

# North Health Limited - Hummingbird House

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## 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:

<b>Legal entity:</b>	North Health Limited
<b>Premises audited:</b>	Hummingbird House
<b>Services audited:</b>	Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 12 March 2021 End date: 12 March 2021
<b>Proposed changes to current services (if any):</b>	Reconfiguration of rest home service to a secure dementia care service.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	20

# Executive summary of the audit

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## 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

Hummingbird House provides rest home level care for up to 40 residents. The service is operated by North Health Limited and managed by two clinical nurse managers, one who runs the day-to-day operations of the facility and the other who is managing the renovations/reconfiguration to the facility which are in progress.

This partial provisional audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board to establish the preparedness of the facility to provide dementia care in 11 rooms in Lodge 3. The audit process included review of policies and procedures, review of staff records, observations and interviews with staff and management. No residents were in Lodge 3 on the day of the audit.

The audit resulted in three areas identified for improvement prior to occupancy in relation to staff educational requirements for working in a dementia service and new staff orientation yet to be provided. Appropriate seating and shade is to be installed to meet the needs of residents.

## **Consumer rights**

Not applicable to this audit.

## **Organisational management**

The facility is managed by an experienced clinical nurse manager who is being supported by an acting clinical nurse manager, also experienced in the aged care sector, who is managing the renovations/reconfiguration project. A quality and business plan is in place with a set of objectives. Collection, collation and analysis of quality improvement data is occurring and is reported to the governing body regularly. Meeting minutes were reviewed and graphs of clinical indicators were available. Corrective action plans are being developed, implemented, monitored and signed off when completed. Any actual or potential risks are identified and the hazard register is current and up-to-date.

Policies and procedures are currently being transitioned into the service due to the recent change of ownership.

The human resource management policy is available for the appointment of staff. Orientation and a staff training programme is developed for 2021 ensuring staff are competent to undertake their roles.

The staffing levels and skill mix meet the contractual requirements and the changing needs of residents. There is cover by one of the clinical nurse managers twenty-four hours a day, seven days a week currently. Staff trained in caring for people with dementia will be employed before the dementia service commences.

## **Continuum of service delivery**

There is an activities programme in place for the rest home and this is implemented by a senior health care assistant who is currently near completion of Level 4 diversional therapy training and is overseen by a diversional therapist. The current rest home

residents are provided with a variety of individual and group activities and maintain links with the community. A programme is developed and ready for implementation for dementia care (memory loss residents) which will provide twenty-four hours a day activities for residents. A facility van is available for outings.

A medicine system, managed according to policies and procedures, is implemented safely using an electronic system. Medications are administered by the clinical nurse managers or senior health care assistants who have been assessed as competent to do so.

The food service meets the nutritional needs of residents with special needs catered for. Dietary profiles sheets have been developed and implemented to meet the needs of all individual residents. A current food safety plan and policies guide food service delivery, supported by staff with food safety qualifications. A new kitchenette has been installed in Lodge 3. All food is prepared in the kitchen located in Tui House.

## **Safe and appropriate environment**

The facility consists of two separate buildings. Hummingbird House and Tui House. Total renovations are planned in Hummingbird House in stages. Lodge 3 has been totally renovated and the service is awaiting approval to provide a secure dementia level care service.

All building and plant comply with legislation and a current building warrant of fitness was displayed. A preventative and reactive maintenance programme is implemented.

Lodge 3 communal areas are appropriate to accommodate up to 11 residents. Single accommodation is available. The home is maintained at a comfortable temperature. Shade and appropriate seating is ordered for the large deck area available.

Implemented policies guide the management of waste and hazardous substances. Protective equipment and resources are provided and used by staff. Chemicals and equipment are stored safely in locked service areas. All laundry is managed off-site. Cleaning is managed onsite.

Emergency procedures are documented and displayed. There is a sprinkler system, smoke detectors and call points installed in case of fire. Access to an emergency power source is available. Security is monitored by staff.

## **Restraint minimisation and safe practice**

The organisation has implemented policies and procedures that support the minimisation of restraint. No enablers or restraint were in use at the time of the audit in the rest home. Restraint is only used as a last resort when all other options have been explored. Enabler use is voluntary for the safety of residents and staff interviewed understood this process.

