility manager, the clinical nurse leader relieves under delegated authority.

The human resources management policy, based on current good practice, guides the recruitment and appointment of staff. Comprehensive orientation and staff training programmes enable staff to undertake their roles competently. A systematic approach to identify, plan facilitate and record ongoing training supports safe service delivery. Annual performance appraisals were current for all staff.

Staffing levels and skill mix meet contractual requirements and the changing needs of residents. There is an on-call roster of senior staff for out of hours, most of which are covered by the two managers.

## **Continuum of service delivery**

Medicines are managed according to policies and procedures based on current good practice. An electronic system for medicine management is being consistently implemented. Medicines are administered by registered nurses and senior care staff, all of whom have been assessed as competent for the responsibilities allocated to them.

The food service meets the nutritional needs of the residents with personal preferences and special needs catered for. A food safety plan and policies guide food service delivery and these are supported by staff with safe food handling qualifications. The kitchen was well organised and clean.

There were no corrective actions in this section of the standard from the previous audit that required review during this partial provisional audit.

## **Safe and appropriate environment**

All building and plant comply with legislation and a current building warrant of fitness was displayed. A Certificate of Public Use is in place for the areas that have recently been completed and are awaiting a Code Compliance Certificate. Equipment, electrical safety and hot water temperature checks are undertaken and an ongoing maintenance programme is being implemented.

The facility has been purpose built and the new areas have followed along similar lines of construction. Significant refurbishment has been undertaken since the last audit. Residents' rooms are of a generous size and all have ensuite bathrooms. Communal lounges and dining areas are spacious. Additional small sitting areas and private areas are available if wanted.

Implemented policies guide the management of waste and hazardous substances. Protective equipment and clothing is provided and used by staff. Chemicals, soiled linen and equipment are safely managed. Internal audit processes are used to evaluate the effectiveness of laundry and cleaning processes. All laundry is undertaken onsite in a large new laundry.

Emergency procedures are documented and displayed. Regular fire drills are completed and there is a sprinkler system and call points installed in case of fire. The fire evacuation plan covers the newly constructed areas and has been approved by the fire

service. There is access to emergency supplies and an emergency power source is available. A suitable call bell system is installed and appropriate security checks are signed off each evening.

The facility has suitable heating, cooling and ventilation systems in place. Natural light filters through all areas of the facility. Shaded external areas with seating are available.

## **Restraint minimisation and safe practice**

Not applicable to this audit.

## **Infection prevention and control**

The infection prevention and control programme is detailed within the infection prevention and control policy and procedure manual. This is reviewed annually. An experienced and appropriately trained infection control nurse implements the programme, which is aimed at preventing and managing infections. There is access to specialist infection prevention and control advice, as needed, and systems in place ensure infection related data is reported through the quality and risk management system. Staff training on the topic includes preventing the spread of infection. Visitors are discouraged from going to the facility if they have been unwell.

## 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	15	0	0	0	0	0
Criteria	0	35	0	0	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
Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>Bethsaida Retirement Village is owned and operated by the Bethsaida Charitable Trust. The business plan 2017 – 2022 was viewed. This describes the vision, mission and core values of the service. Key words within these are about empathy, high quality care, professionalism, safety and security and knowledge and skills. A Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis had been updated and there were business objectives and goals. The plan included market opportunities, financial planning and ways of measuring success. It is reviewed annually. A separate quality plan that describes implementation of the service provider's quality and risk management system is available and was sighted. This includes internal audit and service delivery monitoring systems.</p> <p>The manager attends the board meetings monthly and provides a report against the objectives. Three recent board reports reviewed showed adequate information to monitor performance is reported including occupancy, staffing, spending, health and safety, emerging risks and issues such as infection control and adverse events.</p> <p>The service is managed by a facility manager (manager) who is a registered nurse with a current practising certificate and was one of the random five percent of nurses to be audited by Nursing Council in 2018. She has been in the role almost six years, was previously a clinical nurse manager in another facility and</p>

