

Te Awa Care Limited - Te Awa Care

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:	Te Awa Care Limited
Premises audited:	Te Awa Care Ltd
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 7 February 2020 End date: 7 February 2020
Proposed changes to current services (if any):	A partial provisional was completed to verify a new purpose-built 12-bed dementia unit.
Total beds occupied across all premises included in the audit on the first day of the audit:	35

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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

Te Awa Lifecare Village Limited trading as Te Awa Lifecare provides rest home and hospital level care for up to 42 residents. On the day of the audit there were 35 residents living at the facility.

This partial provisional audit was undertaken to assess the service as suitable to provide dementia level care. This included reviewing transitions plans, observing/viewing the secure 12-bed unit, service areas and clinical areas and interviews with staff and management. This will increase the total bed numbers from 42 to 54 total beds. This audit has verified the 12-bed unit as suitable to provide dementia level care.

The improvement required at the previous audit around meeting assessment and care planning timeframes remains.

This audit identified that improvements are required prior to occupancy to the fire evacuation scheme and to perimeter fencing for the dementia unit.

Consumer rights

[Click here to enter text](#)

Organisational management

The organisation completes annual planning and has comprehensive policies/procedures. A transition plan to manage the occupancy and staffing of the new 12-bed dementia unit is documented.

The organisation provides documented job descriptions for all positions, which details each position's responsibilities, accountabilities and authorities. Organisational human resource policies are implemented for recruitment, selection and appointment of staff. The service has an implemented induction/orientation programme which is being used for new staff rostered to the dementia unit. A training programme is implemented. The service has sufficient numbers of healthcare assistants with level four training to staff the unit when it opens.

There is a documented rationale for determining staffing levels and skill mixes for safe service delivery. Staffing is already in place and some staff will transfer over to the new dementia unit. Other healthcare assistants have been recruited so that there is time to orientate staff prior to opening. The draft staffing roster allows for assessed service type and acuity of residents and considers the configuration of the new building.

Continuum of service delivery

The medication management system is implemented as per policy currently. The same processes will be used in the dementia unit. Each resident bedroom has two locked drawers to store medicines. The service is using an electronic medication system.

The main kitchen is located in the existing building and food will be transported to the dementia unit in hot boxes already in use. The menu is designed and reviewed by a registered dietitian at an organisational level and will continue to be used for the residents in the unit. Snacks are available in the dementia unit 24 hours a day.

Safe and appropriate environment

Te Awa Lifecare has a current building warrant of fitness for the existing building and a code of compliance for the newly built dementia unit.

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff. The organisation has purchased new equipment and furniture with this to be calibrated and checked along with the equipment in the care centre. The facility has installed a call bell system that links with the existing centre.

All resident rooms have an ensuite and there is a communal bathroom in the unit. Fixtures, fittings and floor and wall surfaces sighted in bathrooms and toilets are made of accepted materials for this environment.

Resident rooms are of sufficient space to ensure care and support to all residents and for the safe use of mobility aids. Communal areas are well designed, spacious and allow for a number of activities.

Laundry and cleaning will be managed by staff as per policies and practices in the care centre.

General living areas and resident rooms are appropriately heated and ventilated. The outdoor area has shade, seating and circular footpaths with space for outdoor activities.

Restraint minimisation and safe practice

Te Awa Lifecare has restraint minimisation and safe practice policies and procedures in place. On the day of the audit there were no residents with restraints and no residents using an enabler. The dementia unit is a secure unit.

Infection prevention and control

Infection control management systems are documented to minimise the risk of infection to residents, staff and visitors. The infection control programme is implemented as per policy. The infection control officer (clinical nurse manager) uses the data and information including results of audits of the facility, hand hygiene and surveillance of infection control events to determine infection control activities, resources and education needs. Staff receive ongoing training in infection 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	17	0	1	1	0	0
Criteria	0	38	0	2	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>Te Awa Lifecare is a purpose-built facility on the rural outskirts of Cambridge. The service was opened on 1 August 2018.</p> <p>The facility is across one level and includes a total of 32 dual-purpose (hospital and rest home) beds as part of the care facility plus five care cottages that are part of the care facility that are designated as dual purpose beds (each can have couple). Currently these are occupied only by independent residents.</p> <p>There are a total of 42 beds with 35 currently occupied: i) six hospital residents and 25 rest home residents in the care centre including two residents using respite care (rest home level of care); two end of life on a palliative care contracts (private) and all others funded under the ARC contract. There are four residents in the care cottages (private paying).</p> <p>The addition of the 12-bed dementia unit when certified will bring the total number of beds to 54.</p> <p>The service is governed by a board of two directors who have experience in owning aged care facilities. Te Awa Lifecare has a strategic executive plan (1 August 2019 to 1 August 2020) and a business plan that cascades from the strategic plan. A transition plan to manage the occupation of the dementia unit</p>