## **Infection prevention and control**

The infection prevention and control programme is in place and is reviewed annually. The infection control coordinator role is currently shared by the two clinical nurse managers involved with the rest home and the renovations taking place in Hummingbird House. Specialist infection prevention and control advice can be accessed during the renovation project and at any time from the infection control nurse specialists from the Northland DHB. Staff interviewed demonstrated good principles and knowledge of infection prevention and control practices.

## 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	16	0	1	0	1	0
Criteria	0	35	0	2	0	1	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	North Health Limited is the governing body and is responsible for the dementia care service that will be provided at Hummingbird House.  The acting clinical nurse manager (CNM) for North Health Limited is overseeing the change of ownership and transition of health care services which is currently rest home level care to the provision of dementia level care (memory loss assisted care) services which is the reason for this partial provisional audit. The proposed timeframe for commencing this service by March 31 2021. Hummingbird Lodge 3 is the first stage of the building project. The acting clinical nurse manager, who has a current annual practising certificate and meets all requirements for the New Zealand Nursing Council registration, is very experienced in the aged care sector. The acting CNM has worked for the previous ownership for approximately five years and with the current service provider since February 2021. The change of ownership was completed 1 February 2021 and the new legal entity was completed 10 February 2021. The CNM along with two other directors will be responsible for ensuring the set objectives (eight goals currently to be reviewed) for the service are met, any audits required are undertaken and that ongoing objectives meet the health and disability sector standards.

		<p>Hummingbird House is divided into three sections and Hummingbird Lodge 3 is the first stage of the project to be renovated and refurbished from rest home level care to dementia level care (memory assisted care). There is a philosophy in place which is dedicated to delivering kind, respectful and compassionate care to elders who once cared for us. The vision states care with compassion and being connected to the community. The core values are kindness, allowing choices, love, respect, involvement and independence. The statement of purpose is clearly documented and includes an environment of home, provision of appropriate equipment and resources, security with lights, CCTV and monitoring, regular checks, emergency lighting.</p> <p>The quality improvement programme 2020 to 2021 was reviewed along with the strategic and operational plan. It is evident that the service organisation's philosophy and strategic plan reflect a person/family-centred approach to all services provided. The quality principles include striving to meet the specific needs of the elderly in care at the facility and the needs of the staff members responsible for providing that care. The quality improvement plan is linked to the quality and risk plan reviewed.</p>
<p><b>Standard 1.2.2: Service Management</b></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 nurse manager who is currently employed full time to manage the day-to-day operation of the facility worked for the previous owner/director for six years in this role and has extensive knowledge of the aged care sector standards and district health board (DHB) agreement obligations to be met. The CNM reports to the directors weekly. The acting CNM covering this transitional time would cover for the CNM during a temporary absence.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	PA High	<p>The recruitment policies developed and implemented by the organisation were reviewed. Policies are in line with good employment practice and relevant legislation which will guide human resources management processes. Position descriptions are available in readiness and define the key task and accountabilities for the various roles. The two current registered nurses (CNMs) each have valid annual practising certificates which were sighted. Health professionals with contracts with this facility have had their annual practising certificates validated and a record is maintained by the CNM. Pre-employment health screening forms are also developed for staff with resident contact and those with non-resident contact as per the policies reviewed. All staff already</p>



		<p>employed in the rest home have an individual employment contract (IEC). The service provider does not currently employ care staff who have completed the required dementia care training for working in a secure dementia service. The clinical manager is planning to employ staff prior to occupancy. Any newly employed staff will have an IEC as part of the employment pack reviewed. The required tasks are clearly documented for each role. Full orientation training days are planned when staff are employed.</p> <p>Currently 16 health care assistants (HCAs) (including two recreational care officers - senior HCAs) are employed in the rest home and Tui Lodge (separate building). Two cooks, one maintenance person and one recreational officer are also employed to cover the service. The CNM is employed full time and is also responsible for being the educational assessor on site.</p> <p>All staff are trained first aiders and have completed manual handling and medication competencies as per the training records and personnel records reviewed. The staff who work in the kitchen have completed relevant food safety training and this was verified in the training records reviewed. The aim of the directors interviewed is to employ and/or train care staff to complete the level three specific dementia care training. This is an area for improvement to be addressed prior to occupancy. The two CNMs currently covering this service both share the responsibilities of the infection control coordinator and the restraint coordinator roles. The staff education plan for 2021 is developed and implemented.</p> <p>.</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>The CNM discussed the current staffing situation and stated that staff numbers had already been increased by 20 percent (20%) at the time of the takeover of ownership. This was done immediately due to the CNM discovering that five residents at this home were requiring hospital level care. These residents were reassessed and were transferred to private hospital level care facilities. Staff have been kept on the current roster until this is reviewed.</p> <p>The roster for February are currently being developed to ensure the skill mix is appropriate to meet the needs of the residents and as the resident numbers increase.</p> <p>The acting CNM interviewed explained the documented rationale for determining</p>