		<p>undertakes a range of professional development opportunities including seminars, in-service education, local DHB training sessions and recently commenced the e-learning Retirement Village Association packages. The manager confirmed knowledge of the sector, regulatory and reporting requirements and of the Code of Health and Disability Services Consumers' Rights. She is supported by the Board of the charitable trust, the clinical nurse leader and the wider staff team. Open relationships were evident.</p> <p>In addition to the retirement village villas, the service holds contracts with the local district health board to provide rest home and hospital services under the Aged Related Residential Care Agreement. No residents receive services under any other contract. At the time of audit, there were sixteen residents receiving hospital level care and 24 residents receiving rest home level care, one of whom was there for respite. On the day of audit, 40 of the current 41 beds were occupied with the empty bed scheduled to be occupied on 4 March 2019. The manager informed there is a significant waiting list and that they operate at full occupancy for most of the time. All rooms/beds may accommodate residents requiring either rest home or hospital level care.</p> <p>This partial provisional audit specifically includes 22 residents' rooms that have never been reviewed as part of an audit, six of which the organisation was authorised to use without the need for a partial provisional audit (Holmdale Wing, Rooms 64 – 69), and 16 of which are not yet occupied and their occupancy is contingent upon the outcome of this audit (10 in the new Youell Wing, Rooms 30 – 34 and 40 – 44) and six in the Holmdale Wing (Rooms 70 – 75).</p> <p>The manager advised during interview that there were no legislative compliance issues that could affect the service and confirmed that the relevant funder has been notified of the changes. Also noted was that the quality consultant, who is currently contracted to assist the provider to maintain the quality and risk management system, will continue to be used.</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>All reports and documents reviewed and information provided suggested that the day-to-day operation of the service is managed in an efficient and effective manner which is enabling timely, appropriate, and safe services for consumers. In the absence of the manager, the clinical nurse leader relieves under delegated authority. The clinical nurse leader has undertaken this role on many occasions and has had previous leadership roles within aged care. Not only does she participate in</p>

		<p>all organised in-service sessions but maintains the professional development requirements of her annual practising certificate by attending external courses at the local DHB and other health profession based organisations including the hospice. Additional support is available from other registered nurses who work at Bethsaida and there are good relationships with the local assessment, treatment and rehabilitation services and the hospice. Board members would be accessible if required.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>A record of annual practising certificates for health professionals who regularly support residents at Bethsaida is maintained and showed that all were current on the day of audit.</p> <p>Policies and procedures, in line with good employment practice and relevant legislation, guide human resources management processes. Position descriptions reviewed were current and defined the key tasks and accountabilities for the various roles. The recruitment process includes a formal application, a personal interview, referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records were reviewed and confirmed the organisation's policies are being consistently implemented and records are systematically maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. The orientation process includes support from a 'buddy' through their initial orientation period. Staff records reviewed show documentation of completed orientation checklists and completed key competencies. The manager reviews the performance of new staff around the three-month period.</p> <p>The clinical nurse leader is responsible for organising the training programme for staff and ensuring training requirements are met. Continuing education is planned on an annual basis. Mandatory training requirements are defined according to a list from the quality consultant and topics are scheduled to occur over the course of two years. Healthcare assistants have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Education records reviewed demonstrated completion of the required training. An annual performance appraisal process is in place with the manager covering non-clinical staff and the clinical nurse leader covering clinical staff. Appraisals were current for all staff according to a spreadsheet and staff files reviewed. There are a sufficient number of trained and</p>

