

Forrest Hill Continuing Care Limited - Forrest Hill Home and 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 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: Forrest Hill Continuing Care Limited

Premises audited: Forrest Hill Home and Hospital

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

Dates of audit: Start date: 4 June 2019 End date: 4 June 2019

Proposed changes to current services (if any): Following a new build of a new unit the service will increase their capacity from 62 to 75 dual purpose beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 52

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Currently, Forrest Hill Home and Hospital provides rest home and hospital level care for up to 62 residents. They have built a new unit which contains 13 additional beds. The service is privately operated and managed by a general manager with assistance from a clinical manager and a quality assurance coordinator. All three members of the management team hold current nursing annual practising certificates. Residents and families spoke positively about the care provided.

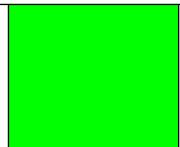
This partial provisional audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board to establish the level of preparedness of the provider to operate an additional 13 dual purpose beds which will take the total number of beds to 75. The audit process included review of policies and procedures, review of staff files, observations and interviews with residents, family, management, staff, and a general practitioner.

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.		Standards applicable to this service fully attained.
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Business and quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation. Monitoring of the services provided to the governing body is regular and effective. These processes will continue and will cover the newly built unit. All three members of the management team, the general manager, clinical manager and quality assurance coordinator are experienced and suitably qualified persons to oversee and monitor all services offered at the facility. Regular reporting occurs between management and the owner/directors.

The appointment, orientation and management of staff are based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery, and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents. Staffing will be increased incrementally as the number of residents increase to ensure safe staffing levels are maintained.

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.		Standards applicable to this service fully attained.
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Medicines are safely managed and administered by staff who are competent to do so. These practices will continue to cover the residents admitted to the new build.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals. The service is able to cater for the additional residents.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Some standards applicable to this service partially attained and of low risk.
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The facility meets the needs of residents and is clean and well maintained. There is a current building warrant of fitness for the existing services and the facility is waiting for a code of compliance for the new build. Electrical equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating. The outdoor area immediately outside the new building is yet to be completed. The new unit is connected to the existing facility with seamless access for staff and residents.

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Resident's personal laundry is undertaken onsite with larger items being sent offsite. The laundry is adequately equipped to cater for the additional 13 residents.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised. The fire evacuation scheme has yet to be approved for the new build. Residents reported a timely staff response to call bells. The call bells are operational in all areas of the new build. Security is maintained with all exterior doors of the new build being secure.

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.
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The infection prevention and control programme, led by an experienced and trained infection control coordinator, aims to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when needed. Residents entering the new unit will be included in all infection control surveillance processes.

Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and supported with regular education.

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	13	0	2	0	0	0
Criteria	0	32	0	3	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<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>The strategic and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation. The documents describe annual and longer-term objectives and the associated operational plans. A sample of electronic reports which are accessible to the owner/directors via an electronic shared drive, showed adequate information to monitor performance is reported. Reports include occupancy, financial performance, complaints, maintenance, quality data, emerging risks and issues. The general manager reports at least weekly to one director/owner via email and during telephone discussions. During interview with the owner/director he confirmed all reporting systems will remain in place to cover residents from the new building. He is working closely with the builders and project manager to ensure all compliance issues will be met prior to occupancy of the additional 13 beds.</p> <p>The service is managed by a general manager who holds relevant qualifications and has been in the role for over two years. The general manager has held similar positions in other age care facilities over the past nine years. A clinical manager who has been in the role for over five years, with 25 years aged care experience, supports the general manager along with a recently appointed quality assurance coordinator who is being mentored into the role. The quality assurance coordinator has worked at the facility four years. All three members of the management team are registered nurses with current nursing practising certificates. Responsibilities and accountabilities are defined in their job descriptions and individual employment agreements. The general manager confirms her knowledge of the sector, regulatory and reporting requirements. Members of the management team maintain currency through attendance at clinical and management ongoing education held on-site and off-site.</p>