		<p>staffing levels and skill mixes in order to provide safe service delivery based on good practice. The proposed roster was prepared and explained by the CNM. Lodge 3 will be covered by two staff on duty twenty four hours a day seven days a week (24/7). The CNMs will cover Monday to Friday or other shifts as needed during the transition of services to manage the day to day operation and to be available to family/whanau as needed. The activities officer (who is currently completing Level 4 diversional therapy) will work Monday to Friday to cover the memory loss service.</p> <p>ON the day of audit there were 20 rest home level care residents at this facility. Lodge 3 has 11 rooms. All were unoccupied on the day of the audit.</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 is provision in the small treatment cupboard to store dressing packs and other stores. The medication will be administered from a medication trolley which when not in use is stored in Lodge 2 in a locked medication room. Medication is currently in blister pack (robotic system) rolls distributed from the local contracted pharmacy of choice. This system will continue for Lodge 3. All senior HCAs and CNMs have completed the required medication competencies as recorded in the register reviewed. There is evidence of the two contracted GPs completing the three-monthly medication record reviews in a timely manner. One of the two GPs visit monthly to the home and the residents are also taken to appointments accompanied by staff as needed. This was an area of improvement from the previous audit which has been addressed.</p> <p>Organisation policies and procedures are already implemented in the rest home and are current and up to date. The medication records are maintained electronically, and all staff are educated on the system utilised. The system has been audited as part of the internal audit programme and this includes effectiveness of any PRN (as required) medicines administered by staff. This was identified as an area requiring improvement at the previous audit which has been addressed.</p> <p>The controlled drugs, if any, are checked weekly and this is documented in red ink. Another check occurs when this medication is delivered from the pharmacy to the rest home. The medication fridge in the medication room was reviewed and is monitored daily and the temperature is recorded along with the medication room temperature. This was an area of improvement identified at the previous audit which has been addressed. No residents as per policy reviewed are able to self-</p>

		administer medicines.
<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>Policies and procedures have been developed for the kitchen and food management, inclusive of nutrition, safe food and fluid management. Comprehensive information is documented to guide staff. There is a designated kitchen in Tui House. The director and the CNM interviewed explained that the food will be delivered to Lodge 3 by kitchen staff in a hot box. The chef/cook will be responsible for monitoring the food temperatures for breakfast, lunch and dinner. There is a small kitchenette available for distributing/serving the meals to residents near the homely dining room settings. A new fridge was installed on the day of the audit. A microwave is in place for staff/families to access as needed. Tea and coffee facilities will be available with full staff supervision. Nutritional needs will include the availability of snack food available 24/7. Any special or modified diets will be arranged to meet resident's individual needs.</p> <p>The menu had been reviewed by a dietitian in December 2020 for the rest home. This was an area for improvement identified in the previous audit which has been addressed. For all current residents in the rest home a nutritional profile has been completed. Any new residents admitted to the facility will complete this form as part of the admission process with assistance of family input. The CNM and director interviewed stated that portion sizes have been increased and food service providers' orders have been totally revised and increased to meet the needs of the 20 current residents. Consultation with residents and a dietician is in progress. The food service will increase as residents are admitted to Lodge 3. All kitchen staff have completed the relevant food handling courses required. The service has a current food control plan that expires 30 April 2021. New chair scales were purchased on 28 February 2021. Emergency food stocks are available should this be needed in an emergency situation.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>A corrective action was raised at the previous audit in relation to a resident assessed as hospital level of care who did not have a current dispensation to be able to be cared for at the home. The resident as well as four other residents in February 2021 were reassessed and all five were transferred to hospital level care facilities in the region. The acting CNM interviewed is aware of this responsibility when a resident's needs change to a higher level. This area for improvement has been addressed as per policy reviewed and the requirement of</p>

