

Archer Care Facility Limited - Archer Village

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: Archer Care Facility Limited

Premises audited: Archer Village

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 27 February 2019 End date: 27 February 2019

Proposed changes to current services (if any): The service is reconfiguring to include geriatric (hospital and medical) level care across the current 54 beds. All beds have been verified as suitable to provide dual purpose level care (hospital and rest home). The service is planning to introduce hospital residents from 1 April 2019.

Total beds occupied across all premises included in the audit on the first day of the audit: 43



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

Archer Village is governed by a charitable trust and is part of the Archer Retirement Village. The service is currently certified to provide rest home level care for up to 55 residents. One room has been decommissioned as an office and as a result total beds are 54. On the day of audit there were 43 residents.

A partial provisional audit was completed to review the services readiness to provide hospital (medical and geriatric) level of care. This included viewing the 54 current rooms proposed to be used for dual-purpose care. The audit identified the facility, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home and hospital (medical and geriatric) level care.

The care centre is managed by a village manager with support from a clinical nurse manager and registered nurse. A general manager oversees the operations of the retirement village and care centre. The service has contracted a nurse consultant to support them in preparation of hospital/medical level care.

Improvements are required around completion of the treatment room, employment of RNs, orientation/training, fire evacuation plan and removal of shelves in Port Hills.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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There is a 2019/2020 business plan and transition plan that includes the provision of hospital services. The quality and risk management programme includes service philosophy, goals and a quality/business planner. An education and training programme is being implemented with a current training plan in place for staff around hospital/medical level care and use of equipment. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support with the introduction of hospital level care.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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The clinical nurse manager takes primary responsibility for managing entry to the service with assistance from the site manager. Comprehensive service information is available. The registered nurses complete care plans and evaluations within the required timeframes. All residents are assessed using the interRAI assessment tool. Residents interviewed confirmed they were involved in the care planning and review process. Each resident has access to an individual and group activities programme. The group programme is varied and interesting. Medicines are stored appropriately, and the service has medication policies that comply with legislation and guidelines. General practitioners review residents at least three monthly or more frequently if needed. Meals are prepared on-site. The menu is varied and appropriate. Individual and special dietary needs are catered for. Residents interviewed were complimentary about the food service.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Some standards applicable to this service partially attained and of low risk.
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There are implemented policies in place to guide staff in waste management. There is a sluice room in Pegasus wing. A new sanitiser has been purchased for the sluice.

The building has a current building warrant of fitness that expires on 1 February 2020. There is a maintenance person employed to address the reactive and planned maintenance programme.

The facility has sufficient space for residents to mobilise using mobility aids. Hallways and ensuites have handrails. Residents have access to safely designed external areas that have shade.

There are 54 bedrooms including 38 with ensuites. There are 16 rooms in the Port Hills wing (neighbourhood) which share communal bathroom facilities. The other three wings (Christchurch, Pegasus and Southern Alps) all have larger sized resident rooms with mobility sized ensuites.


All rooms and communal areas allow for safe use of mobility equipment. The facility has carpet throughout with vinyl/tiled surfaces in bathrooms/toilets and kitchen/dining areas. There is adequate space for storage of mobility equipment. New equipment has been ordered.

Archer Care facility has two smaller lounges, one large main lounge and a large dining room. There are other sitting areas around the facility and kitchenettes available in each wing (neighbourhood).

There are dedicated cleaning and laundry staff. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. There are call bells in the residents' rooms and lounge/dining room areas.

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

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. The infection control programme is reviewed annually. The infection control coordinator oversees infection control practice including orientation and training of staff. Monthly infection control reports are provided to management and 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	11	0	4	0	0	0
Criteria	0	30	0	5	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Archer Care is part of the Archer retirement village and is governed by a charitable trust board. The care centre currently provides rest home level care to up to 54 residents. One resident room has been decommissioned to become an office and this has dropped overall beds from 55 to 54 beds.</p> <p>On the day of audit there were 43 residents, including three residents on respite. All residents were under the age-related contract.</p> <p>A partial provisional audit was completed to review the services readiness to provide hospital (medical and geriatric) level of care. This included viewing the 54 current rooms proposed to be used for dual-purpose care. The audit identified the facility, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home and hospital (medical and geriatric) level care.</p> <p>The general manager reports to the board monthly. The site manager reports to the general manager on a variety of operational issues and site manager monthly meeting minutes are recorded for each meeting. The service has a current strategic plan, a business plan and a quality and risk management programme. There is a developed transition plan being implemented around preparation for</p>

