

CHT Healthcare Trust - Carnarvon Private Hospital

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:

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| Legal entity: | CHT Healthcare Trust |
| Premises audited: | Carnarvon Private Hospital |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| Dates of audit: | Start date: 20 February 2019 End date: 20 February 2019 |

Proposed changes to current services (if any): CHT Carnarvon is currently in an older building that will be mostly demolished as part of stage 2 of a new build. This audit included verifying stage one of the new build which is a modern, spacious, purpose-built facility with 28 dual-purpose beds and communal areas. The existing building will continue to operate with 14 rooms including 12 bedrooms, a bedroom currently converted into a medication room and a bedroom currently converted into a storage room. It is

planned for the new build (stage one) to be handed over to the service on 22 March 2019. Based on the result of this partial provisional audit, it is expected that the residents will move into the new building on 28 March 2019.

At the end of stage two, it is expected that there be 60 beds (dual purpose).

Total beds occupied across all premises included in the audit on the first day of the audit: 26

Executive summary of the audit

Introduction

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

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

General overview of the audit

CHT Healthcare Trust - Carnarvon Private Hospital provides care for residents requiring rest home, hospital level care (dual purpose beds) or medical care. The service is currently located on an adjoining site to the new build. The new build is being completed in stages and will (when completed) replace the existing facility.

This partial provisional audit verified stage one of the build. The new building is modern and spacious. The building is on a flat section and includes communal areas for residents, a temporary reception area and nursing station and 28 bedrooms (all dual purpose). A temporary corridor is in place to connect the new build with the existing building that will remain in use. Fourteen bedrooms located in the existing building are still used with one temporarily identified as the medication room and one as a storage room. This will give a total of 40 beds available for use. This audit identified the new building is appropriate for providing dual-purpose level care.

The service plans to open a further 20 dual purpose beds in October 2019 on completion of stage two.

The unit manager is experienced and is supported by a team of registered nurses and the area manager.

Two of three previous audit shortfalls around service delivery shortfalls has been addressed, these are around risk assessments, and medication management. A further improvement is required around care plan interventions. The audit identified a further improvement required around meeting interRAI timeframes.

Consumer rights

N/A

Organisational management

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, and hospital, (medical and geriatric) level care.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Organisational human resource policies are implemented for recruitment, selection and appointment of staff. The service has an implemented induction/orientation programme. A training programme is implemented.

There is a documented rationale for determining staffing levels and skill mixes for safe service delivery. Staffing is already in place and will transfer over with residents to the new and existing rooms. Staff have been orientated to the new building. The draft staffing roster allows for assessed service type and acuity of residents and considers the configuration of the new building.

Continuum of service delivery

InterRAI assessments are completed with these current in all resident records reviewed. All records have a care plan documented with interventions relevant to the residents identified needs.

The medication management system is implemented as per policy. A bedroom has been temporarily converted to be used as a secure medication room. The service is using an electronic medication system.

There is a temporary kitchen that is located at the end of the existing building that is still in use. The menu is designed and reviewed by a registered dietitian at an organisational level. Food will continue to be transported as currently occurs, in a hot box to the unit kitchenettes. Nutritional profiles are completed on admission and provided to the kitchen staff. All current systems are planned to transfer over to the new building.

Safe and appropriate environment

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. The organisation has purchased some new equipment and furniture with the rest being used from the existing building. The facility has installed a call bell system that is the same as the existing one.

All resident rooms have an ensuite and there are adequate numbers of toilets, which are easily accessible from communal areas. Fixtures, fittings and floor and wall surfaces sighted 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.

The service has robust housekeeping policies and procedures in place. Laundry is outsourced with a dirty linen bay for storage of dirty linen. The facility has a secure area for the storage of cleaning and laundry chemicals.

There are emergency and disaster policies and procedures in place. The fire evacuation plan is approved by the New Zealand Fire Service.

General living areas and resident rooms are appropriately heated and ventilated.

Restraint minimisation and safe practice

N/A

Infection prevention and control

Infection prevention and control is currently the responsibility of a designated registered nurse. There are clear lines of accountability to report to the infection prevention and control team on any infection prevention and control issues.