		<p>The service holds contracts with WDHB for hospital geriatric and rest home level care. Residents were receiving services under the following contracts: -</p> <p>Long Term Support – Chronic Health Conditions – nil residents under this contract at the time of audit</p> <p>Age Related Residential Care – 33 hospital level care and 18 rest home level care</p> <p>Interim Care- one resident who is hospital level care</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>When the general manager is absent, the clinical manager and organisational quality assurance coordinator carry out all the required duties under delegated authority. During absences of clinical manager, the general manager and a senior registered nurse oversee all clinical management and are able to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.</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</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained. All files reviewed for staff who have worked longer than three months contained completed orientation booklets. Staff who have been employed less than three months have orientation booklets which are partially completed as they have three months of complete all requirements. Compulsory components of the orientation process such as fire training and medication competency have been completed. Staff orientation includes all necessary components relevant to the role. During interview, staff reported that the orientation process prepared them well for their role. All staff appraisals are current.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. A staff member is the internal assessor for the programme.</p>

<p>legislation.</p>		<p>Education is undertaken to an appropriate level and reflects care provision standards required to manage all contractual services. The service has sought and sent staff and management on specific courses and education related to in-depth medical care management of residents such as management of patients with intravenous antibiotics (OPIVA) and recognising signs of change in palliative residents by use of current best practice palliative care pathways. The OPIVA training has been specifically designed to assist registered nurses working in private hospitals within aged care to manage residents with central venous lines who require an extended length of intravenous antibiotic therapy in the comfort of their own facility. The GP confirmed care is delivered to a high standard and that as the number of residents increase more GP time will be allocated to the service. Currently the GP visits one day a week and this will increase to two days a week to safely manage the increase of residents.</p> <p>Staff training records have clearly documented education. Staff interviewed confirmed that on-site education is undertaken at least monthly with input from the gerontology nurse specialist, hospice nurses and other guest speakers. Staff stated that if they request a topic of interest this is in added into the education programme.</p> <p>There are six trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals for interRAI.</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>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. This is confirmed on the rosters sighted and during staff interviews. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this. The service has completed several projected rosters to show how staffing will increase according to the number of residents and/or resident acuity to ensure safe staffing levels are maintained to cover the new admissions for the additional beds. All RNs hold current first aid corticated to ensure all duties are covered as there is 24 hour/seven days a week RN coverage. The service has employed an additional registered nurse and three healthcare assistants in anticipation of the new build being opened and resident numbers increasing.</p> <p>The general manager works across two sites, both owned and operated by the same provider. Part of each day is spent at Forrest Hill Home and Hospital and she is always contactable via telephone. There are 92 dedicated activity hours per week and this will increase as required for the increase in resident numbers. Dedicated cleaning staff work 12 hours per day Monday to Friday and seven and a half hours in the weekend. The cleaner interviewed said the increase in workload had been discussed with management and cleaning hours will be increased if required for the new building. Laundry staff work seven and a half hours, seven days a week and as only resident personal laundry is undertaken on site, the general manager will review the need for more hours as resident numbers increase. Kitchen staff cover is available from 6am to 2pm and then 3pm to 7pm, seven days a week. Interviews with kitchen staff confirm they will be able to manage the increase in resident numbers without more staff required. The maintenance</p>

		person works across the two sites Monday to Friday and the maintenance book identifies all requested maintenance is completed promptly.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy is current and identifies all aspects of medicine management in line with legislative requirements and the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using a paper-based system was observed on the day of audit. The staff member observed demonstrated adequate knowledge and understood their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage. This is confirmed in competencies sighted with all RNs being fully medication competent and healthcare assistants who work night duty are competent as second checkers only.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN checks medications against the prescription. All medications sighted were within current use by dates. The service has registered staff and the support of community specialists to manage medical residents. Clinical pharmacist input, including education is provided as required.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review was consistently recorded on the medicine chart.</p> <p>There are no residents who self-administer medications at the time of audit. There is an implemented process for comprehensive analysis of any medication errors.</p> <p>The medication for the new build will be administered as described above and medication will be stored in the current medication cupboard. The general manager stated that another medication trolley would be purchased if required.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid</p>	FA	<p>The food service is provided on site by one of two cooks daily, supported by kitchen staff, and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian in August 2018. Recommendations made at that time have been implemented.</p>

