

Akaroa Health Limited - Akaroa Residential Care Centre

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:	Akaroa Health Limited
Premises audited:	Akaroa Residential Care Centre
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 July 2019 End date: 10 July 2019
Proposed changes to current services (if any):	Akaroa Residential Care Centre is a new integrated family health facility, which is intended for eight dual purpose rest home and/or hospital medical beds, plus four medical beds. Residents currently living at what has been known as Pompallier House will transfer into the new facility. Ownership of the service has transferred from the Pompallier Trust to Akaroa Health Limited.
Total beds occupied across all premises included in the audit on the first day of the audit:	0



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

General overview of the audit

The Akaroa Residential Care Centre is an aged care service in Akaroa on Banks Peninsula, Canterbury, that provides rest home and hospital level care for up to 12 residents. Previously known as Pompallier House and operated by the Pompallier Village Trust Board, the service is due to move into a new purpose-built premise alongside primary health services. This residential service is now operated by Akaroa Health Limited, an integrated family health care service. Akaroa Health Limited is managed by a general manager and a clinical nurse lead.

This partial provisional audit, which was undertaken in preparation for the residents' transition to the new premise, was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with management, staff

and the building project manager. One resident volunteered information about the excellence of the service and was positive about the move to the new facility.

The audit has resulted in four identified areas for improvement relating to staff orientation, facility and equipment compliance requirements, fire and emergency training for staff and the need for an approved fire evacuation plan. Residents' care plans are now being evaluated in an effective and timely manner, which has addressed an area requiring improvement that was raised at the previous audit.

Consumer rights

Not applicable to this audit.

Organisational management

A strategic business plan 2018 – 2020 includes the scope, direction, goals, values and mission statement of the organisation. This is underpinned by other key planning and transition documents that have been developed to facilitate the transfer of the services from Pompallier Trust to Akaroa Health Limited. Monitoring of the services provided to the governing body is regular and informative. An experienced and suitably qualified person is managing the transition of the residential services and their integration with local primary health services. A clinical nurse lead supports the general manager.

Policies and procedures that support service delivery have been recently reviewed to reflect the organisational changes and the upcoming environmental changes.

The appointment and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery. Staffing levels and skill mix meet the changing needs of residents and are not expected to change during the transition to the new facility.

Continuum of service delivery

There are no immediate changes planned for the continuum of service delivery following the transition into the new premises. Additional registered nurses have been employed to ensure that any future increase in the acuity of residents' needs will be well managed.

Using a primary nursing model, registered nurses are responsible for the assessment and review processes of residents' care plans as well as the oversight of all residents' care.

Medicines are currently being safely managed and administered by staff who are competent to do so. The medicine storage areas in the new premise are lockable.

Food services will be maintained using the current menu that has been approved by a registered dietitian and the principles of safe food practices as in the registered food control plan. Residents with special needs will continue to be catered for.

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 medium or high risk and/or unattained and of low risk.
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The new facility is light, spacious and feels large compared with the older Pompallier House building that is currently being used by the residents of the Akaroa Residential Care Centre. Communal and individual spaces have been planned to accommodate the

needs of residents who may require additional assistance. External areas are accessible and safe with an enclosed courtyard providing people with an optional external place to sit.

Plans for the management of waste and hazardous substances at the new premise are consistent with those currently in place. Protective equipment and clothing are available and will transfer up to the new facility. Plans are in place for some laundry to be undertaken by an off-site contractor and some by staff on-site.

Up to date fire safety systems have been installed and emergency procedures well documented. An easy to audit electronic call bell system is in place. Applicable security considerations have been established.

Restraint minimisation and safe practice

Not applicable to this audit.

Infection prevention and control

The infection prevention and control programme, led by an experienced and trained infection control coordinator, aims to prevent and manage infections. The programme, which is guided by relevant policy and procedures, is reviewed annually and the most recent review reflects the upcoming shift of premises. Specialist infection prevention and control advice is accessed when needed.

Staff receive ongoing training to assist them to uphold good principles and practice in infection prevention and control.

