

Lady Wigram Limited - Lady Wigram Village

Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Lady Wigram Limited		
Premises audited:	Lady Wigram Village		
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care		
Dates of audit:	Start date: 15 October 2020	End date: 15 October 2020	
Proposed changes to current services (if any): The new care centre is opening in planned stages. Stage one is planned to open 2 November 2020. This partial provisional audit included verifying stage one of the build which included, verifying a 40-bed dual-purpose unit on the ground floor, (it is intended that once all stages are open, this unit will be intended as rest home only). The first-floor hospital unit, which has been verified as part of this audit, is to be used as a temporary 23-bed dementia unit for up to 20 residents. It is intended that once stage two is completed (February-March 2021), the residents in this temporary dementia unit			

will move to either one of two purpose built 20-bed dementia units on the ground floor and the first floor will be verified as opened as a hospital unit. Stage two was not included as part of this audit and will be verified prior to opening in March 2021.

At the end of stage one the service will have a total of 60 beds (40 dual-purpose and 20 dementia beds). At the end of the stage two build (March 2021), the care centre will have a total of 140 beds (40 dual-purpose beds, 2x 20-bed dementia units all on ground floor and 60-bed hospital unit on the first floor).

As part of this audit the service has also been verified as suitable to provide hospital-medical level care.

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.

General overview of the audit

Lady Wigram Retirement Village is a retirement village located in Wigram Christchurch. The care centre facility is modern and spacious and near completion. The new care centre is opening in planned stages. Stage one is planned to open 2 November 2020.

This partial provisional audit included verifying stage one of the new care centre which included, a 40-bed dual-purpose unit on the ground floor. The first-floor hospital unit, which has been verified as part of this audit to be used as a temporary 23-bed dementia unit for up to 20 residents. It is intended that once stage two is completed (February-March 2021), the residents in this temporary dementia unit will move to either one of two purpose built 20-bed dementia units on the ground floor and the first floor will be verified as opened as a hospital unit. Stage two was not included as part of this audit and will be verified prior to opening in March 2021.

At the end of stage one the service will have a total of 60 beds (40 dual-purpose and 20 dementia beds). On completion of the facility (stage two March 2021), the care centre will have a total of 140 beds (40 dual-purpose beds, 2x 20-bed dementia units all on ground floor and 60-bed hospital unit on the first floor).

As part of this audit the service has also been verified as suitable to provide hospital-medical level care.

The owner is hands-on and supports the current management team. The operations manager (background in aged care management and HR) is supported by an experienced aged care clinical manager. The management team includes a part-time quality manager. All staff have been employed for the opening of the temporary dementia unit and rest home with further staff to be employed for hospital residents.

The audit identified the dual-purpose unit, temporary dementia unit, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home and hospital (medical and geriatric) and dementia level care. There is a documented transition plan and clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

The improvements required by the service are all related to the completion of the new service, registered nurse cover and securing the dementia unit.

Consumer rights

Not audited.

Organisational management

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital, (medical and geriatric) and dementia level care. There is a quality plan with key objectives. There is a documented risk management plan around the temporary dementia unit.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Organisational human resource policies are implemented for recruitment, selection and appointment of staff. The service has an induction/orientation programme, which includes packages specifically tailored to the position. Induction training days are planned prior to opening.

There is a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a planned transition around opening of the dementia unit and dual-purpose unit, and this is reflective in the draft rosters. The draft staffing roster also allows for assessed service type, acuity of residents and the location of residents.

Continuum of service delivery

The medication management system includes medication policy and procedures that follow recognised standards and guidelines for safe medicine management practice in accord with the guidelines. The dual-purpose unit and dementia unit have a secure medication treatment room off the nurse's station. The service is planning to use an electronic medication system across the care centre. Contracts are in place for pharmacy and medical services.

There are activity staff employed initially for five days a week. The diversional therapist will oversee the activity programme and ensure regular outings for residents in the temporary dementia unit.

There is a small compact kitchen currently operating for village residents. It is intended that this kitchen will supply meals to the dual-purpose unit and temporary dementia unit on opening and up to 20 residents. Food will be transported to the kitchenette in the temporary dementia unit and served from hot boxes. Snacks will be available across 24/7 for residents in the dementia unit. Hot boxes will also transport meals to the dual-purpose unit. Nutritional profiles will be completed on admission and provided to the kitchen. There is a spacious hotel-styled kitchen off the dual-purpose unit on the ground floor. There is a servery bay into the dining room from the kitchen. This newly built and refurbished kitchen will open once there are more than 20 residents.