		<p>hospital level care. The service mission reflects the Christian values and the Archer vision reflects "Life".</p> <p>The overall general manager (GM) has over 15 years' experience overseeing the organisation. The site manager has been in the role for 10 months and has a background in dispute management. The clinical nurse manager has many years' experience in aged care and has been in the role for 2 years. She is supported by an experienced aged care registered nurse who has been at the facility for 14 months. The management team is currently supported by a contracted aged care consultant to support them in preparing for adding hospital/medical level care.</p> <p>The general manager, site manager and clinical manager have completed more than eight hours of professional development in the past 12 months.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>In the absence of the village manager, the clinical nurse manager is in charge. Support is provided by the general manager operations and the care staff.</p> <p>This partial provisional audit confirmed the service has operational management strategies and a quality improvement programme to minimise risk of unwanted events. The service is in the process of fully implementing policies and procedures have been developed by an external aged care consultant and reflect current best practice across rest home and hospital level care. The service has access to the hospice, needs assessors, geriatrician, dietitian and other allied health professionals. A general practitioner (GP) is contracted by the service and visits once a week and as needed.</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>	PA Low	<p>There are human resource management policies in place. This includes that the recruitment and staff selection process require 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 RN, one clinical nurse manager, one healthcare assistant and one diversional therapist) and there was evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident in all staff files reviewed. The service has an orientation programme in place that provides new staff with relevant information for safe work practice.</p>

		<p>The in-service education programme for 2018 has been completed and the plan for 2019 is being implemented. There are two RNs (one being the clinical nurse manager), and both have completed interRAI training. The service has commenced completing toolbox talks and in-services with staff in preparation of adding hospital level.</p> <p>The service is in the process of employing a further five RNs for the opening of hospital level care. Interviews have been completed and job descriptions updated. There are currently sufficient healthcare assistants to cover the roster for the change in level of care.</p> <p>Archer has in-house assessors for Archer in cleaning, catering, dementia and health & well-being with the scope to assess to level 4. All staff in all work areas are now given the opportunity to upskill. Staff are supported with paid study groups and area specific extra training to gain the best in depth knowledge to help them on their journey. In addition to Health & Well-Being pathways, all their housekeeping staff are also qualified or on a qualification pathway. There are 17 healthcare assistants employed including two nursing students), all have level three. Two newer HCAs are completing the level two-three pathway.</p> <p>Archer provides more than the 8 hours of training annually. There were two full days of training in 2018 (18 hours) in addition to the extra 1-hour training sessions throughout the year. Staff are also notified individually of additional external training opportunities to attend and all clinical staff are now registered with the CDHB 'Healthlearn' and currently completing 3 modules totalling 2.5 hours. They have a designated area on site for training which has its own computer for staff use. One of the ensuited rooms has been set up as a hospital room for training purposes with staff.</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>The policy includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. The service has a total of 54 staff in various roles. Staffing rosters were sighted and there are staff on duty to match the needs of different shifts.</p> <p>The village manager and clinical manager work 40 hours per week, Monday to Friday and are available on call after-hours. In addition to the village manager and clinical manager, there is an RN on duty for each AM shift Monday to Friday and an EN, Tuesday to Saturday.</p>

		<p>There are dedicated housekeeping and laundry staff.</p> <p>There are draft rosters developed that consider a gradual increase of hospital residents. There is a RN rostered across 24/7 (link 1.2.7.3).</p> <p>There are a number of draft rosters developed for up to 6 hospital residents, up to 12 hospital residents, up to 18 hospital residents and so on.</p> <p>The roster for up to 6 hospital residents and 48 rest home residents includes</p> <p>CNM 0800- 1600</p> <p>1 RN 0730 – 1600</p> <p>HCA/ENs – 0700 – 1530, 2x 0730 – 1600, 0900 – 17.30 and 0900 – 1300</p> <p>1 RN 1545 – 0015</p> <p>HCA/ENs – 4 x 1600 – 0000, 1600 – 2200, 1600 – 2200, 3x 1600 – 2100,</p> <p>1 RN 0000 – 0800</p> <p>2 x HCAs 0000 - 0800</p> <p>A physio assistant is rostered for 6 hours across the week and an activities assistant 6 day a week.</p> <p>Medical services will continue with the current GP. The service has also a contract with a dietitian, podiatrist, physiotherapy (up to 4 hours weekly) and a physiotherapy assistant</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>PA Low</p>	<p>The medication management policies and procedures comply with medication legislation and guidelines. An electronic medication management system is in place for regular medication. The facility uses a blister-packed medication management system for the packaging of all tablets. The registered nurse on duty reconciles the delivery and documents this. Medicines are appropriately stored in accordance with relevant guidelines and legislation. The current treatment room is off the staff office. There is no hand basin, medication fridge or bench available. The service has plans drawn up to enclose a storage area to become the new treatment room. There is an external window which also will be made secure. The prospective treatment room already has locked cupboards and hand basin and medication fridge.</p>