		competent registered nurses who are maintaining their annual competency requirements to be able to undertake interRAI assessments.
<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 rationale for determining staffing levels and skill mixes in order to provide safe service delivery. Staff numbers are influenced by the level of acuity, staff skill mix and the layout of the building. The manager described how staffing allocations are also dependent on qualifications, the level of experience, and the speed with which staff undertake tasks. As they mostly have full occupancy, the number of residents does not influence decisions.</p> <p>A strategic rostering process that commences with planned staff leave one year ahead is in place. Rosters that covered the last two weeks of December and the first two weeks of 2019 were reviewed. All examples of unplanned staff absences had been covered by a relief person either from the service provider's casual pool, or a staff person agreeing to an additional shift. Rosters showed who has first aid and who is being buddied.</p> <p>There is registered nurse cover for 24 hours over seven days a week. Currently, eight of the ten registered nurses are competent with interRAI assessment, with one other in training and the other has not managed to meet the requirements. All registered nurses and senior healthcare assistants are required to undertake cardio-pulmonary resuscitation training/basic first aid and be competent in medicine management. Records sighted confirmed their certificates and competencies are current. The duty registered nurse is responsible for allocating healthcare assistants to their roles on each shift and for replacing staff if they call in as unavailable for a shift. An afterhours on call roster system is in place, with most calls covered by the manager or the clinical nurse leader. Residents and staff reported adequate staff numbers on each shift.</p> <p>An increase in resident numbers is not expected to influence staffing levels. The manager and the clinical nurse leader informed there is already sufficient staff to cover additional resident numbers and that due to early planning there are some part time staff wanting additional shifts. Although three people are waiting on the new rooms, there are no plans to fill the beds all at once as they want residents to settle in gradually.</p>

<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. Medicines are stored safely in locked trolleys in a locked medicine room off the nurses' station.</p> <p>A safe system for medicine management, using an electronic 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. Records sighted confirmed that all staff who administer medicines are competent to perform the function(s) they manage. The same medicine management system as is currently in use will be maintained for the residents who occupy the additional beds.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked against the prescription by the pharmacy person who brings them in and a registered nurse, or the clinical nurse leader. All medications sighted were within current use by dates.</p> <p>Controlled drugs are stored securely in accordance with requirements. These are checked for accuracy every Sunday by two staff, one of whom is a registered nurse. The controlled drug register provided evidence of weekly checks and of pharmacy input when new supplies are taken to the facility.</p> <p>The records of temperatures for both medicine fridges were within the recommended range.</p> <p>An internal audit report of 10 files taken from the electronic system 18 January 2019 showed 100% achievement in all areas that included medication having been appropriately prescribed, resident profile details correct, pro re nata medicines had an indication for use, administration records were correct, the outcomes of pro re nata medicines recorded and the medicines had been prescribed within the required timeframes. The required three-monthly GP review was consistently recorded.</p> <p>There were no residents self-administering their medications at the time of audit and the clinical nurse leader noted this is their preference. Appropriate processes are described within policy documentation should this occur.</p> <p>Medication errors are reported to the manager or the clinical nurse leader and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any</p>
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		medication errors, and compliance with this process was verified.
<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The food service is provided on site by two experienced cooks and a team of kitchen hands. The menu follows summer and winter patterns, rotates over four weekly intervals and is in line with recognised nutritional guidelines for older people. It was reviewed and approved by a qualified dietitian 21 June 2017 and a revisit from the dietitian is scheduled for 21 February 2019, the week after the audit.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the local council. The expiry date is 23 March 2019; however a date for the follow-up audit prior to its expiry has been agreed. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. Storage systems are ensuring food safety with daily monitoring of fridges, chillers and freezers, labelling of dry goods and not keeping leftovers beyond 24 hours for example. Kitchen staff have undertaken safe 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>The manager informed that there have been no formal complaints about the food and that she personally discusses meals at residents' meetings and seeks feedback on them. There are no plans to make any changes when the additional beds are occupied and the new residents will receive the same assessments and meals as the remainder of the facility.</p> <p>Three residents interviewed all commented on the meals being 'excellent'. Residents were observed to be given enough time to eat their meal in their own time. There were sufficient staff members on duty in the dining room during the mid-day meal to ensure appropriate assistance was available to residents as needed.</p>
<p><b>Standard 1.4.1: Management Of Waste And Hazardous Substances</b></p>	FA	<p>Documented processes for the management of waste and hazardous substances were in place. Infection control documentation includes a waste management</p>