Safe and appropriate environment

There are documented processes for waste management. There is a sluice in each unit that are secure. There are secure cleaning cupboards in each unit.

The facility is purpose-built. The village is near completion and staged openings have been planned for the care centre. The building and plant have been built to comply with legislation. The organisation has purchased all new equipment. Equipment is appropriate for hospital, medical, rest home and dementia level care. There are two lifts between the floors that are large enough for mobility equipment. Both lifts can be used in event of a fire. The facilities, furnishings, floorings and equipment are designed to minimise harm to residents.

There are completed landscaped outdoor areas including two courtyards. Some external areas in the village are in the process of being landscaped and closed off to residents until completed.

Every resident's room has an ensuite with a disability friendly shower, toilet and paper towels. There are also well-placed communal toilets near the communal lounge and dining room. Residents rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents can personalise their rooms and the rooms are large enough for family and friends to socialise with the resident.

The 40-bed ground floor unit has a large open-plan dining area that connects to a large communal lounge area. There is another lounge with combined library and café area. There are other quiet sitting areas looking over the landscaped courtyard. The centrally located nurse station is directly off the open plan aspect of the dining and lounge area. The 23-bed temporary dementia unit has a large open-plan living area. The living area is spacious with a separate assigned dining area. The spacious open plan area allows for quiet areas and group activities. The unit and hallways are spacious and allow maximum freedom of movement while promoting the safety of residents who are likely to wander.

A temporary laundry has been set up in the service area to complete personals only. All other laundry is to be outsourced daily until the main laundry opens in stage two.

There is a Disaster management plan and emergency evacuation procedure. There is civil defence kit available for the whole facility and drinkable water is stored in several large holding tanks. There is an appropriate call-bell system throughout the facility.

There is air-conditioning and heating in common areas and resident bedrooms. These can be individually controlled. Each room has an external window with plenty of natural light.

Restraint minimisation and safe practice

Restraint and enabler use policy states restraint only used as a last resort. The restraint coordinator is the clinical manager, and the quality committee acts as the restraint committee. The policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers.

Infection prevention and control

There are comprehensive infection prevention control (IPC) policies in place that meet the Infection Prevention and Control Standard SNZ HB 8134.3.1.2008. There are clear lines of accountability to report to the IPC team on any infection control issues. There is an IPC coordinator job description. The clinical manager is the IC coordinator. Infection control is to be an agenda item in quality committee and IPC meeting. There is a specific pandemic plan and Covid screening policy.

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	4	0	0	0
Criteria	0	30	0	7	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
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>Lady Wigram Retirement Village is a retirement village located in Wigram Christchurch. The care centre facility is modern and spacious and near completion. The new care centre is opening in planned stages. Stage one is planned to open 2 November 2020.</p> <p>This partial provisional audit included verifying stage one of the build which included, a 40-bed dual-purpose unit on the ground floor, (it is intended that once all stages are open, this unit will be intended as rest home only). The first-floor hospital unit, which has been verified as part of this audit to be used as a temporary 23-bed dementia unit (for up to a total of 20 residents). It is intended that once stage 2 is completed (February-March 2021), the residents in this temporary dementia unit will move to either one of two purpose built 20-bed dementia units on the ground floor and the first floor will be verified as an intended hospital unit. Stage two was not included as part of this audit and will be verified prior to opening in March 2021.</p> <p>At the end of stage one the service will have a total of 60 beds (40 dual-purpose and 20 dementia beds). On completion of facility (stage two March 2021), the care centre will have a total of 140 beds (40 dual-purpose beds, 2x 20-bed</p>