		<p>when certified, is in place.</p> <p>There is a philosophy of care documented. Te Awa Lifecare's vision is 'Helping our people make the most of every day'.</p> <p>An experienced management team is employed to manage the service. The general manager has extensive experience in managing businesses including being in the role as shareholder/general manager and is supported by a clinical nurse manager (registered nurse) who has many years' experience in hospice care particularly as a clinical nurse specialist. The clinical nurse manager has a Master of Nursing and is currently enrolled in training as a nurse prescriber. The clinical nurse manager has worked in dementia units, acute psychiatric and forensic mental health units and has completed a year training in mental health including dementia, acute psychiatry and forensic mental health.</p> <p>The managers have maintained at least eight hours annually of professional development activities relevant to their roles.</p> <p>This audit including verifying a 12-bed secure dementia unit which is linked to the care centre by a hallway. The audit verified that the staff roster, equipment requirements, environment, documented systems and processes are appropriate for providing dementia level care in the secure unit. The service is planning on opening the dementia unit to residents on February 2020 pending certification as a result of this 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>In the absence of the general manager, the clinical nurse manager is in charge, noting that the general manager stated that they would remain in contact at all times. The clinical nurse manager is supported by a registered nurse with experience in aged care when on leave.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. The policies have been updated to include the requirements of the dementia unit. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and skills. A copy of practising certificates is kept for staff and external health providers, with all current.</p> <p>Eight staff files were reviewed (the clinical nurse manager, the general manager,</p>

		<p>three registered nurses, cook and two healthcare assistants) and all included all appropriate documentation. This included a contract relevant to the role, a job description (that includes roles for staffing across all levels of care) and evidence of orientation and training. Performance appraisals have been completed for staff who have been in the service for a year.</p> <p>Healthcare assistants and registered nurse staffing levels are stable. The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. The transition plan details the orientation required for staff who will be working in the dementia unit prior to the start of work in the new unit. Orientation now includes orientation to the dementia unit for any new staff.</p> <p>The service has recruited an extra five healthcare assistants to work in the unit with other healthcare assistants already in the service. Of the newly recruited staff there are three who have completed dementia training level 4 and one in training. Of the existing staff, there are three who have completed level 4 and two in training. All will have either completed level 4 training or be in training when the unit is opened. There are also two other casual staff who have level 4 training who will be able to provide cover when staff are on leave.</p> <p>There was a completed in-service calendar from August 2019 to 2020 which exceeded eight hours annually for staff who attended the training offered. One registered nurse is interRAI trained with the general manager and clinical nurse manager also trained in the management component of interRAI. Three are enrolled in interRAI training.</p> <p>There are a total of 57 staff employed at the service including 22 (plus seven more HCAs recently recruited for the dementia unit) healthcare assistants; nine registered nurses; general manager (activities staff); clinical nurse manager; eight kitchen staff and four household staff; two maintenance; three administrators who support the activities programme.</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>	FA	<p>There is a policy that includes staff rationale and skill mix. A review of rosters (November 2019 to current) confirmed that there are sufficient staff rostered and staff are replaced when on leave.</p> <p>Staffing across the dual-purpose beds is designated to specific wings (RD1, RD2, dementia unit). Currently staffing is allocated across both RD1 and RD2 (noting</p>

		<p>that this is adjusted for acuity and resident numbers). There is always at least one registered nurse on duty along with six healthcare assistants in the morning (full shifts), four in the afternoon and one overnight. There is a second registered nurse on duty in the morning and the clinical nurse manager who provides hands-on care as necessary.</p> <p>The dementia unit will be staffed with two staff in the morning (one short and one long shift) and one healthcare assistant in the afternoon and night. A healthcare assistant will be present five days a week, four hours a day to provide activities for residents with support by the manager. A contractor (diversional therapist) is being put in place for the dementia unit in the interim to provide oversight and support with the clinical nurse manager also providing oversight and support for activities. In the morning, the second registered nurse will work in the dementia unit seven days a week for a minimum of 14 hours per week. This will include oversight of residents, staff, medication management and care planning as well as clinical interventions.</p> <p>There is an on-call process for after hours and staff are aware of how to escalate any concerns. Currently the clinical nurse manager is on call with a registered nurse able to provide backup on call if required. The general manager stated that they live on site and are always able to be contacted. The doctor is also on call 24/7.</p> <p>The service is well staffed for the number and acuity of residents in the service. The dementia unit is linked by a hallway to the existing hallway in the care centre and the rosters reviewed confirmed that the unit will be well staffed while transitioning residents into the unit (full complement of staff put in place at the time the unit is opened).</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>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Registered nurses administer medications and medication competent carers check medications when required. These staff have been assessed for competency on an annual basis and attend annual medication education. All medication is described as being checked on delivery against the electronic medication chart with medications currently secured either in the residents locked drawers or in the medication room.</p> <p>Each bedroom in the dementia unit has two locked drawers in the bathroom for the resident's personal medication. The registered nurse will be responsible for</p>