<p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>section detailing procedures for waste management and disposal. A contractor manages the removal of rubbish in skips from the facility several times a week, while the maintenance person manages the recycling processes. Sharps are managed according to accepted protocols.</p> <p>The doors to the areas storing chemicals were secured and containers labelled. Appropriate signage is displayed where necessary. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Material safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill/event occur. Two sluice rooms, one in each main area of the facility, are kept locked to ensure safe storage of chemicals and facilitate good management of soiled linen.</p> <p>There is provision and availability of protective clothing and equipment including gloves, a face shield, goggles, overshoes and plastic aprons. Staff were observed using some of these items as applicable during the audit. Hand sanitiser is available in dispensers mounted in easily accessible positions around the facility.</p>
<p><b>Standard 1.4.2: Facility Specifications</b></p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness with an expiry date of 1 July 2019 is publicly displayed. A certificate of public use for the newly built areas was due to expire 21 February 2019; however, this has now been extended to 3 May 2019 while awaiting a Code Compliance Certificate.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose. Handrails line the walls and smooth flooring surfaces in place. A refurbishment of older areas that included re-carpeting, painting and replacement of some furniture has brightened the facility. There is attention to detail with art work and ornaments providing finishing touches. The new areas are fully furnished and appropriate equipment is in place ready for occupation. Planning details and safety considerations that were integrated into the construction of the new rooms were discussed with the project manager who met with the auditor.</p> <p>There is a proactive and reactive maintenance programme and buildings, plant and equipment are maintained to an adequate standard. The testing and tagging of equipment and calibration of bio medical equipment was current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. Hot water temperatures are monitored and a related problem</p>

		<p>identified during the audit was sorted that day and verification results of additional checks were forwarded to the auditor the following day.</p> <p>Older external areas have spacious lawns, large protected trees and cottage garden areas. All are being safely maintained and are appropriate to the resident groups and setting. The environment is conducive to the range of activities undertaken in the areas. Landscaping is underway for some areas outside the newer buildings but had progressed at a sufficiently advanced level to confirm that safety is a key consideration. Other exits are level entry onto courtyard areas. Plants surrounding the courtyards have yet to be planted.</p> <p>Efforts are made to ensure the environment is hazard free and that residents are safe, including during landscaping. Gently sloping ramps have been constructed at back entrances to recently built residents' rooms and hand rails are in situ. Three residents interviewed confirmed they were very happy with the environment, really like this facility and that if anything goes wrong, it is sorted immediately.</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 residents' rooms throughout this facility have ensuites. There are two call bells in the ensuite bathrooms as well as one in the bedroom itself. Adequate numbers of accessible and appropriately labelled toilets are available throughout the facility, for when residents are away from their room. Non-slip vinyl flooring is in place. Appropriately secured and approved handrails are provided in the toilets and ensuites and other equipment/accessories are available to promote residents' independence.</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 rooms, including those more recently constructed, provide adequate personal space that allows residents and staff to move around them safely. All bedrooms provide single accommodation, although could accommodate a couple should this be requested. Rooms are personalised with furnishings, photos and other personal items displayed and some residents have decorated their door. Rooms in one wing that are used by rest home level care residents are 18 square metres including the ensuite. Larger rest home rooms and hospital/premium rooms are 22 square metres in size, including the ensuite. All new rooms have hi-lo hospital beds, pressure relieving mattresses and are wired for television and internet services.</p> <p>There are bays and rooms throughout the facility that enable safe and appropriate storage of mobility aids walking frames, wheel chairs and mobility scooters. Staff</p>