		<p>dementia units all on ground floor and 60-bed hospital unit on the first floor).</p> <p>As part of this audit the service has also been verified as suitable to provide hospital-medical level care.</p> <p>The facility has a business plan, risk management plan and quality management plan. Quality objectives and quality initiatives are set for the opening of the facility.</p> <p>A transition plan and quality objectives are in place around the implementation of the staged opening, setting up of systems and embedding quality and risk management systems. A risk management plan has specifically been developed around the short-term use of the first-floor hospital unit as a temporary dementia unit. The DHB have agreed in writing that the unit upstairs can be used as a dementia unit in the short-term. Noting, this is a short-term solution only until the purpose-built dementia wings downstairs are ready for occupation (approximately March 2021). There are other DHB specific requirements identified which have been addressed by the service in preparation for the temporary dementia unit. These include: (i) Furnishing the small sitting room, so that there is a smaller, more intimate space. (ii) Arrangement of furniture so that the larger dining/sitting room is partitioned into useable spaces so that it can also be used as an alternative dinning/sitting room. (iii) Locking off the doors to the balcony leading off the large sitting room. (iv) Boiling water in the large dining room is not accessible to residents due to it being locked. (v) There are sufficient fire exits which are clearly identified and accessible. Due to the mechanics of lift there is the ability to use the lifts during a fire. (vi) The current lift within the unit is deactivated.</p> <p>The organisation has comprehensive policies/procedures to provide rest home care, hospital (geriatric and medical) and dementia level care. The owner is hands-on and supports the current management team. The operations manager (background in aged care management and HR) is supported by an experienced aged care clinical manager.</p> <p>The management team includes a part-time quality manager. All staff have been employed for the opening of the temporary dementia unit and dual-purpose unit with further staff to be employed for hospital residents.</p> <p>The audit identified the dual-purpose unit, temporary dementia unit, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home and hospital (medical and geriatric) and dementia level care. There is a documented transition plan and clear procedures and responsibilities</p>
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		for the safe and smooth transition of residents into the facility.
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The clinical manager (RN) will fulfil the operations manager's role during a temporary absence of the operations manager with support by the owner and senior registered nurse. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home, hospital (medical and geriatric) and dementia level care. The quality system, policies and procedures have been developed by an aged care consultant.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	<p>There are documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Additional role descriptions are in place for the infection prevention control coordinator, restraint coordinator, in-service educator, health and safety officer, fire officer and quality manager.</p> <p>Current staff employed to date include the operations manager, clinical manager, registered nurse (FTE), 12 caregivers (plus two under offer), one diversional therapist, two chefs and two kitchenhands. The registered nurse is interRAI trained.</p> <p>There are sufficient staff employed for the initial opening of the temporary dementia unit. Of the 12 caregivers employed, three have completed the dementia standards. All caregivers are to be supported from commencement to complete Careerforce level three and four including the required dementia standards. Caregivers will be required to have this completed within 18 months. The service is currently in the process of interviewing more staff including registered nurses to cover 24/7.</p> <p>Advised that more staff will be employed as resident numbers increase. There is an identified plan around how many more staff are required to be employed to support increase in numbers and acuity levels.</p> <p>An induction and training plan is in place. All staff currently employed will complete specific orientation training days on 28-29 October 2020. Orientation training includes (but not limited to) fire safety, cultural safety, code of rights, manual handling, first aid, CPR, fire drill, emergency management, pain management, skin care, medication management, documentation, challenging</p>

		<p>behaviours, H&S and IP& C.</p> <p>Staff education and training includes the Careerforce programme and other training programmes that support the development of caregivers for this aged care environment. There is a documented annual in-service programme that sets out annual and biennial in-service education requirements.</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>Staff Workload monitoring policy and Annual leave and rostering policy provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. The service has developed several draft rosters for increase in resident numbers across the two wings.</p> <p>40-bed dual-purpose unit:</p> <p>A draft roster has been developed for ratio 1-10 and ratio 10-20 rest home. A draft roster has also been developed for increase in hospital residents 1-5 and 1-10. The roster allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of residents. While this unit is dual-purpose it is intended that the ground floor will become rest home only and level one will become the specific hospital unit (once stage two is complete). There is a senior RN rostered Monday- Friday 0800 – 1630 overseeing the dual-purpose and dementia unit. An RN is on-call/or rostered on Saturday/Sunday. There is a caregiver rostered each shift (0700 – 1530, 1500 – 2330 and 2300 – 0730). For the admission of 1-5 hospital residents a further caregiver is rostered on morning and afternoon shift and a RN rostered each shift (link 1.2.7.2). This will be adjusted as hospital resident numbers increase.</p> <p>For an increase to 10-18 rest home residents a further caregiver is rostered 0800 – 1300 and 1600 – 2300.</p> <p>A diversional therapist is currently employed full time and will provide half a day on each floor. The service has a contract for medical services with a local practice. The house GPs will visit 2x weekly and provide on-call cover till 2000 daily Monday to Friday and Saturday until 1600. Pegasus Health will provide on call services when the house GPs are not on call. Hours will increase as resident numbers increase. There is a contracted dietitian available and a physiotherapist contract currently being negotiated.</p> <p>Temporary 23-bed Dementia unit: (noting only up to 20 residents will be</p>