		the service's agreement with the district health board obligations.
<p><b>Standard 1.3.7: Planned Activities</b></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 activities officer who was present on the day of the audit is completing the level 4 diversional therapy training and has worked as a health care assistant at the facility. The activities programme will be fully overseen by a diversional therapist from another aged residential care service/site owned by the owner/director.</p> <p>The current activities programme reviewed for the rest home provided a range of various activities that were meaningful to the residents. The programme is displayed and residents are encouraged to participate and records are maintained. At interview, the activities officer has plans in place to provide a holistic 24 hours a day, seven days a week (24/7) approach to the activities programme for the residents in Lodge 3 ensuring this includes aspects of the resident's life and past routines. The activities will include games, music, craft, activities of interest to the individual residents and van outings into the community with assistance of another staff member. Activities assessments and plans will be implemented when residents are admitted to the Lodge. Every six months the activities plans will be reviewed at the same time the interRAI assessments and care plans are reviewed. Equipment and resources will be readily available/accessible and stored in the Lodge 3 activities storeroom available.</p>
<p><b>Standard 1.4.1: Management Of Waste And Hazardous Substances</b></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>The maintenance person and staff interviewed stated that they follow documented processes for the management of waste and infectious and hazardous substances. An external company is contracted to provide and manage all chemicals and cleaning products and they also provide relevant training for staff. Material data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill occur.</p> <p>There is provision and availability of protective clothing and equipment and staff were observed using this. There is a cupboard in Lodge 3 for storing all personal protective resources. The only cleaning products for Lodge 3 are on the cleaner's trolley which is kept in the locked sluice room which is located outside the rest home. The trolley will be brought to Lodge 3 as needed and on a daily basis.</p>

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>The building has a current building warrant of fitness which expires 1 May 2021 and this is displayed at the entrance to the facility.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose and are maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. The environment was hazard free, residents were safe and independence is promoted. One hazard identified on the day of the audit was addressed immediately. All fixtures and fittings and electrical resources are new and have been installed by appropriate tradesmen in Lodge 3.</p> <p>Residents admitted to Lodge 3 are able to walk purposefully around lodge 3 and have access to the safe outdoor area. There is an external pathway around the Lodge and a large deck area. The total area is fenced outside which is appropriate for a secure dementia area (memory loss service). Appropriate seating and shade for elderly mobile residents was evidenced by the director and CNM, and this is on order to be delivered to Lodge 3 but is identified as an area of improvement.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. In Lodge 3 the localities of the toilets and showers are in the same location as before the renovations. Three bathrooms with toilets and one separate toilet is available. There are new vanities installed with hand basins in the toilet and the bathrooms. The toilets and shower fittings have all been replaced. The facilities are adequate for 11 residents. The doors to the toilets and showers are labelled to guide residents. There are secured and approved handrails provided in the toilet/shower areas and other equipment/accessories are available to promote residents' independence as required. The staff toilet and visitor toilet are located in another area of the rest home but are accessible.</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>	<p>FA</p>	<p>Adequate personal space is provided to allow residents and staff to move around within the bedrooms safely. Single rooms are available and were sighted on visual inspection. Three rooms are significantly larger in size. On visual inspection the rooms are all set up for residents with a bed, resident/visitor chair, bedside table, wardrobe and set of drawers. Residents/families will be able to personalise the</p>

		individual 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>The communal area in Lodge 3 is adequate for the numbers of residents to be accommodated. The dining and lounge area is open plan. The lounge and large table can be used for the activities programme implementation as needed. There is also two tables and chairs settings in the small kitchenette which can be accessed as needed. A large deck is accessible from the lounge for residents to enjoy. The furniture and furnishings is appropriate to the setting and residents' needs providing a homely environment which meet the philosophy of the organisation. All fabrics chosen are able to be cleaned appropriately. Flooring is effective and modern in appearance (Vinyl) and can be cleaned easily. No carpeted areas were observed.</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>The laundry (towels, sheets and larger linen items) are being managed off site by a contracted company. The care staff will continue to be responsible for the residents' personal laundry undertaken onsite.</p> <p>There is a small designated cleaning team who have received appropriate training. The cleaner will clean Lodge 3 on a daily basis. All cleaning products are purchased from a contracted service provider who monitors the products for effectiveness. A cleaning trolley is used for all cleaning products and material required. When not in use this is locked in the external sluice room located in close proximity to the rest home (next to lodge 1).</p> <p>Cleaning and laundry services will continue to be audited and monitored through the internal audit schedule as reviewed.</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>	FA	<p>Policies and procedures and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for any disasters and describe the procedures to be followed in the event of fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on the 19 September 2013. The current renovations do not impact of this approved plan. However as per interview with the director when the third Lodge (lodge 1) is renovated this will be reviewed. The last fire evacuation drill was held on the 18</p>