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	1	0	0
Criteria	0	32	0	4	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>Akaroa Residential Care Centre sits under Akaroa Health Limited, which is still under an establishment contract with the district health board and will move to a transition contract 1 August 2019. A 2018 – 2020 strategic plan is undergoing ongoing review. It outlines the purpose – vision, mission and values, describes the strategic alignment and outlines the direction and goals of the organisation. This sits alongside key documents of an 'Akaroa Model of Care 2018', An Establishment Plan May 2018 – October 2019, a decision document 2019 and a detailed board programme. A more comprehensive transition plan for further developments after the move is under development. The documents described annual and longer-term objectives and the associated operational plans. An example of the Akaroa Health Limited board meeting agenda demonstrated that adequate information to monitor performance is being reported including financial performance, emerging risks, building issues and legal contracts.</p> <p>The service is managed by a general manager who holds relevant qualifications and has been in the role since early 2018. Responsibilities and accountabilities are defined in a job description that was recently reviewed during a performance review and an individual employment agreement. The general manager confirms knowledge of the sector, regulatory and reporting requirements and maintains</p>

		<p>currency through ongoing professional development, including post-graduate studies.</p> <p>During interview with the general manager, who was present throughout the audit, it was evident that the quality and risk management system is being strengthened and a strong focus on quality improvement processes already being introduced. Policies and procedures have been reviewed to reflect the new premise and the close links with the integrated health facility. However, the general manager informed that review of these will be ongoing after the move to ensure any unanticipated changes needed are covered. Both the general manager and the recently employed clinical nurse lead noted they have been able to increase their registered nurse cover. Records sighted confirmed that this has resulted in registered nurses being responsible for the assessment of all new residents, ongoing service delivery and the evaluation of care plans. Trained healthcare assistants support the registered nurses, who also noted their close links with the local GP practice, podiatrist, physiotherapist and the CDHB diabetes team at the practice.</p> <p>For the new facility, the service holds contracts with the local district health board (DHB) under the aged related residential care agreement for eight dual purpose beds. These eight rooms are suitable to provide residents with rest home, or hospital level, care and support services. Four other beds are designated for the provision of medical services under a separate DHB contract referred to as an 'Interim Service Agreement'. Eight residents were receiving services under the aged related residential care agreement at the former Pompallier House at the time of audit.</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>During a temporary absence of the general manager, there are plans for the clinical nurse lead to carry out all required management duties under delegated authority. Board members and local district health board managers are available should the need arise. There are reportedly sufficient experienced registered nurses in the team to take responsibility for any clinical issues that may arise and there will be easy access to the primary care lead and the local GPs in the on-site practice.</p>
<p>Standard 1.2.7: Human Resource Management</p>	PA Low	<p>Human resources management policies and processes are based on good</p>

<p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>employment practice and relevant legislation and only minimal changes have been made to these as part of the review. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records were reviewed but due to changes of ownership of the service and staff being employed by the new service provider, many of the original official documents were not available. The general manager has spoken with each staff person individually and has almost completed redoing the police vetting of all staff. Copies of current annual practising certificates for all appropriate health professionals are available and were sighted.</p> <p>Review of one file for a new staff person employed by the general manager demonstrated that the organisation's policies were implemented, and appropriate records retained.</p> <p>A former staff orientation programme document and checklist includes all necessary components relevant to the roles of the current staff within the older Pompallier House. Not only was evidence of staff having completed an orientation absent from the staff files reviewed, but the orientation checklist requires review for the new site and all staff require an orientation.</p> <p>Continuing education is planned and recorded on a spreadsheet. This includes 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. There is currently only one trained and competent registered nurse who is maintaining their annual competency requirements to undertake interRAI assessments. Both the registered nurse involved, and the clinical nurse lead confirmed that with the small number of residents, this is currently adequate. Plans are in place for more registered nurses to attain this competency, which was confirmed by the general manager. Records reviewed demonstrated completion of the required training. Two registered nurses informed that all staff underwent performance appraisals and that these had been on track, but as with the recruitment records, this documentation was not available. The general manager and clinical nurse lead intend to re-interview all staff after approximately three months.</p>
<p>Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service</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</p>