		<p>supported in this temporary unit)</p> <p>A draft roster has also been developed for 1-10 residents and 10-20 residents. The roster allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of residents.</p> <p>The draft roster for the opening of the unit for up to 10 residents includes the RN 0800 – 1630 (shared with the rest home). Two caregivers 0700 – 1530 and 0700 – 1500. In the afternoon shift 1500 – 2330 and 1500 – 2300. There are two caregivers rostered overnight 2300 – 0730 and 2300 – 0700. An extra floating caregiver has been rostered each shift to support the residents in activities including being able to take them outside to the internal courtyard which is currently out of the unit on the ground floor. A DT has also been rostered four hours a day across seven days to support activities as well.</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>	PA Low	<p>Medicines management policies and procedures reflect current medication legislation and residential care facilities. Only registered nurses/enrolled nurses/senior caregivers who have been assessed as competent are permitted to administer medicines to residents. A register is to be in place to identify staff designated as medication competent staff. Medication management and competencies are to be completed as part of induction and annually.</p> <p>The service is to use four weekly blister packs and an electronic medication system. This will be the system across all floors. There is a secure treatment room attached to the nurses' station in the ground floor dual-purpose unit and on the first floor in the temporary dementia unit. Two new medication trollies, and medication fridges have been purchased. The treatment rooms are furnished with a swipe pad lock on the door. However, the medication fridges and CD safes are yet to be installed.</p> <p>There are air ducts into the treatment rooms which cools the room temperatures.</p> <p>A contract with a pharmacy is in place. The pharmacy provides five day a week service and impress stock are available to cover weekends.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p>	FA	<p>There are food service policies and procedures including a recently verified food control plan.</p>

<p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>There is a small compact kitchen currently operating for village residents. This is off the serviced apartment dining room and also includes a café. There are two chefs and two kitchenhands, all have completed food safety training. It is intended that this kitchen will supply meals to the dual-purpose unit and temporary dementia unit on opening and up to 20 residents. Food will be transported to the kitchenette in the temporary dementia unit and served from hot boxes. Hot boxes will also transport meals to the dual-purpose unit. A further café is planned to be installed off the dual-purpose unit and second lounge. This can be used by residents and relatives.</p> <p>Nutritional profiles will be completed on admission and provided to the kitchen.</p> <p>There is a spacious hotel-styled kitchen off the dual-purpose unit on the ground floor. There is a servery bay into the dining room from the kitchen. This newly built and furnished kitchen will open once there are more than 20 residents.</p> <p>The kitchen includes a walk-in chiller, walk-in freezer and pantry. There is an area for washing up and one for preparing and serving meals. There is a delivery area and ample storage. All kitchen equipment is new.</p> <p>The menu has been designed and reviewed by a registered dietitian. The kitchenette in the temporary dementia unit is open plan but has safety measures around boiled water. Snacks will be available 24/7 in the unit with a fridge in the kitchenette for storing snacks.</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>	<p>FA</p>	<p>There is currently one DT employed who will share time across the dual-purpose unit and dementia unit five days a week. A further activity coordinator will be employed as resident numbers increase. Activities are planned across the week with input from caregiving staff. The weekly activity plan for the dual-purpose unit and the one for the dementia unit was sighted. The dementia programme is designed for residents with memory loss. Advised that residents in the dementia care unit will also be taken for supervised walks outside as part of the activity programme. This is scheduled as part of the activity plan. A further floater caregiver has been rostered in the temporary dementia unit to support residents in accessing the outdoor gardens. As the temporary dementia unit has been set up in the first-floor dementia unit there is no access to an outdoor garden area as part of the secure unit. Residents will need to be taken through the secure door, down the lift to the ground floor where there is a secure internal courtyard garden with seating and shade. This will be managed as part of their risk management</p>