		<p>September 2020 as per the evacuation report reviewed. These drills are undertaken six monthly for all staff who can attend. All staff employed complete fire training at commencement of employment and this is ongoing. Management and staff confirmed their awareness of the emergency procedures.</p> <p>Civil defence emergency supplies are available including emergency lighting, food, water, blankets, mobile phones, first aid kits and a gas barbecue were sighted. A generator would have to be hired from a local contracted service provided if needed for power. The water storage meets the requirements of the Whangarei District Council and resources available for a maximum of forty people. On the 5 March the service had to evacuate the facility due to the tsunami warning following several earthquakes during the night. The evacuation occurred smoothly using the 11-seater van and four private cars to evacuate all residents safely to another rest home in Whangarei. Phone contact was maintained between staff and families.</p> <p>Call bells are installed to alert staff to residents requiring assistance. All were in working order on the day of the audit. Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time by staff and staff complete regular rounds. This is planned to continue when Lodge 3 reopens.</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>All residents' rooms and communal areas in Lodge 3 are heated and ventilated appropriately. Rooms have natural light and opening windows. The two large doors in the lounge and dining area open to the outside during the day, one to a large decked area. Heating is provided in the communal areas with a large heat pump. All areas were warm and well ventilated throughout the audit at a comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The service implements an infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff and visitors. The programme is guided by a current infection control manual with input from the CNMs. The infection control programme has been reviewed annually; last in January 2021.</p> <p>The two CNMs are currently sharing the infection control coordinator's role. A job description is available and was reviewed. The staff report any signs and symptoms of infection to the CNMs or if any changes are observed in a residents' well-being. A monthly clinical report is provided to the directors and the numbers</p>

		<p>of infections are reported.</p> <p>Signage at the facility office occurs and anyone who is unwell in the past 24 to 48 hours is not to enter the facility or at all as per the Covid-19 screening processes currently in place. Staff interviewed are guided by the infection control manual as to how long they must stay away from work if they have been unwell. Staff understood their responsibilities. Personal protective resources are readily available for staff to access at all time.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Hummingbird House has a non-restraint philosophy. Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance to staff on the safe use of both restraints and enablers. The CNMs share the role of the restraint coordinator presently while the service is being renovated, and provide oversight for enabler and restraint management in the facility. Both CNMs are experienced and have a sound knowledge and understanding of the policies, procedures and practice. On the day of audit, no restraints or enablers were in use. Staff acknowledged that restraint would be the last resort when all alternatives have been explored. The CNMs understood the restraint approval and processes involved when adding a secure dementia service.</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 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA High	A sample of records of current staff employed at this facility were reviewed and there was no evidence of staff having completed the level 3 dementia training which is required to cover a dementia care service. The directors explained that they are going to advertise or appoint appropriately trained staff to cover the service in the interim time until all employed care staff have completed the required training.	No current staff have completed the dementia care training required to meet the DHB contract obligations. Staff will be offered the opportunity to complete the advanced dementia care training however, the CNM plans to appoint additional care staff who have completed the required dementia care training and is advertising currently.	<p>Ensure that staff have completed the required dementia care training to meet the needs of residents and to meet the obligations of the DHB contract.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components</p>	PA Low	The current staff have all completed the required orientation at commencement of employment as evidenced in the staff records reviewed. Planning is in progress to ensure additional staff to be employed are fully trained in advanced	Staff yet to be employed will be required to complete the full orientation/induction programme.	Ensure all newly employed staff have completed the required orientation/induction programme that covers all essential components of

of the service provided.		dementia care. The acting CNM interviewed is advertising the positions required. Orientation/induction material is included in the employment packs sighted and prepared for implementation when new staff are employed.		the service provided.  Prior to occupancy days
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	There is a large deck area assessable from Lodge 3. There is currently no seating or shade provided. Appropriate outdoor furniture has been ordered and order sheets were provided and sighted. Furniture ordered will be safe and appropriate for this dementia service.	Currently there is no outdoor seating or shade provided for residents on the deck area accessible from Lodge 3 to meet the needs of residents when admitted to Lodge 3.	<p>To ensure safe and appropriate outdoor seating and shade is provided to meet the needs of residents.</p> <p>Prior to occupancy days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.