		<p>administering the medications using the electronic medication system. The registered nurse will access the locked cabinet within that room to access the medication during the medication round. The exception is the controlled drugs which will be kept in the safe in the facility medication room. Two staff will deliver the controlled drugs to the unit if required. A small locked fridge is in the secure area for any medications to be stored if they require refrigeration. The clinical nurse manager described the process of dating eye drops and ointments on opening.</p> <p>The clinical nurse manager described the process for administering medication for residents in the dementia unit. Administration is documented using a tablet which is carried by the registered nurse. The registered nurse is responsible for getting the medication out of the locked drawer and giving this to the resident with the documentation signed when completed. The registered nurse currently gets the residents and takes them to the room to give medication or takes the medication to the person individually. The keys are common to the locked cabinets and the registered nurse carries these with them at all times. This system is used currently in the rest home hospital area. The clinical nurse manager states that this is a safer process and to date there have been no medication incidents since the service opened</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>	FA	<p>All meals are prepared and cooked on site for Te Awa Lifecare. The Food Control Plan expires on 25 June 2020. Te Awa Lifecare has a large kitchen with a receiving area and food preparation and dish washing area. A qualified chef works Monday to Friday. The sous chef works Sunday to Thursday. There are always three to four cooks operating daily in the kitchen. Kitchen staff have completed food safety units.</p> <p>The menus are seasonal and rotate on a four-weekly basis. The menu has been audited and approved by a dietitian. There are snacks available throughout the day. Residents can choose to have breakfast in their room. All residents have a fridge, microwave and kitchenette available in their rooms. Cultural preferences and special diets are met including pureed diets and high protein diets. The cook receives a resident dietary profile for all residents and is notified of any dietary changes. Likes and dislikes are known and accommodated. Food is transferred from the kitchen in hot boxes and served in resident's rooms or in one of the dining rooms. There are two hot boxes currently to transport food and one will be used to take the food to the dementia unit. This is sufficient to transport food presently</p>

		<p>however the service is in the process of purchasing a third hot box for future numbers of residents. Snack bowls are available in the unit so that residents will be able to access food at any time.</p> <p>Fridge and freezer temperatures are recorded daily and this was described as continuing to occur. All foods were date labelled and stored correctly. A cleaning schedule is maintained, this was sighted. Alternatives are offered for dislikes and allergies are documented in the kitchen.</p> <p>There is a lounge/dining area in the secure dementia unit that can seat all residents in the unit.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The clinical nurse manager has had previous experience developing plans and providing in dementia units and acute psychiatric and forensic mental health units, where they worked for a total of two years. The general manager is in the process of contracting a diversional therapist to provide oversight of the programme. This will include supporting the development of the programme and oversight of healthcare assistant who will be allocated to provide the activities programme for 20 hours a week.</p> <p>Activities for residents currently occurs daily in a group or one to one with the activities programme designed to reflect residents' interests. The 'Care Suite calendar' displays the group activities scheduled for residents in the care suite and advised this will be displayed in the dementia unit with specific reference to activities for the dementia unit. A personal activities assessment is completed after admission in consultation with the resident and/or family/whānau and it is envisaged that this will occur for people in the dementia unit. The assessment captures a resident's interests, career, and family background. This information is then used to design the activity plan. A record is kept of individual resident's activities. The activity sections of the care plan are reviewed six monthly. The clinical nurse manager is able to describe the development of 24-hour activity plans for each resident in the dementia unit.</p> <p>One to one and group activities are provided currently with one to one activities described as being focused on the resident's personal interests. Community access includes van trips and residents in the dementia unit will be included.</p> <p>Family meetings are planned to be held for family of residents in the dementia unit and for perspective residents to focus on their needs.</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>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets for chemicals are readily accessible for staff with these available for the dementia unit. Chemicals were correctly labelled and stored safely throughout the facility and the chemical trolley will be taken to the unit as required. This is a locked trolley which will be stored in the care centre when not in use.</p> <p>The hazard register identifies hazardous substances. The maintenance person described the safe management of hazardous material. There is a sluice room with personal protective equipment available in the dementia unit accessed through a wrist swipe band. Staff have completed chemical safety training including newly orientated staff. A chemical spills kit is available in the dementia unit.</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>	FA	<p>The building has a current building warrant of fitness that expires 12 July 2020 and the dementia unit has a code of compliance that expires 21 January 2021.</p> <p>Reactive and preventative maintenance occurs. There is an annual maintenance plan, which includes monthly checks, for example, hot water temperature, call bells, resident equipment and safety checks. Electrical equipment has been tested and tagged. Clinical equipment is calibrated annually and equipment in the dementia unit will fall into the same schedule (next due September 2020). Essential contractors are available 24-hours a day. Fire equipment is checked by an external provider with the dementia unit now included in these checks.</p> <p>The corridors are wide and promote safe mobility for the use of mobility aids and transferring equipment. Residents will be able to move freely around the areas with mobility aids where required. The external areas and gardens were well established in the dementia area. There are outdoor areas with seating and shade. There is wheelchair access to all areas including in the dementia unit.</p> <p>The layout of the service allows for wandering in the unit with light used to guide residents to key areas. Each bedroom has sensor lights on the floor and in the bathroom that guide the resident if they get out of bed at night. There are also lights and colours used to denote specific areas and equipment e.g. the bathroom, toilet paper holders etc. There is an indoor-outdoor flow that encourages the</p>