		Registered nurses, enrolled nurses and HCAs administer medicines. All staff that administer medicines are competent and have received medication management training. Further competencies have been developed around oxygen administration, clexane injection, nebulizer and insulin administration. Advised that T34 syringe driver education and competencies is to be completed prior to the provision of end of life or palliative care. Processes are in place around management of self-medicating residents and there are locked drawers in resident rooms. The service has purchased an oxygen concentrator and suction.
<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>All food is cooked on-site by the dedicated kitchen staff. The spacious dining room is next to the kitchen. There is a four-weekly rotating seasonal menu, which has been reviewed in January 2019 by an external dietitian. The service has a verified food control plan which expires on 24 July 2019.</p> <p>The kitchen is able to meet the needs of residents who require special diets and the hospitality supervisor works closely with the RNs. Special diets and resident individual likes, and dislikes are accommodated. The kitchen staff have completed food safety training. The temperatures of refrigerators, freezers and cooked foods are consistently monitored and recorded, and this is an improvement on the previous audit. There is special equipment available for residents if required. The pantry shelves have been painted since previous audit.</p> <p>There is a food services manual in place to guide staff. A resident nutritional profile is developed for each resident on admission and provided to the kitchen staff. This document is reviewed at least six-monthly as part of the care plan review.</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 implemented policies in place to guide staff in waste management. There is a sluice room in Pegasus wing. A new sanitiser has been purchased for the sluice. A keypad lock has been installed on the door. Gloves, aprons and goggles are available. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety datasheets are available.</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>PA Low</p>	<p>Archer Care is a purpose built, single storey rest home situated in Christchurch. There are 54 bedrooms including 38 with ensuites. There are 16 rooms in the Port Hills wing (neighbourhood) which share communal bathroom facilities. There are four toilets and three showers, all mobility bathrooms. The other three wings (Christchurch, Pegasus and Southern Alps) all have larger sized resident rooms with mobility sized ensuites. The service continues to work on improving the current facility environment. They are repainting, reviewing lighting and upgrading carpet. There is a comprehensive equipment list developed and the service has commenced purchasing what is required for hospital level care including (but not limited to); hospital beds, standing and sling hoist, pressure relieving mattresses, mobile lazy-boys, oxygen concentrator and suction. Ceiling hoists are being installed in all ensuited rooms in March.</p> <p>All rooms and communal areas allow for safe use of mobility equipment. The facility has carpet throughout with vinyl/tiled surfaces in bathrooms/toilets and kitchen/dining areas. There is adequate space for storage of mobility equipment. A further cupboard is being installed off the lounge. Doors are wide enough for ambulance stretchers, mobility equipment and lazy boy chairs.</p> <p>The building has a current building warrant of fitness that expires on 1 February 2020. There is a maintenance person employed to address the reactive and planned maintenance programme.</p> <p>The facility has sufficient space for residents to mobilise using mobility aids. Hallways and ensuites have handrails. Residents (including immobile residents) have access to safely designed external areas that have shade. There are some outdoor uneven services that have been identified with red cones and signs. Two vans owned and operated for outings have current registration and warrant of fitness certificates.</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 an adequate number of communal toilets and shower/bathing areas for residents and separate toilets for staff and visitors. All rooms in Archer Care are single rooms. The facility is divided into four accommodation wings – three wings have full ensuites in each room and one wing has communal toilet and shower facilities. All ensuites are large enough for mobility equipment. Each room has adequate space to move about with the use of mobility aids. There are appropriately placed handrails. The service is getting ceiling hoists installed in</p>

		three of the neighbourhoods.
<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	All resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids and staff. Christchurch wing, Pegasus wing and southern alps wing have large spacious bedrooms and ensuites. Port Hills wing has smaller bedrooms. Rooms are however large enough for bed, mobility equipment and staff to manoeuvre. There is a protruding box shelf on the one wall that could be a health & safety risk and will need removed prior to occupancy in the wing (link 1.4.2.1).
<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	Archer Care facility has two smaller lounges, one large main lounge and a large dining room. There are other sitting areas around the facility. All lounges and dining area will cater for an increase in lazy boys and mobility equipment. The service also has a communal recreation centre shared with retirement village residents with a café, auditorium, meeting room, gym and indoor swimming pool. The dining room seating plan allows for social interaction to take place. Both the dining areas and lounges can allow for the separation of residents if needed or groups. The large lounge area has appropriately placed seating where group activities and individual activities can take place.
<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	There are dedicated cleaning and laundry staff. They have access to a range of chemicals, cleaning and laundry equipment and protective clothing. A laundry hazard register is displayed and safety data sheets (MSDS) are available. The service has recently changed chemical providers and a chemical safety training session is scheduled for 5/3/19. The standard of cleanliness is monitored through the internal audit programme. The laundry is in a separate building accessed via an enclosed walkway. There are covered trolleys available to transport dirty laundry to the Laundry. There is an area designed for dirty linen and one for clean. All towels and sheets are outsourced daily and only personals are laundered onsite. Cleaning hours are to increase with adding hospital level care.
<p>Standard 1.4.7: Essential, Emergency, And Security</p>	PA Low	A fire evacuation plan is in place that has been approved by the New Zealand