<p>Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>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 ministry of primary industries and expires June 2020. Food temperatures, including for high-risk items, are monitored appropriately and recorded as part of the plan. The cook interviewed has undertaken a safe food handling qualification.</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. The cook interviewed stated that they can manage all menus and different foods/diets required for all residents and that they can easily cater for an additional 13 residents. This is confirmed during observation of kitchen equipment which includes two hot/cold boxes for transportation of meals if residents wish to eat in their bedroom. The residents from the new build will dine in the existing dining room which is large enough to cater for additional residents.</p> <p>Evidence of resident satisfaction with meals was verified by all but one resident, all family interviews and in residents' meeting minutes. One resident interviewed stated that sometimes the meat was not tender and it was too fatty. This information was passed onto management at the time of audit. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided. Families interviewed stated that the cook always caters for everyone's needs, likes and dislikes, covering a wide range of cultural dishes, food preferences, regularly visits residents and has discussions with family to ensure that they are happy with the food, providing alternative options if needed.</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,</p>	<p>FA</p>	<p>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. An external company is contracted to supply 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. The new build has a locked sluice room where chemicals will be stored.</p> <p>There is provision and availability of protective clothing and equipment and staff were observed using this.</p>

generated during service delivery.		
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>A current building warrant of fitness (expiry date 14 July 2019) is publicly displayed. This is for the currently used care facility only and does not include the new build.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment (08 April 2019) and calibration of bio medical equipment (21 January 2019) is current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. Newly purchased equipment is included in the test and tag and biomedical equipment testing as required. There is adequate equipment available, including electric beds, three lifting hoists and two weigh scales which will be used across all services. Efforts are made to ensure the environment is hazard free, that residents are safe and independence is promoted. The equipment is suitable for hospital and medical level care. The new building has adequate storage for equipment.</p> <p>External areas for the new building are yet to be completed. Existing outdoor areas, which can easily be accessed from the new build, are safely maintained and are appropriate to the resident groups and setting. Staff confirmed any requests for maintenance are appropriately actioned and that they are happy with the environment.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities.</p> <p>Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene</p>	FA	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. The new build has full ensuite facilities in all bedrooms plus a visitor and staff toilet located in a common area.</p> <p>All bathroom areas are of a size which allows lifting equipment to be used if required which makes them suitable for services offered. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence.</p>

requirements.		
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. For the new build the bedrooms are spacious and all are single accommodation. Existing bedrooms are personalised with furnishings, photos and other personal items displayed. The newly built bedrooms have a mix of built in furniture and freestanding furnishings and residents will be encouraged to personalise their bedrooms.</p> <p>The door width and room size is adequate for use of all existing equipment used by staff and residents including beds. The bedrooms will accommodate the safe storage of mobility aids, wheelchairs and mobility scooters as required.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Communal areas are available for residents to engage in activities. The existing dining and lounge areas, plus two new lounge areas in the new building allow easy access for residents and staff. Residents can access areas for privacy if required. Furniture is appropriate to the residents and their needs.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is</p>	FA	<p>Resident's personal laundry, tea towels and face clothes are undertaken on site in a dedicated well equipped laundry. Other items of laundry are sent off site and washed by a contracted provider. Dedicated laundry staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner. Staff confirm there is always adequate clean linen available. The laundry person interviewed feels that additional laundry hours may be required when all the new beds are full and the general manager confirmed she will monitor the need for increased hours.</p> <p>There is a small designated cleaning team who have received appropriate training. As confirmed in interview of cleaning staff and training records staff have completed safe chemical handling education. Chemicals were stored in</p>