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) |
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| Standards | 0 | 16 | 0 | 1 | 1 | 0 | 0 |
| Criteria | 0 | 36 | 0 | 1 | 1 | 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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| <p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p> | <p>FA</p> | <p>CHT Carnarvon is owned and operated by the CHT Healthcare Trust. The service currently provides hospital, medical and rest home level care for up to 40 residents with 26 residents identified as requiring hospital level care on the day of audit. All rooms are dual-purpose. Fourteen bedrooms have remained from the existing building (two are temporarily used as a medication room and a storage room respectively).</p> <p>Stage one has seen a new build of 28 bedrooms with communal areas including lounges, dining areas and storage facilities. Stage one is to be handed over to CHT on 22nd March 2019. The service has planned to move residents into the new build on 28th March 2019. There is a transition plan documented around moving residents and equipment across to the new building with plans to support residents who chose to stay in the existing rooms.</p> <p>This audit included verifying stage one of the new build which is a modern, spacious, purpose-built facility. The new building has been verified as suitable.</p> <p>The new building is adjacent to the existing building with this connected via a temporary corridor. Fire walls are in place to separate the existing building that will remain with the other part of the building to be demolished as part of stage</p> |

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| | | <p>two. Stage two will see completion of the new build that will lead to 42 bedrooms (all dual purpose). Stage three will see the completion of all areas including bedrooms to a total of 60 beds. A further audit is planned to be completed at a later stage to verify stage two. Stage two is expected to be completed by September 2019.</p> <p>Staff interviewed during the audit were the unit manager; area manager; property manager; and one registered nurse.</p> <p>The unit manager is a registered nurse with over 40 years' experience in aged care and maintains an annual practicing certificate. The unit manager has been in the role at the facility for over two years. CHT is actively recruiting for a clinical co-ordinator to support the unit manager. The unit manager reports to the area manager weekly on a variety of operational issues. CHT has an overall business/strategic plan and CHT Carnarvon has a facility quality and risk management programme in place for the current year. The organisation has a philosophy of care, which includes a mission statement. There are plans in place to ensure milestones of the new build stage one are met. Plans also include architectural drawings of the building that have allowed the managers to plan for occupancy.</p> <p>The unit manager has completed in excess of eight hours of professional development in the past 12 months as sighted through training records reviewed.</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>The designated senior registered nurse on site will fulfil the manager's role during a temporary absence of the unit manager with support by the area manager. The area manager stated that an area manager is on call at all times. The area manager on the day of audit is a registered nurse with a current annual practicing certificate, has extensive experience in nursing and management roles in the district health board and has a Masters in Management. There will be no change to the operational and clinical manager when residents move to the new building.</p> |
| <p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p> | FA | <p>There are human resource management policies in place. This includes that the recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. Five staff files were reviewed (one-unit manager, two registered nurses, two health care assistants) and files evidenced</p> |

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| | | <p>that reference checks are completed before employment is offered. Annual staff appraisals were evident in all staff files reviewed.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff have been orientated to the new building. The in-service education programme for 2019 is being implemented with staff also involved in the roll out of the Altura training programme. The unit manager and registered nurses are able to attend external training, including sessions provided by the local DHB. All of the registered nurses (including the unit manager) have completed interRAI training.</p> <p>All staff who had been employed have continued to provide support and care for residents.</p> |
| <p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p> | <p>FA</p> | <p>A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. There is a minimum of one RN on-site at any time. Activities are provided over seven days a week. Staff working on the days of the audit, were visible and attending to call bells in a timely manner as observed during the audit.</p> <p>The service has a roster in place to ensure that all wings are adequately supported.</p> <p>The new rosters (for the new building) have been documented with staff allocated to manage the workload across the building. The staffing will continue to be allocated as follows: one registered nurse on each shift. Four healthcare assistants from 7.00 am to 3.00 pm and two from 7 .00 am to 12.00 pm. Three healthcare assistants from 3.00 pm to 11.00 pm and one from 3.00 pm to 9.00 pm; and two healthcare assistants overnight.</p> <p>CHT have contractors in to provide kitchen and housekeeping services. Laundry services are outsourced.</p> <p>There are 29 staff employed including a unit manager (registered nurse); six registered nurses; one activity coordinators; 22 healthcare assistants. Head office provides support via maintenance staff, the area manager and others. The management team have employed sufficient staff to cover the roster including; 24/7 registered nurse cover, activity staff, kitchen staff, and cleaning/laundry staff. Recruitment in progress for receptionist and clinical coordinator</p> |

