

# 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:

**Legal entity:** North Health Limited

**Premises audited:** Hummingbird House

**Services audited:** Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 18 June 2021 End date: 18 June 2021

**Proposed changes to current services (if any):** Reconfiguration of rest home service to a secure dementia care service.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 21

# 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 and dementia 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 20 rooms in Lodge 1 (Albatros - 9 beds) and Lodge 2 (Fantail 11 beds). This audit process included review of policies and procedures, review of staff records, observations and interviews with management and staff.

There were six areas identified for improvement in relation to safe and appropriate environment including chemical storage, the building warrant of fitness, safe access to an external area, ensuring adequate toilet facilities are available, and insufficient seating available in the lounge. A laundry and staff facility under construction have not been completed at the time of the audit.

## **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. 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 current staff and newly employed staff are competent to undertake their roles.

The staffing levels and skill mix meet the contractual requirements and the changing needs of residents. An experienced registered nurse has recently been employed and is completing the required orientation. Once orientated, the registered nurse who lives close to the facility, will cover all services after hours, with support of the clinical managers. Adequate staff trained in caring for people with dementia are employed to meet the needs of residents.

## **Continuum of service delivery**

There is an activities programme in place for the current residents in this facility and this is implemented by a senior care assistant who has completed Level 4 diversional therapy training. The current rest home (Lodge 3) and dementia level residents (Tui House)

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

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 registered nurse will also complete the required medication competencies.

The food service meets the nutritional needs of residents with special needs being catered for. Dietary profile 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 2. All food is prepared in the main kitchen located in Tui House.

## **Safe and appropriate environment**

The facility consists of two separate buildings. Hummingbird House and Tui House. Renovations in Hummingbird House are almost completed. Construction is currently occurring to install a new laundry and cleaning services area, a staff room, and to provide a staff toilet/shower room. The service is awaiting approval for Lodge 2 and Lodge 1 to provide secure dementia care level services.

The building warrant of fitness was displayed but had recently expired. A preventative and reactive maintenance programme is implemented.

Lodges 1 and 2 are maintained at a comfortable temperature. The communal lounge area still requires some changes to accommodate the 20 residents. Single bedroom accommodation is available with furnishings appropriate to the care setting. The external access and pathway between Lodge 1 and Lodge 2 requires further consideration/planning to ensure a safe and appropriate area is available for residents to enjoy.

Implemented policies are available to guide the management of waste and hazardous substances. Protective equipment and resources are provided and used by staff. Equipment is currently stored safely in locked service areas. The laundry and cleaning is

managed on-site. For Lodge 1 and Lodge 2 there is a new laundry being completed and the laundry will have clean and dirty designated areas and has provision for locked chemical and equipment storage.

Emergency procedures are documented and displayed. There is a sprinkler system, smoke detectors and call points installed in case of fire. Access to emergency power 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 restraints were in use at the time of the audit. Restraint would only be used as a last resort when all other options have been explored. Enabler use is voluntary for the safety of residents and staff 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 in the rest home renovations/reconfiguration 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 District Health Board (NDHB). Staff interviewed demonstrated good principles and knowledge of infection prevention and control practices. A team of vaccinators from the NDHB were on-site at the time of the audit. Resident health and safety has not been compromised while the renovations have taken place.

## 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	11	0	4	2	0	0
Criteria	0	30	0	3	4	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	North Health 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 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 to complete this stage of the project is by end of July 2021. Hummingbird Lodge 1 and Lodge 2 is the second stage of the building project. The acting clinical nurse manager who has a current annual practising certificate and meets all requirements of 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 undertaken and that ongoing objectives meet the health and disability sector standards.

		<p>There is a philosophy in place which is dedicated to delivering kind, respectful and compassionate care to elders. The vision states care, compassion and being connected to the community as a main service objective. The core values are kindness, allowing choices, love, respect, involvement and independence will be promoted. The statement of purpose is clearly documented and includes an environment of home, provision of appropriate equipment and resources, security with lights, monitoring, regular checks and emergency lighting in an emergency situation.</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 staff members responsible for providing that care. The quality improvement plan is linked to the quality and risk plan reviewed.</p> <p>On the day of audit there were no residents in Lodge 1 and Lodge 2. In Lodge 3 there were nine rest home level residents and Tui House 12 specialist dementia care residents were receiving care.</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 the district health board (DHB) agreement obligations to be met. The CNM reports to the two directors weekly one is the owner director and the other is the project director. The acting CNM covering this transitional time covers for the CNM during a temporary absence. A new registered nurse has been employed since 14 June 2021 and is currently being orientated. When orientated the registered nurse will support the CNM.</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>	FA	<p>The recruitment policies and procedures developed and implemented by the organisation were reviewed. Policies are in line with good employment practice and relevant legislation to guide human resources management processes. Position descriptions are available in readiness and define the key task and accountabilities for the various roles. The two CNMs' annual practising</p>