<p>from suitably qualified/skilled and/or experienced service providers.</p>		<p>week (24/7). A more recently developed rostering policy sits alongside this document.</p> <p>Current rostering processes are to be maintained following the move to the new premise. A standard roster is in place with variations made as required to meet any changing needs of residents.</p> <p>The general manager is on call and the GP practice owned by the same organisation provides 24-hour services. The registered nurses interviewed informed there is sufficient staff available on all shifts. A review of three weeks of rosters demonstrated consistency and there are sufficient casual staff to replace staff for both planned and unplanned absences. A registered nurse is allocated for each shift 24/7. All registered nurses have a current CPR competency and meet DHB competency requirements.</p> <p>The organisation's policy states all healthcare assistants require a first aid certificate, but a recent review revealed a significant number of first aid certificates are due for update. The general manager provided evidence confirming a first aid training day has been organised for later this month, 25 July 2019. The GP practice is on the same premise as the new premise and will be open Monday – Friday, 8am – 6pm and provide on call services afterhours and on weekends.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. Only minor amendments were required to ensure the practices would be consistent with the changes in the environment following the move to the new premise.</p> <p>A paper-based system is still in place and staff interviewed during the audit demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The registered nurse checks medications against the prescription and records this in two different ways. Clinical pharmacist input is provided as requested.</p> <p>Controlled drugs are stored securely in accordance with requirements and</p>

		<p>checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries. These will be stored and managed alongside the general practice when the services move to the new premise.</p> <p>The records of temperatures for the medicine fridge are checked daily and records 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, as is each person's allergy status. Updated standing orders are available, although the registered nurses informed they are seldom used as there is usually a GP close by to sign off any medicine needed. It is expected that their use will cease when the service moves and the GP practice is in the same building.</p> <p>There is no organisational policy on the self-administration of medicines. There are no residents who self-administer their medicines and the registered nurse informed this is not given as a choice to new residents.</p> <p>Any medication errors are reported and analysed through the incident reporting process. An example of this was sighted.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>Appropriate nutrition and food service policies and procedures are available. Food services will be provided at the new premise from the on-site kitchen by the same kitchen staff who are currently working in the older Pompallier House building. A four-week rotating menu is used with winter and summer options. This menu has been developed in consultation with staff and residents and a DHB dietitian who has approved it (July 2019) and confirmed it meets the recognised nutritional needs of older adults.</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 that is valid until 23 March 2020. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. Fridge temperatures are checked daily and a cleaning schedule is upheld. The main cooks have undertaken a safe food handling qualification.</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. These processes and records will not change with the shift to new premises.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	A previous corrective action relating to the evaluation of care plans was reviewed during this partial provisional audit. Following an interview with the registered nurse involved in the changes, three sets of randomly selected care plan evaluations were reviewed. All described the level at which the goal had been achieved and/or the progress towards achievement of the goal. They noted the interventions that were being followed through and what was working well and in one case goals had been changed as a result of their achievements. The requirements of the standard are now being met.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are documented processes for the management of waste and infectious and hazardous substances. There are not currently any hazardous substances being stored in the new facility. Records sighted confirmed staff receive training on the safe use of chemicals, including household cleaners. A mix of rubbish removal processes are in place. Recycling, general waste and green waste bins are removed weekly by the local council. A contractor removes biohazardous waste and the sharps containers are removed by a laboratory pick up person. The general manager and the clinical nurse lead confirmed that these systems will remain in place with the move to the new facility. Protective clothing and equipment were sighted at the old facility of Pompallier, which the general manager informed will transfer when the shift to the new facility occurs. According to the infection control officer, staff receive ongoing education on its use.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their	PA Low	On the day of audit, a council inspector rechecked some code of compliance issues and the project manager confirmed all requirements have been met. The paperwork is not yet available.