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| <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>Medicines management information is well established throughout the service. Policies and procedures reflect current medication legislation and residential care facilities. Only registered nurses who complete annual competencies are permitted to administer medicines to residents. A review of three staff files confirmed that relevant staff (registered nurses) designated as being able to administer medication have a competency in place.</p> <p>The medication room has been moved to a temporary room in the existing building. This has been fitted to ensure that there is security both for windows and doors to prevent access from any unauthorised persons. The room has also been fitted with cupboards and shelving to store medicines. The medication room will move eventually to a new room as part of the stage two build.</p> <p>All residents have individual electronic medication orders with photo identification and allergy status documented. All medicines are stored securely when not in use. A verification check is completed by the registered nurse against the resident's medicine order when new medicines are supplied from the pharmacy. Medication orders include indications for use of 'as needed' medicines with maximum dose for age documented. Short-life medications (ie, eye drops and ointments) are dated once opened.</p> <p>Education on medication management has occurred with competencies conducted for staff who administer medication.</p> <p>Ten medication charts reviewed confirmed that the GP had seen the resident three-monthly and the medication chart was signed each time a medicine was administered by staff. A registered nurse was observed administering medications and followed correct procedures. There are no residents who self-administer medicines.</p> <p>Staff administer medications from a medication trolley with this able to be locked when not in use or unattended. The medication fridge is in place with temperatures checked daily. This has been moved into the temporary medication room.</p> <p>Any controlled drug is currently recorded as being given on Medimap with two staff (including at least one registered nurse) signing on the medication administration sheet. Balances checked during the audit confirmed accuracy as per the controlled drug register. Six monthly medication audits completed by the</p> |

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| | | pharmacy also confirm that processes are checked. There are weekly stocktakes of controlled drugs. |
| <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>A temporary kitchen with storage areas has been put on site. This is adjacent to the resident rooms and food services can be delivered using a hot box to the various dining rooms in the new and existing parts of the building.</p> <p>All food is cooked on-site by contracted kitchen staff. There is a food services manual in place to guide staff. A resident nutritional profile is developed for each resident on admission and is provided to the kitchen staff. The kitchen can meet the needs of residents who require special diets. Kitchen staff have completed food safety and chemical safety training.</p> <p>The kitchen manager and cooks follow a menu, which has been reviewed by the contracted company's dietitian (annual practicing certificate sighted). The chef (interviewed) was able to describe alternative meals offered for residents with dislikes and food is fortified for residents with weight loss. The temperatures of refrigerators, freezers and cooked foods are monitored and recorded.</p> <p>There is special equipment available for residents if required. All food is stored appropriately.</p> |
| <p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p> | FA | <p>Resident files reviewed indicated that individualised assessments are completed using the interRAI tool. This includes information related to activities of daily living and clinical care required. The assessment is completed in consultation with the resident and their relative where appropriate.</p> <p>One file reviewed was for a resident using respite services and therefore a review of the interRAI assessment was not required. Four of the resident records had not reviewed at six monthly intervals (link 1.3.3.3).</p> <p>Risks were identified via the assessment process. These included risks related to challenging behaviour and clinical cares. Three resident records were reviewed for residents identified as having a moderate falls risk. All had risks identified through the assessment process with strategies documented to prevent falls. There were no residents on the day of audit with loss of weight or a pressure injury. The improvement required at the previous audit to risk assessment has</p> |

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| | | been met. |
| <p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p> | PA Moderate | <p>Long-term care plans for permanent residents have been completed within three weeks. The interRAI assessment process informs the development of the resident's care plan.</p> <p>Short-term care plans are in use for short-term needs including infections. Short-term care plans are evaluated regularly, and all had documentation that the issue had been resolved in a timely manner. Care plans identified allied health input into the resident's care including the dietitian and physiotherapist.</p> <p>There were no residents identified as having weight loss on the day of audit, however it was noted that care plans were updated to reflect interventions to meet specific interventions (eg, falls).</p> <p>All long-term care plans reflected the resident's current needs/supports. The respite care plan was current, and the recommendation identified at the previous audit has been met. Three records reviewed included use of restraint and one resident was using an enabler. Risks related to the use of these devices were not documented.</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>There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. A corridor connects the new build to the existing rooms still in use. The sluice room in the existing site remains in use and is easily able to be accessed by staff in all areas of the building. Equipment is already in place with no changes envisaged to use.</p> <p>The old laundry (which has not been in use) has been converted into a cleaner's room with a locked door that has a locked cupboard in the room for chemicals.</p> <p>Waste management audits continue to be a part of the internal audit programme.</p> <p>All staff have completed training regarding the management of waste during induction with this sighted as being completed in staff files reviewed. Chemical safety training is a component of the training and orientation training and this will continue when staff move into the new building.</p> <p>Gloves, aprons and goggles are available, with staff sighted as using these</p> |