		<p>plan in the short term.</p> <p>A facility van is available for outings for all residents. In the temporary dementia unit, there is a large communal lounge; furniture is to be placed for individual and/or group activities. There is also another activity room that can be used as a quiet lounge. Activities planned include (but not limited to) music, newspaper reading, church services, pet therapy, van outings, visits to the library, exercises, memory lane and group games. One-on-one sessions include hand and nail pampering and reading with residents.</p> <p>Community involvement is planned and includes entertainers, speakers, volunteers and visitors bringing in their pets weekly.</p> <p>Activity assessments are completed for residents on admission and an individualised activities plan is developed from this. The activity plans utilised allow for individual diversional, motivational and recreational therapy to be identified across a 24-hour period. Assessments identify former routines and activities that the resident is familiar with and enjoys. The activities plan is integrated within the overall care plan.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is a sluice in each unit that are secure. There is a sanitiser with an internal chemical system in each sluice room. While the room is secure, the service is reviewing the type of lock on the door to ensure ease of access for staff. There are secure cleaning cupboards in each unit. The cleaning room has a closed chemical system with MSDS available in the room.</p> <p>Waste management audits are part of the internal audit programme. All staff are required to complete training regarding the management of waste during induction. Chemical safety training is a component of the compulsory two-yearly training and orientation training.</p> <p>Gloves, aprons, and goggles have been purchased and are to be installed in the sluices and cleaners' rooms. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Training on the use of PPE is included in the induction programme.</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>	PA Low	<p>The facility is purpose-built. The village is near completion and staged openings have been planned for the care centre. The building and plant have been built to comply with legislation. The organisation has purchased all new equipment. Equipment is appropriate for hospital, medical, rest home and dementia level care.</p> <p>There is a full-time maintenance person employed. All electrical equipment and other machinery are checked as part of the annual maintenance and verification checks. Medical equipment Calibration and Servicing is captured through the quality programme and scheduled annually. Hot water is yet to be monitored and will be completed as part of the Code of compliance.</p> <p>There is a current CPU for the serviced apartments and club house which expires 1 February 2021. The Code of compliance for the current building being verified is yet to be obtained.</p> <p>There continues to be building adjacent to care centre. Any building areas are closed off and inaccessible for residents/staff. The care centre has double glazing, and any sliding doors are kept closed to prevent dust coming into the building.</p> <p>There are two lifts between the floors that are large enough for mobility equipment. Both lifts can be used in event of a fire. The facilities, furnishings, floorings and equipment are designed to minimise harm to residents.</p> <p>Dual-purpose unit (ground floor)</p> <p>The unit is a 40-bed rest home/hospital dual-purpose unit inclusive which eventually will be rest home only. The unit is designed with a service area consisting of a centrally located nurses' station that has access to a treatment room. These service areas are situated near the spacious open plan dining and two separate lounge area. The centrally located nurses' station with windows near the dining and lounge areas, ensures that staff are in close contact with residents even when attending to paperwork or meetings. There are handrails in ensembles and hallways. All rooms and communal areas allow for safe use of mobility equipment. The care centre has carpet throughout with vinyl/tiled surfaces in bathrooms/toilets and kitchen/dining areas. There is adequate space in the new dual-purpose unit for storage of mobility equipment. Hilo and electric beds have been purchased. There are several landing strips purchased, sensor</p>

		<p>mats, pressure reliving devices and hoist. There are completed landscaped outdoor areas including two courtyards. Some external areas in the village are in the process of being landscaped and closed off to residents until completed.</p> <p>Temporary Dementia unit:</p> <p>The first-floor purpose-built hospital unit has been verified as part of this audit to be used as a temporary 23-bed dementia unit. It is intended that once stage two is completed (February-March 2021), the residents in this temporary dementia unit will move to either one of two purpose built 20-bed dementia units on the ground floor and the first floor will be verified as opened as a hospital unit.</p> <p>The secure dementia unit is connected via a secure entrance foyer from a lift. The unit includes handrails in ensuites and hallways. All rooms and communal areas allow for safe use of mobility equipment. The roster has been designed to ensure supervision of the lounge and the closed-circuit monitoring system also assists with supervising residents in the long hallways. Lighting is a mixture of ceiling and wall lights, which effectively assists in the contrast between night and day. There is also plenty of natural light with large windows. One end of the unit has a nurses' station that looks over the spacious lounge and dining area. All sliding doors to the balconies have been secured off while it is a temporary dementia unit. Decals are being used in hallways to assist residents back to key areas.</p> <p>This design layout enhances the resident's freedom of movement and ensures staff can supervise and monitor residents as they go about their day in a non-intrusive manner. There is a separate quiet/sensory activity lounge near the main open-plan living area and a relative room. There is a lift within the unit that has been secured off.</p> <p>As this is a temporary dementia unit within a hospital unit there is no specific outdoor area off the unit. Permission has been granted by the DHB for this unit minus an outdoor area in the short-term. Extra staff have been rostered to ensure residents are taken outside each day to the secure courtyard area below the unit on the ground floor.</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</p>	FA	<p>Dual-purpose unit: There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. Every resident's room has an ensuite with a disability-</p>

privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.		<p>friendly shower, toilet and hand basin. There are communal toilets near the open plan communal lounge and dining room.</p> <p>Temporary Dementia unit: Every resident's room has an ensuite with a disability friendly shower, toilet and paper towels. The use of different coloured toilet seats makes an easier contrast for residents with dementia. There are also well-placed communal toilets near the communal lounge and dining room. Communal toilets are set apart by signs.</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>Dual-purpose unit: Residents rooms in the dual-purpose unit on the ground floor are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites. All rooms are premium or can be purchased as ORAs.</p> <p>Temporary Dementia unit: Residents rooms in the temporary dementia unit (unit will eventually be a hospital unit) are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites. Residents can personalise their rooms and the rooms are large enough for family and friends to socialise with the resident.</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>Dual-purpose unit: The 40-bed ground floor unit has a large open-plan dining area that connects to a large communal lounge area. There is another lounge with combined library and café area. There are other quiet sitting areas looking over the landscaped courtyard. The centrally located nurses' station is directly off the open plan aspect of the dining and lounge area. The open plan lounge is large enough for individual or group activities.</p> <p>Temporary Dementia unit: The 23-bed unit has a large open-plan living area. The living area is spacious with a separate assigned dining area. The spacious open plan area allows for quiet areas and group activities. The open-plan living area and hallways are spacious and allow maximum freedom of movement while promoting the safety of residents who are likely to wander. There is a large activity room that can be used as a second separate quiet lounge.</p>
Standard 1.4.6: Cleaning And Laundry Services	FA	The organisation provides housekeeping and laundry policies and procedures,

<p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>which are robust and ensure all cleaning and laundry services are always maintained and functional.</p> <p>A temporary laundry has been set up in the service area to complete personals only. The laundry has separate entrances for dirty and clean laundry. All other laundry is to be outsourced daily until the main laundry opens in stage two. The Ecolab manual includes instructions for cleaning. Linen is to be transported to the laundry in covered linen trolleys, which have been purchased. There are four cleaners employed who are responsible for cleaning. Laundry initially will be the responsibility of caregivers and cleaners. Further laundry staff will be employed at stage two with the opening of the main laundry.</p> <p>The service has documented systems for monitoring the effectiveness and compliance with the service policies and procedures.</p> <p>The service has a secure area for the storage of cleaning and laundry chemicals. Laundry chemicals are within a closed system to the washing machine. Material safety datasheets are available. Chemicals and supporting literature are provided by Ecolab.</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>There is a Disaster management plan and emergency evacuation procedure. Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. There are sufficient employed staff with a current first aid certificate to cover all shifts.</p> <p>The service has alternative power systems in place and can hire a generator if needed. There are civil defence kits available for the whole facility and drinkable water is stored in several large holding tanks.</p> <p>The “Austco Monitoring programme” call bell system is available in each resident room. There are call bells and emergency bells in communal areas. There is a nurse presence bell when a nurse/carer is in the resident room; a green light shows staff outside that a colleague is in a particular room. The system software can be monitored. All call bells in the dual-purpose unit and dementia unit are functional.</p> <p>The fire evacuation plan is currently in draft awaiting approved by the fire service. Fire training/drill is to be completed at induction for all staff.</p>