purpose.		<p>As the building was only officially accessible to the managers two days prior to the audit and finishing touches were still being competed, not all facility compliance requirements could be met. Hot water temperatures had not been checked and testing and tagging of electrical equipment was still underway. Bio-medical equipment was not available to check calibration records and a pan sanitiser coming from the old Pompallier House has yet to be installed. Floor surfaces are non-slip with carpet in communal areas and residents' rooms. The décor and furnishings have been designed to reflect the surrounding bush and local harbour views.</p> <p>Efforts have been made to ensure the environment is hazard free. All entrances and exits have ramps and level access and external areas have been finished with non-trip surfaces as appropriate to the intended resident group.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>In addition to staff and visitor toilets, all residents' rooms have an accessible ensuite and there is a toilet off the lounge. Each ensuite is approximately four and a half square metres. Appropriately secured and approved handrails are provided in the ensuites and toilets. Call bells are in each ensuite and an example of a newly purchased shower chair was sighted. There is a new one available for each room, although the rest remain packaged in their boxes until the shift.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All residents' rooms are designed for one-person occupancy. They are approximately 15 square metres (excluding the ensuite), which will enable residents and staff to move around the bedrooms safely. Entry doors to bedrooms open to a one and a half door size. Residents in the old Pompallier House have personalised their rooms with photographs, books and ornaments for example and the general manager confirmed this will be permitted in the new facility. Two residents have asked to take some of their own furniture when they move, and this has been affirmed.</p> <p>There is room to store mobility aids and wheelchairs. A mobility scooter park with charging facilities has been constructed outside and the position of the door enables easy access back into the building.</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>A dining room that opens onto a courtyard is available for resident use. It has a filtered water drinking faucet, a basin and three tables. A lounge that has a view of trees and overlooks the harbour is at the end of the residential care wing and also has a door onto the courtyard. These communal areas are spacious and will enable easy access for residents and staff. Some of the furniture, which is still to be positioned was sighted. This is appropriate to the setting and will meet residents' 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 being provided.</p>	FA	<p>An on-site laundry is spacious. The managers informed residents' personal items will be washed there by healthcare assistants and this was noted in policy documents sighted. An off-site commercial laundry has been contracted to launder bedlinen and towels, which is a change to the current system.</p> <p>Chemicals and the associated safety data sheets (sighted) for cleaning are still at the old Pompallier House and will transfer up during the shift. A purpose-built lockable cupboard for the storage of cleaning equipment and chemicals was sighted and facilitates safe storage. Healthcare assistants currently undertake the cleaning and will continue to do so; however, there are plans for this to be augmented with a cleaner doing at least one day per week within the residential care area of the new facility.</p> <p>Cleaning and laundry processes will be monitored through the internal audit programme as is currently occurring.</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>	PA Moderate	<p>Relevant disaster and emergency management policies are available, and staff have been receiving regular education on these topics. Staff training on fire safety and emergency management and a trial evacuation within the new facility have yet to occur and an evacuation plan is still to be approved by the New Zealand Fire Service. Emergency lighting has been tested, back up batteries are available for the call bell system, the service and the vaccine fridge and the adjoining health centre has an emergency radio system.</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 at what was previously known as Pompallier House. Items in a civil defence kit are checked monthly. The general manager informed these items will all transfer to the new</p>

		<p>facility. The general manager of Akaroa Health Ltd including the Akaroa Residential Care Centre is a member of the local community resilience group. It was reported that there are strong community links to provide additional assistance in an emergency.</p> <p>A call bell system with digital corridor mounted displays and displays on monitors in the nurses' station has been installed. This was tested during the audit. The call system has options for residents to call for assistance, a staff assist option and an emergency call option. This electronic system enables easy auditing of response times.</p> <p>Appropriate security arrangements are in place, as per a security policy and procedure. Doors and windows are to be locked at a predetermined time, as currently occurs in the old facility. There is a key plan in place for the new facility, windows that open to areas potentially accessible to the public have security latches in situ and the front door has dual entry which requires the person entering to ring for assistance to go through the second door after hours. The new facility is much larger than the current one and the general manager is in conversation with a local policeman to develop strategies that will enable staff to feel safer on afternoon and night shifts.</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>Residents' rooms and communal areas have double-glazed windows that enable natural light to enter and are able to be opened for ventilation. One of the rooms of the four medical beds opens onto an internal courtyard, as does a door from the lounge of the residential area.</p> <p>All residents' rooms and communal areas are heated appropriately. There is underfloor heating in the residential area and wall-mounted thermostats were evident. It was working during the audit visit. The residential lounge and Akaroa Health facility, including the four medical beds are heated via a thermostatically controlled heating, ventilation and air conditioning system (HVAC).</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</p>	FA	<p>The current infection control nurse from Akaroa Residential Care was interviewed during the partial provisional audit. It was confirmed that there are unlikely to be any significant changes to current management of infection prevention and control processes when the service shifts from the old Pompallier House building to the new Akaroa Health facility. An infection prevention and control programme</p>