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| | | <p>appropriately. There are MSD sheets available.</p> <p>A refuse area has been built in the car park area with bins covered.</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> | <p>FA</p> | <p>Stage one of the new build facility is purpose-built to provide care for residents requiring rest home, medical or hospital level care (dual purpose beds).</p> <p>The new building includes 28 bedrooms with full ensuites. Included in the new building are a staff toilet, one visitor's toilet and an accessible communal shower and toilet. There are storage areas for linen and equipment. There are two electrical cupboards in the wing, however the main plant room along with the sprinkler valve house is in a separate purpose-built building in the carpark. The main fire panel is located in this building. There are four lounges with one temporarily converted into a reception/nursing station.</p> <p>There are 14 existing rooms that have remained operational. These are connected to the new build through a temporary corridor. All existing bedrooms and utility rooms are located as a separate wing to the new build. Twelve rooms that remain in the existing building are bedrooms for resident use; one has been temporarily commissioned as a medication room (this will be moved as part of stage 2 when completed) and a storage room (to be moved on completion of stage two).</p> <p>There is a fire wall between the retained existing build and the stage two build due to commence on 18 March 2019.</p> <p>A temporary kitchen and associated container storage is operational and is located at the end of the existing wing.</p> <p>There is a kitchenette in each lounge with all equipment available for family and residents to use.</p> <p>The new build is fully operational.</p> <p>The building is on a flat section. The main driveway and parking area are completed, and all residents can access the community for shopping etc via a pathway that runs parallel to the driveway.</p> <p>There are deck areas off three of the lounges, which also have ramps to a concrete pathway leading to the front of the building identified as the route for evacuation. While there is landscaping still to be completed, there are sufficient</p> |

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| | | <p>outdoor spaces for residents and family to use that have shade and appropriate seating.</p> <p>The property manager for the build confirmed that the building and plant have been built to comply with legislation. The organisation has purchased some new equipment for the service with other equipment being moved in with residents. Equipment is appropriate for hospital, rest home and medical level of care. All equipment has been tested, tagged and calibrated within the last year. Equipment and medical equipment calibration and servicing is captured within the quality programme and scheduled annually.</p> <p>Policies relating to provision of equipment, furniture and amenities are documented.</p> <p>An IF2 – Commercial final checklist (previously the certificate for public use) has been issued.</p> <p>The new and existing building retained in stage one has been kept separate from the new build still to be completed (stage two) with a noise control plan implemented. Stage two is confined by fire walls and therefore dust is not envisaged to be an issue.</p> |
| <p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p> | <p>FA</p> | <p>There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. Every resident's room has an ensuite with a mobility aid-friendly shower, toilet and hand basin. The communal toilets are in the middle of the first section of the new build and staff at reception stated that they direct any visitors to appropriate areas with signs on the toilet doors. Handrails have been installed.</p> |
| <p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p> | <p>FA</p> | <p>Residents rooms have been built as dual-purpose rooms (hospital/rest home care able to be provided) with each having an ensuite. Doors are wide to allow for furniture to be moved in and out and there is sufficient space to allow for a bed, lazy boy style chair, built in wardrobe and chest of drawers with room to take mobility aids and staff who would be supporting the resident. Mobility aids can be managed in ensuites as observed on the day of audit.</p> <p>Two rooms are identified as special purpose rooms. This allows for residents requiring extra equipment or for those who require family or extra staff to be</p> |