		The doors of the village automatically lock down at 1800 to 0700 with keypad access after-hours. There are documented security procedures and CTV cameras at the entrance, and hallways. The doors off the temporary dementia unit are not yet all secure.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	General living areas and resident rooms are appropriately heated and ventilated. There is air-conditioning and heating in common areas and resident bedrooms. These can be individually controlled. Each room has an external window with plenty of natural light.
Standard 3.1: Infection control management 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.	FA	There are comprehensive infection prevention control (IPC) policies in place that meet the Infection Prevention and Control Standard SNZ HB 8134.3.1.2008. There are clear lines of accountability to report to the IPC team on any infection control issues. There is an IPC coordinator job description. The clinical manager is the IC coordinator. Infection control is to be an agenda item in quality committee and IPC meeting. There is a specific pandemic plan and Covid screening policy.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	Restraint and enabler use policy states restraint only used as a last resort. The restraint coordinator is the clinical manager, and the quality committee acts as the restraint committee. The policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. Staff training is to be provided around restraint minimisation and enablers, falls prevention, and management of challenging behaviours at induction.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	<p>The ground floor 40-bed rest home is initially opening as a 40-bed dual purpose unit. Following the opening of stage two (60-bed hospital unit on the first floor), hospital residents will move to that unit. There are sufficient employed caregivers to initially cover the roster for the opening of the dual-purpose unit, however RNs are yet to be employed to cover 24/7. It is envisaged that rest home residents will be admitted, and hospital residents will only be admitted to the unit once there is sufficiently employed registered nurses.</p> <p>All caregivers employed for the temporary dementia unit will be supported to complete the required dementia standards. The FTE registered nurse employed has experience in dementia level care.</p>	Currently there are not sufficient registered nurses employed to cover 24/7 for hospital residents.	<p>Ensure there are sufficient RNs employed to cover 24/7, prior to the admission of hospital residents.</p> <p>Prior to occupancy days</p>

Criterion 1.3.12.1 A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.	PA Low	There is a secure treatment room attached to the nurses' station in the ground floor dual-purpose unit and on the first floor in the temporary dementia unit. Two new medication trolleys, and medication fridges have been purchased. The treatment rooms are furnished with a swipe pad lock on the door. However, the medication fridges and CD safes are yet to be installed.	The medication fridges and CD safes are yet to be installed in the two secure treatment rooms.	Ensure the medication treatment rooms are fully furnished. Prior to occupancy days
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	The facility is purpose-built. The village is near completion and staged openings have been planned for the care centre. The building and plant have been built to comply with legislation. The organisation has purchased all new equipment. Equipment is appropriate for hospital, medical, rest home and dementia level care. Hot water is yet to be monitored and will be completed as part of the Code of compliance. There is a current CPU for the serviced apartments and club house which expires on 1 February 2021. The Code of compliance for the current floors being verified is yet to be obtained.	The Code of compliance for the current floors being verified is yet to be obtained.	Ensure the code of compliance has been obtained for the ground floor and first floor. Prior to occupancy days
Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	As this is a temporary dementia unit within a hospital unit there is no specific outdoor area off the unit. Permission has been granted by the DHB for this unit minus an outdoor area in the short-term. Extra staff have been rostered to ensure residents are taken outside each day to the secure courtyard	There is no specific accessible outdoor area for residents in the temporary dementia unit (ARC E3.4.c).	Ensure the residents in the temporary unit are moved to the new purpose-built dementia unit with a safe accessible outdoor

		area below the unit on the ground floor.		garden area. 180 days
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	<p>Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. Induction training is scheduled for 27-28 October 2020 which includes a fire drill.</p>	<p>A fire evacuation drill has not yet occurred for the new units.</p>	<p>Ensure a fire evacuation drill occurs.</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>	PA Low	<p>The fire evacuation has been approved to include the current building. The plan has been updated with the fire service to include the current verified areas on the ground floor and the first floor. The updated draft evacuation scheme has not yet been signed off by the fire service.</p>	<p>The updated draft evacuation scheme has not yet been signed off by the fire service. Advised that this will be completed once all requirements of the Code of compliance are signed off.</p>	<p>Ensure the fire service approves the updated fire evacuation plan.</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	<p>The doors of the village automatically lock down at 1800 to 0700 with keypad access after-hours. There are documented security procedures and CTV cameras at the entrance, and hallways. The doors to the balconies off the dementia unit communal area have all been secured. The lift within the dementia unit has been shut down so it is not able to be used while the unit is a secure unit. Not all doors from the dementia unit are yet secure.</p>	<p>Keypads are in place and secure at the entrance to the temporary dementia unit. The door between the dementia unit and linkway is not yet secure.</p>	<p>Ensure the dementia unit is secure.</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, these 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.