		and residents commented on the adequacy of size of the bedrooms.
<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>The main lounge area is spacious and enables easy access for residents and staff to move around. This room may be split into two as required. Smaller sitting areas with views onto the lawns and gardens are at the ends of the wings of the facility. Residents are able to access other areas for privacy, if required. Furniture is appropriate to the setting and resident needs, with new items having been purchased to accommodate the increase in the number of residents. It is arranged in a manner which enables residents to mobilise freely. Communal areas are available for residents to engage in activities with examples being a jigsaw set up and a library area.</p> <p>The dining area is spacious and new flooring in this room is making it easier for people who use a walking frame. Chairs are well positioned around the tables.</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>All laundry, including residents' personal items is undertaken in a spacious new on-site laundry, which makes delineation between the dirty and clean sides easy. A commercial dryer is in a separate room with a separate drying room alongside. The laundry is currently washed by dedicated laundry staff who may job share with cleaning and/or kitchen duties, depending on staff availability. A laundry worker interviewed on the day of audit demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen.</p> <p>Cleaning and laundry schedules are clearly documented. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers. The cupboard is in the laundry area, which has a key pad entry lock on it. All staff involved in cleaning and/or laundry duties have completed appropriate training on the safe use of chemicals. Cleaning and laundry processes are monitored through the internal audit programme with the most recent audit for these areas completed 29 November 2018. Two minor areas for improvement have since been addressed.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response</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</p>

<p>during emergency and security situations.</p>		<p>was approved by the New Zealand Fire Service on 11 December 2018 and includes all of the newly constructed building areas. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 8 November 2018. There is no change to evacuation procedures as a result of the new residents' rooms as they are positioned in areas covered in the previous trial evacuation. The new staff orientation programme includes fire and security training and records of these were viewed. 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, radios, torches and a gas BBQ were sighted and meet the revised civil defence recommendations. The civil defence kit is checked at three monthly intervals. Cooking facilities in the facility are gas fuelled and water storage tanks are located around the complex. An on-site generator is tested weekly and a spill kit is available. Emergency lighting and fire safety equipment is regularly tested according to the fire safety company regime.</p> <p>Call bells with a buzzer and a ceiling mounted digital reader alert staff to residents requiring assistance. The newly developed areas have the same call bell system and this was operational when tested during this audit. Call system audits are completed on a regular basis.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked automatically at a predetermined time and staff on the evening and night shifts are required to sign in a diary that they have completed the security check. Opening an external door triggers the nurse call system.</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>	<p>FA</p>	<p>The entire facility has natural light filtering through, and solar tubes have been installed in any area, including ensuites, that do not have an external window. All residents' rooms and communal areas have opening external windows. Many of the residents' rooms have doors that open onto outside garden or small patio areas and the new rooms have level entry to these areas.</p> <p>Two large external heat pump units drive ceiling mounted outlets throughout the facility. Residents' rooms are individually thermostatically adjustable and any potential draught is redirected from the resident area. Internal areas were well ventilated throughout the audit and the internal temperature comfortable considering the high outdoor temperature.</p>

<p><b>Standard 3.1: Infection control management</b></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>Infection control policies and procedures intended to minimise the risk of infection to residents and staff, and to prevent the spread of infection, have been provided by a quality consultant. These have been developed in consultation with an infection control specialist. The organisation's infection control programme is described within the policy documents, is reviewed annually and is being implemented accordingly. There is good access to specialist advice and support when this is required and staff training on infection prevention and control occurs during orientation and annually thereafter. Annual hand washing competencies are also completed by all staff.</p> <p>Infection prevention and control is co-ordinated by the clinical nurse leader, whose role and responsibilities in this area are described in a specific position description. One such role is to undertake the surveillance of infections and provide monthly reports on the incidence of infections, and suggestions of ways to minimise associated risks, every month. Infection prevention and control reports are provided to the three monthly health and safety/quality and risk meetings, which staff representatives from all areas of the service attend. The manager's monthly reports to the board include an update on infection control and an additional annual report is developed as part of the review of the overall programme.</p> <p>The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Both the manager and the clinical nurse leader informed that visitors are regularly reminded of the risk to residents of visiting when they are unwell. Staff may be sent home if they arrive at work sick, but the clinical nurse leader informed most comply as they receive ongoing reminders. It was reported that signage is placed at the main entrance to the facility during winter months requesting anyone who is, or who has been unwell in the past 48 hours, not to enter the facility</p> <p>Due to the monitoring and improvement processes and frequency of staff education on infection prevention and control, there is no indication that the opening of the additional beds is likely to have any notable impact on the already low rates of infection in this aged care facility.</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.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.