<p>being provided.</p>		<p>a lockable cupboard and were in appropriately labelled containers.</p> <p>Cleaning and laundry processes are monitored through the internal audit programme. Cleaning staff feel confident that they will be able to manage the additional cleaning requirements of the new build. The general manager stated she will monitor the cleaning hours and they will be increased if required.</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>	<p>PA Low</p>	<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 describe the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan, which covers the existing care unit only, was approved by the New Zealand Fire Service on the 11 September 2014. The new fire evacuation scheme to include the new build is yet to be completed. A trial evacuation takes place six-monthly. The most recent being on 07 May 2019. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for the proposed 75 residents. Water storage tanks are located around the complex including an additional water storage tank under the deck of the new building. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed on a regular basis by the clinical manager and include response times. The call bells are operational in the new building and connected to the main call system. They will be included in all monitoring and audits.</p> <p>For the new build, all exterior doors have locks which automatically open should the fire alarm go off. The windows have safety stays to prevent the windows being opened too far. Staff will continue to do night time lock downs and check doors as they currently do in the existing facility.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe</p>	<p>FA</p>	<p>The heating and ventilation of the building is appropriate with the new building having under-floor central heating and ceiling air exchange units. Resident rooms have natural light. With the exception of one bedroom (room 73), the bedrooms have opening external windows. Room 73 has a large none-opening window as the external wall is rated as a firewall. To compensate for this there is a large ceiling skylight which can be remotely controlled by the resident to open for fresh air as required. The lounge areas of the new build have wall mounted electric heat pumps. The facility was warm and well ventilated throughout the audit and residents and families confirmed the existing facility is maintained at a comfortable temperature throughout the year.</p>

<p>ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>		
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The service implements an infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive and current infection control manual, with input from the clinical manager. The infection control programme and manual are reviewed annually. The programme is suitable for contracted services and will be applied to the additional residents once the new facility is operational.</p> <p>The clinical manager/registered nurse is the designated IPC coordinator, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to senior management and the owner/director which are tabled as part of the staff meetings.</p> <p>Signage at the main entrance to the facility requests anyone who is, or has been unwell in the past 48 hours, not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities. All staff are required to complete a documented competency related to infection control management and to demonstrate correct handwashing techniques as part of their orientation and annually thereafter. This was confirmed in staff files reviewed.</p>

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	All buildings, plant and equipment in use for existing services meet legislative requirements including a current building warrant of fitness. However, the new build has yet to be given a code of compliance. The owner/director confirmed during interview that this process is being managed by the project manager and that a copy of the code of compliance would be sent to the Ministry of Health as soon as it is available.	There is no code of compliance for the new building.	Provide evidence that the code of compliance has been issued for the new building. Prior to occupancy days

<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	<p>PA Low</p>	<p>The outdoor areas for the exiting building are safe and accessible to all residents. These areas will also be used by residents from the new building as required. However, the grounds, gardens, ramp handrails, and ramped areas on the exit doors from the new building are yet to be completed.</p>	<p>The outdoor areas are yet to be completed. The gardens have not yet been completed, the outdoor concrete ramps to allow pedestrian access to and from the new build does not have any safety handrails and the exit doors from the new build to the exterior do not have ramps to allow ease of access for walking frames or wheelchairs.</p>	<p>Provide evidence that external areas around the new building are completed to ensure resident safety.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	<p>PA Low</p>	<p>The existing care unit has an approved evacuation plan. This does not cover the new build.</p>	<p>There is currently no approved fire evacuation plan to include the new building.</p>	<p>Provide evidence that there is an approved fire evacuation plan to include the new building.</p> <p>Prior to occupancy 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.