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| | | supporting the resident at any given time. This for example, would include residents requiring palliative care. |
| <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 are three spacious lounges/dining rooms that are accessible by residents in any bedroom. Each lounge has a kitchenette and residents and family are encouraged to use these. The open plan lounges/dining areas are large enough for individual or group activities. Dining areas/lounges are large enough for residents with mobility equipment. The fourth lounge is temporarily being used as a reception area/nurses' station. This will be relocated as part of stage two.</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>The organisation outsources housekeeping and laundry services. The shared shower in the wing retained as part of the existing building has been converted into a dirty storage bay for linen. Staff transport dirty linen in tied bags to the vehicles for transport off site. Clean linen is brought back and put in linen cupboards directly. There are wide hallways on each level with covered laundry bins in use to collect and transport dirty linen.</p> <p>Policies and procedures ensure all cleaning and laundry services are maintained and functional at all times.</p> <p>The cleaning manual includes instructions for cleaning. The service has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits continue to be completed as per the audit schedule to monitor effectiveness of laundry and cleaning processes.</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>The emergency and disaster manual includes dealing with emergencies and disasters, essential locations, internal emergencies and external emergencies. Emergencies, first aid and CPR are included in the mandatory in-services programme and the annual training plan includes emergency training. A review of staff files confirmed that staff have completed induction that includes health and safety and emergency preparedness. First aid training for staff is in place with a registered nurse on duty at all times with a current first aid certificate.</p> <p>An orientation to the new and existing building has been completed for all staff.</p> |

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| | | <p>This included training in emergency management. The location of the main emergency control panel is in place and activated.</p> <p>The new building has alternative power systems (gas hobs) in place to be able to cook in the event of a power failure. Emergency lighting can run for at least two hours if not more and a generator is able to provide further support for extended periods. There is a civil defence kit for the whole facility and drinkable water is stored in large holding tanks. The volume of stored water for emergencies meets civil defence guidelines. A civil defence folder includes procedures specific to the facility and organisation.</p> <p>The call bell system was sighted in all bedrooms, bathrooms and toilets and communal areas. Those tested on the day of audit confirmed that they are operational.</p> <p>The fire evacuation plan has been approved by the fire service. The doors of the building can be locked, and security is relevant to the needs of the residents and staff with checks by staff prior to dusk. External doors in the new build are on reed switches which automatically release in the event of a fire and are locked at dusk. Emergency equipment such as sprinklers, smoke detectors and other have been installed and are operational. Emergency equipment including egress, sprinkler systems, smoke detectors are operational.</p> <p>A call system is in place and this is operational.</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>General living areas and resident rooms are to be heated and ventilated. There is underfloor heating in the new build. Existing rooms are heated through radiators. There is plenty of natural light in all areas with external sliding doors in bedrooms and communal areas and windows in all rooms able to be opened.</p> |
| <p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p> | <p>FA</p> | <p>There are comprehensive infection prevention control (IPC) policies in place that meet the Infection Prevention and Control Standard SNZ HB 8134.3.1.2008. There are clear lines of accountability to report to the infection control team on any infection control issues, including a reporting and notification to head office policy. Responsibilities are documented as part of the policy that includes chain of responsibility and an infection control officer job description.</p> <p>A registered nurse is the designated infection control coordinator with support</p> |

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| | | <p>from the unit manager. There is a quality management committee that includes discussion of infection control information and review of data. The two-monthly meeting is attended by all staff and minutes are available for staff if they are unable to attend. Regular six-monthly internal audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually.</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) |
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| <p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p> | PA Low | <p>Five resident records were reviewed. These included one for a resident using respite services. Four other resident files included a completed interRAI assessment that is current (ie, completed within the last six months). InterRAI assessments have not been reviewed at six monthly intervals. In the past there have only been two interRAI trained registered nurses and there have been delays in training for staff. This has led to a back log of completion of interRAI assessments. Care plans and evaluations have been completed within the required timeframe.</p> | <p>Four of four interRAI reassessments had not been completed six monthly as per policy</p> | <p>Ensure that interRAI assessments are completed at six monthly intervals as per policy</p> <p>90 days</p> |
| <p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required</p> | PA Moderate | <p>Three records were reviewed for residents using restraint as a strategy to prevent each resident from falling. Restraints included the</p> | <p>Two of three records where restraint was used and one record where a resident used an enabler did not</p> | <p>Ensure that risks related to the use of an enabler or</p> |

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| <p>support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p> | | <p>use of bedrails and/or lap belts. Risks related to use of the equipment were documented in one of the three records. Risks related to the use of an enabler were not documented.</p> | <p>include documentation of risks related to the use of the equipment. The risk rating has been raised from a low risk documented at the previous audit to moderate.</p> | <p>restraint are documented. 60 days</p> |
|--|--|---|--|---|

Specific results for criterion where a continuous improvement has been recorded

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

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

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

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

End of the report.