<p>the service.</p>		<p>with six clear objectives, aimed at minimising the risk of infection to residents, staff and visitors, is currently being implemented. The programme is guided by a comprehensive and current infection control manual. It is suitable to the type and size of this facility and both the programme and the manual are reviewed annually, with the last review being June 2019 when the policy was rebranded.</p> <p>Akaroa Residential Care Services has access to a range of additional resources including the local GPs, infection control advisor of the local district health board, a clinical nurse specialist and laboratory staff. The role and responsibilities of the infection control nurse are defined in a job description. Infection control matters, including surveillance results, are currently being reported monthly to the general manager and tabled at staff meetings, as well as board meetings when relevant. Staff receive ongoing influenza reports in season and received updates during a recent skin infection outbreak. The general manager described plans going forward for an infection control committee to include herself, the overarching Akaroa Health clinical nurse lead, the clinical lead of primary care, the infection control nurse and health and safety.</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. Notices reminding staff not to come to work when unwell are on display at the older Pompallier House building and the infection control nurse stated that such signs will be re-erected at the new facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Influenza vaccinations are made available to staff and residents each year.</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)
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	<p>Documents associated with an orientation programme for the former Pompallier House service are available. This covers the essential components for delivery of aged care services. To date these have not been reviewed to assess their suitability for the new facility. Since the change of ownership, records for staff who were orientated to Pompallier House are no longer available. A series of sessions to orientate staff to the new facility is planned but has yet to occur as official entry to the building was only obtained two days prior to the audit.</p>	<p>Records of completion of an orientation programme were not available for the prospective staff, the staff have yet to receive an orientation to the new building and the orientation package currently in use has not been reviewed to ensure its suitability for the new facility.</p>	<p>An orientation/induction programme covering the essential components for new staff is available and all prospective staff have been suitably orientated to the new facility.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and</p>	PA Low	<p>At the time of audit, finishing touches were still underway to the</p>	<p>A Code of Compliance Certificate is not yet available;</p>	<p>All buildings and equipment are safe and comply with legislation</p>

equipment comply with legislation.		new building for the Akaroa Residential Care Centre. The project manager is awaiting paperwork to confirm the council inspector report that the building meets compliance requirements. Testing and tagging is not yet complete, bio-medical equipment is not yet at the facility, hot water temperatures have not been checked and nor is all equipment installed. Records of completion of these have yet to be provided to ensure the standard is met.	hot water temperatures have not been checked to confirm they are within safe levels; testing and tagging of electrical equipment has still to occur and with equipment yet to arrive and to be installed, there were no records to confirm that it has been checked for safety.	with a building Code of Compliance, hot water temperatures safe, electrical equipment tested and tagged and evidence of bio-medical equipment for use in the residential services having been calibrated. Prior to occupancy days
Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.	PA Low	Training records sighted demonstrated that staff at what was known as Pompallier House undertake regular training in relation to fire and emergency management. A staff person reported it is also a component of the orientation programme, which was evident in the orientation checklist currently in use. The managers received a full update on the fire and emergency systems at the new Akaroa Health facility the day before the audit. Remaining staff have yet to undertake this training and participate in a trial evacuation.	Prospective staff have not yet received fire and emergency management training as it relates to the new facility and nor have they participated in a trial evacuation.	All staff receive appropriate information, training, and equipment to respond to identified emergency and security situations, including fire safety and emergency procedures, prior to the transfer to the new Akaroa Residential Care Centre. Prior to occupancy days
Criterion 1.4.7.3	PA Low	An evacuation plan has been discussed with representatives from	A New Zealand Fire Service's approval of an evacuation	A copy of approval of the evacuation scheme by the New

<p>Where required by legislation there is an approved evacuation plan.</p>		<p>the local fire service and from a fire safety compliance company. The proposed plan has yet to be completed and approved by the fire service.</p>	<p>scheme is not yet available.</p>	<p>Zealand Fire Service is obtained. Prior to occupancy days</p>
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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.