<p>Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>Fire Service. The village manager recently updated the fire evacuation procedure, and this is currently with the fire service in draft. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation was sighted with the last evacuation having occurred on 20 November 2018. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. The service has an emergency generator for emergency power and short-term back-up power for emergency lighting.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times.</p> <p>There are call bells in the residents' rooms and lounge/dining room areas. There are overhead panels to identify where call bells are coming from. Residents were observed to have their call bells in close proximity.</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>General living areas and all resident rooms are appropriately heated and ventilated. There is underfloor heating and heating panels in three wings and radiators in one wing. All rooms have external windows that open allowing plenty of natural sunlight and ventilation.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is part of the monthly quality meetings. The quality committee will review the need for a stand-alone IC committee when adding on hospital-level care. The clinical nurse manager, is the designated infection control coordinator with support from other members of the senior management team. The service has transitioned to HCSL surveillance format and benchmarking. Monthly reports are provided. Internal audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation and annually. There is an IC resource folder available for staff. There is a dedicated IC outbreak kit. The infection control programme has been reviewed annually. The</p>

		service managed an outbreak Sept/Oct 2018 which included a debrief meeting.
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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)
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	<p>There are two RNs (one being the clinical nurse manager), and both have completed interRAI training. The service has commenced completing toolbox talks and in-services with staff in preparation of adding hospital level.</p> <p>The service is in the process of employing a further five RNs for the opening of hospital level care. Interviews have been completed and job descriptions updated. There are currently sufficient healthcare assistants to cover the roster for the change in level of care.</p>	The service is in the process of employing registered nurses to cover 24/7.	<p>Ensure there is 24/7 RN cover prior to the introduction of hospital level care</p> <p>Prior to occupancy days</p>
<p>Criterion 1.2.7.4</p> <p>New service providers receive an</p>	PA Low	The service has an orientation programme in place that provides new staff with relevant information for safe	(i)Induction day is scheduled for new employed staff in	(i)Ensure newly employed RNs complete the required induction training. (ii) Ensure all care staff

<p>orientation/induction programme that covers the essential components of the service provided.</p>		<p>work practice. The service has commenced completing toolbox talks and in-services with staff in preparation of adding hospital level. Induction training days have been scheduled for new staff being employed. Manual handling training and use of hoists is in the process of being completed with all staff. Specific handbooks have been developed around assisting residents personal care, manual handling and safe transfers using equipment.</p>	<p>March. (ii) Manual handling training and use of hoists including ceiling hoists is in the process of being completed for care staff.</p>	<p>have completed manual handling training/competencies and use of hoists competency.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.12.1 A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA Low</p>	<p>The current treatment room is off the staff office. There is no hand basin, medication fridge or bench available. The service has plans drawn up to enclose a storage area to become the new treatment room. There is an external window which also will be made secure. The prospective treatment room already has locked cupboards and hand basin and medication fridge</p>	<p>The new treatment room is yet to be built to support residents at hospital level care</p>	<p>Ensure the medication treatment room is fully completed, furnished and secure</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.</p>	<p>PA Low</p>	<p>Archer Care is a purpose built, single storey rest home situated in Christchurch. There are 54 bedrooms including 38 with ensuites. There are 16 rooms in the Port Hills neighbourhood (wing) which share communal bathroom facilities. This is an older wing with smaller sized rooms. A boxed shelf in each room protrudes and could be a hazard for staff and residents. The other three wings (Christchurch,</p>	<p>(i) In the resident rooms of Port Hill wing, there is a protruding box shelf on the one wall that could be a health & safety risk; (ii) An equipment list has been developed for hospital level care</p>	<p>(i)Remove the box shelves in Port Hill rooms prior to occupancy of hospital residents in that wing; (ii) Ensure equipment is in place for commencement of hospital residents;</p> <p>Prior to occupancy days</p>

		Pegasus and Southern Alps) are all larger sized resident rooms with mobility sized ensuites. The service continues to work on improving the current facility environment. They are repainting, reviewing lighting and upgrading carpet. There is a comprehensive equipment list developed for the introduction of hospital residents. Ceiling hoists are being installed during March in all ensuited rooms.		
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Low	There is an approved fire evacuation scheme in place. There are little environmental changes which result in an amended fire evacuation procedure. However, the village manager recently updated the fire evacuation procedure to be robust and this is currently with the fire service in draft. Advised that a representative from FFP Canterbury Ltd is completing a site visit next week to view the facility.	The village manager recently updated the fire evacuation procedure, and this is currently with the fire service in draft.	Ensure the updated fire evacuation scheme is approved by the fire service. 60 days

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.