		<p>residents to walk into outdoor areas.</p> <p>The dementia unit is secure internally with the use of wrist swipe bands to access the unit.</p> <p>The external areas and gardens are well established in the dementia area with circular paths and areas that provide activities. There is a chicken coop, area for outdoor bowls and shade and seating. Activities have been already set up to engage residents in outdoor areas with letter boxes, stable fencing and gardens that encourage engagement in activities. There is wheelchair access to all areas including in the dementia unit. Colour and lighting supports residents to key areas both indoors and outdoors.</p> <p>The outdoor area has a high perimeter fence with locks on doors to areas outside of the unit (link 1.4.7.6).</p> <p>The facility has a van available for transportation of residents. Those staff transporting residents hold a current first aid certificate.</p> <p>The healthcare assistants and RNs stated they have enough equipment to safely deliver the cares as outlined in the resident care plans.</p> <p>There is adequate equipment available to provide dementia level of care within the secure unit.</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>There are adequate toilets and showers in Te Awa Lifecare. Each resident bedroom has an ensuite toilet and shower. The communal bathroom is accessible to residents, visitors and staff. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Communal, visitor and staff toilets contain flowing soap and paper towels. Communal toilets and bathrooms have appropriate signage and locks on the doors with rails to support residents in appropriate places in the bathroom. Each bathroom is fitted with an emergency call bell which is able to be sighted in the care centre and by staff in the unit. Floor lighting in the bedroom and sensor lighting in the bathroom lights up at night when a resident gets out of bed. Colours and lighting in toilet/bathroom areas is used to direct the resident to equipment such as toilet roll.</p>
Standard 1.4.4: Personal Space/Bed Areas	FA	<p>Bedrooms are spacious, and residents can manoeuvre mobility aids around the</p>

Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.		bed and within their personal space. There is adequate room to safely manoeuvre mobility aids in the resident bedroom. Residents and families will be encouraged to personalise their rooms.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There is a lounge and dining room in the unit that is appropriate as a space to provide activities if required. All areas are easily accessible for residents. Furnishings and seating are appropriate for the resident group. Residents were seen moving freely within the communal areas during the day of the audit in the care centre and it is envisaged that the same will occur in the dementia unit.</p> <p>There is a kitchenette in the lounge/dining area. Hot water is secured with the power point for the jug fed into a cupboard. The switch to the jug is inside the cupboard with the jug and element kept separately. There is an oven that is able to be turned on from inside of a cupboard and even if on, is only able to be activated by turning a number of knobs.</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>There are policies and procedures which provide guidelines regarding the safe and efficient use of laundry services. All laundry is completed at Te Awa Lifecare on site. There is a small laundry with a domestic washing machine and dryer in the dementia unit and each resident will be supported to do their own personal laundry when possible and with the support of staff. Washing powder will be kept in a locked cupboard in the laundry with staff supporting a resident to use this. The cleaning staff have completed chemical safety training. Personal protective clothing is available as required including gloves, aprons and face masks. The cleaners' trolley will be stored in a locked area in the care centre when not in use. There are dedicated cleaning staff allocated to the unit and the laundry is currently undertaken by healthcare assistants.</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 Low	<p>Appropriate training, information, and equipment for responding to emergencies is provided at induction and is included as part of the annual training programme. Staff training in fire safety and a fire drill is scheduled to be completed for new staff in the induction prior to opening of the unit.</p> <p>There are comprehensive civil defence and emergency procedures in place. There are civil defence kits and large water tanks available on site that will also</p>

		<p>service the dementia unit.</p> <p>Key staff hold a first aid certificate and a review of the rosters from November 2019 confirmed that there is always at least one staff with a first aid certificate on site. A review of staff files also confirmed that key staff have a first aid certificate and an external provider has been booked to provide first aid training to new staff prior to the dementia unit being opened.</p> <p>Smoke alarms, sprinkler system and exit signs are in place in the building including in the dementia unit. The fire evacuation plan for the main care centre was approved on the 31 August 2019. The general manager is aware that a new plan will be required prior to occupancy of the dementia unit.</p> <p>The facility has emergency lighting and torches. There is a generator, gas BBQ and additional cylinders are available for alternative cooking.</p> <p>There is a security policy in place with checks overnight. The service has a mobility van and there is a transportation policy that links to residents outing policy and vehicle driver competency assessment. The unit is secured with a wrist activation system on outside doors and high fencing around the perimeter. This requires further work to ensure that it provides security for residents in the unit.</p> <p>There is an automated sliding door entrance to the lobby in the care centre. This is locked afterhours. Any visitor to the dementia unit after hours will ring the nursing station to access the unit and be escorted in.</p> <p>The call bell system is available in all areas with visual display panels. The call bell system is connected to pagers. Each bedroom in the dementia unit has three call bells (one beside the bed, one by the chair and one in the bathroom). All are connected to the care centre system. On the day of audit, a bell was activated, and care staff arrived in the unit in less than three minutes.</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>The environment was maintained at a safe and comfortable temperature. Residents when moved into the unit, will be provided with adequate natural light and safe ventilation.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the</p>	FA	<p>The service has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and</p>

risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.		degree of risk associated with the service. It is linked into the reporting system documented on VCare. Infection control internal audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation with this included in the orientation pack for new staff rostered to work in the dementia unit. The dementia unit has been designed with full input from the infection control coordinator (clinical nurse manager) and the unit is built with consideration to the providing residents, staff and visitors with an environment that minimises the risk of infection. The infection control programme was last reviewed in 2019.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	Click here to enter text
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	<p>Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0.</p> <p>The service has documented systems in place to ensure the use of restraint is actively minimised. There are no residents using either restraint or an enabler currently in the service and any enabler use is voluntary. Staff have received training on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques and this will be included in the orientation for staff prior to being rostered to the dementia unit as part of orientation. The clinical nurse manager monitors any potential use of restraint or enablers. It is not envisaged that restraint will be used in the dementia unit. The dementia unit is a secure unit.</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)
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	<p>PA</p> <p>Moderate</p>	<p>Five resident files were sampled. This included two rest home resident files and three hospital files (including one resident. The files reviewed identified that all initial nursing assessments and initial care plans had been completed within the required timeframe.</p> <p>Three initial interRAI assessments and two initial long-term care plans were completed in a timely manner. Two interRAI and one care plan was reviewed in a timely manner at the six-month point with an evaluation of the previous care plan in place.</p> <p>The clinical nurse manager is providing support and oversight of all care plans and the existing care plans are updated with specialised assessment tools used when required e.g. Braden, mini mental</p>	<p>Two initial interRAI assessments and three initial long-term care plans were not completed in a timely manner. Three interRAI and four care plans were not reviewed in a timely manner at the six-month point with an evaluation of the previous care plan in place.</p>	<p>Ensure that timeframes for completing documentation of assessments and care plans is maintained</p> <p>60 days</p>

		examination, pain assessment. The clinical nurse manager and the registered nurse were able to describe interventions and strategies when a resident had deteriorated or had a change of state and when this occurred, these were documented in the care plan.		
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	The service is preparing an evacuation plan to include the new dementia unit build. This is to be forwarded to the New Zealand Fire Service prior to occupancy.	There is an approved evacuation plan for the facility that has not yet been updated to include the dementia unit.	<p>Ensure that there is an approved evacuation plan that includes the secure dementia unit.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.6</p> <p>The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.</p>	PA Low	The dementia unit has a high perimeter fence. This is secure with gates that are locked. The fencing currently has low railings that potentially can be used by residents to climb on. Cladding was sighted that is going to be put on all fences prior to occupancy. This is also in the transition plan.	Fencing is not yet appropriate to the needs of residents in a dementia unit to prevent them leaving the unit.	<p>Ensure that the fencing is appropriate to maintain the safety of residents in a dementia unit.</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.