		<p>certificates (APCs) were sighted, and a record was maintained. A new registered nurse was employed 14 June 2021 and has a current APC. Health professionals contracted to the 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.</p> <p>All staff already employed in the rest home and Tui House have individual signed employment contracts. The service provider has adequate staff who are trained for working in a secure dementia service. The staff working in Tui House have current annual appraisals recorded. Additional care staff have been employed and are waiting to commence when approval is gained. Staff employed recently have completed dementia care training and are experienced. Full orientation will be provided and is planned for the 30 June 2021. Two training sessions have been arranged on dementia care and will be presented by a dementia care educator. Currently 14 caregivers employed have completed relevant New Zealand Qualifications Authority (NZQA) training to meet the requirements of the service provider's agreement obligations with the DHB. Six staff have completed level two, two have completed level 3 and six have completed level 4. Eight staff have completed relevant dementia care training. One caregiver is an assessor (residential care officer) on site. One caregiver has trained in Level 4 diversional therapy and implements the activities programme reviewed. All in-service education has been recorded since March until the present time. A self-directed learning package is now available to staff. This will be implemented once the additional planned dementia training is completed as per the training programme reviewed. Currently the two clinical nurse managers and the new registered nurse are trained to complete interRAI assessments.</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 acting CNM discussed the current staffing situation and stated the rationale for determining staffing levels and skill mixes in order to provide safe service delivery based on good practice. The current roster was sighted and the proposed roster was prepared and explained by the CNM. All services are covered twenty-four hours a day, seven days a week. Depending on whether the residents from Tui House are able to move to Lodge 1 and Lodge 2 with approval of the DHB, this will determine how the service will be covered by staff. Lodge 1 and Lodge 2 are one area of the home. There is a security door between this area and Lodge 3 which is a separate area in the design of the</p>

		<p>home.</p> <p>The roster sighted does and will adequately cover all areas of service delivery. The rosters reviewed also include the two chef/cooks who cover seven days a week 8 am to 3 pm, the residential care officer (RCO) who works three days a week 8 am to 4.30 pm and the activity coordinator who works four days one week and five days the second week, in divided shifts being 9 am to 12 md and 1pm to 4 pm. The CNMs work Monday to Friday and the registered nurse Monday to Friday presently while orientating to the facility. The after-hours will be covered by the registered nurse and the CNM. When the services are approved and transition has occurred, the acting clinical manager will no longer be available. The care staff currently cover the laundry service and will continue to do this with the additional new laundry service under construction. The roster reviewed reflected that adequate staff cover will be available to complete this non-clinical role.</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 to store dressing packs and other stores safely and securely. The medication is administered from a medication trolley which is locked after use and stored in a locked medication room. Medication is currently in blister packs (robotic system) in rolls dispensed and delivered from the contracted pharmacy of choice. All senior caregivers and the CNMs have completed the required annual medicine competencies as recorded in the register reviewed. There is evidence of two contracted general practitioners completing the current medication reviews in a timely manner. One of the two GPs visits monthly to the home and the residents are also taken to appointments accompanied by family or staff members as needed. When the numbers of residents increase the CNM stated this arrangement would need to be reviewed.</p> <p>The organisation's policies and procedures are already implemented in the rest home and were 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 the effectiveness of any PRN (as required) medicines administered by staff.</p> <p>The controlled drug medications are checked weekly by the two clinical nurse managers and this is documented in red ink. The RN or CNMs check the medicines when they are delivered to this home from the pharmacy. Six</p>

		<p>monthly medication reviews are completed by the contracted pharmacy. Medicine fridge temperatures are maintained daily and recorded. It is organisation policy that no residents are able to self-administer medicines.</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>Policies and procedures have been developed and implemented for the kitchen and food management, inclusive of nutrition, safe food and fluid management. Comprehensive information is documented to guide staff.</p> <p>A nutritional profile is available for each resident with likes and dislikes and/or any food they enjoy. Special occasions are celebrated.</p> <p>There is a designated kitchen in Tui House. There is a kitchenette in Lodge 3 and one for Lodge 1 and Lodge 2 from where the food is served to the dining areas. The food is delivered at mealtimes from Tui House in hot boxes. The chef/cook is responsible for monitoring the food temperatures for breakfast, lunch and dinner. Homely dining room setting are available. In each kitchenette there is a stove and a microwave. The ovens are able to be 'trick activated' if being used for part of the activities programme. Full staff supervision would be provided.</p> <p>Nutritional needs include the availability of snack foods to be available 24 hours a day, seven days a week (24/7) for dementia residents and others who request additional food. Any special or modified foods are provided to meet resident's individual needs. Weight loss monitoring occurs. New chair scales were purchased on 28 February 2021.</p> <p>The chef/cooks have completed all relevant food safety courses as required. The food control plan expires 30 April 2022.</p> <p>The menu plans have been reviewed in the last two years by a New Zealand Registered Dietitian.</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 activities coordinator was not available on the day of the audit. The activities coordinator is now fully trained as a diversional therapist and is responsible for the implementation of the activities programme for the residents. The plan in place currently was reviewed and displayed. Residents are encouraged to participate, and records are maintained. The activities are provided four days a week one week and five days the second week of the</p>

		<p>roster. The shift is divided to ensure cover both in the morning and the afternoons.</p> <p>A holistic 24 hour a day, seven day a week approach to activities is planned for Lodges 1 and 2, with resources being available for the 24 hour period should these be required for residents with dementia. A van is available for the rest home presently and the registration and warrant of fitness was sighted, and both were current. Activities assessments and plans will be implemented as residents are admitted to Lodge 1 and Lodge 2. Every six months the activities plans are reviewed at the same time as the interRAI assessments and care plans are reviewed.</p> <p>There is adequate storage of resources and equipment when planning and implementing the programme. There is a separate lounge and a separate dining area for Lodge 1 and Lodge 2 residents for activities to be undertaken.</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>	PA Low	<p>Management staff explained the management of waste and hazardous substances. Waste is collected in bins by the local council weekly. Recycling is in place. 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. A spill kit was sighted.</p> <p>There is provision and availability of protective clothing and equipment and staff were observed using this. There is a cupboard in all Lodge areas 1, 2 and 3, for storing all personal protective resources. Dishwasher chemicals are not safely stored in lodges 2 and 3.</p>
<p><b>Standard 1.4.2: Facility Specifications</b></p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Moderate	<p>The building warrant of fitness displayed at the entrance to the facility expired on the 31 May 2021.</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 and on visual inspection and interviews with the CNMs. The environment was hazard free, residents were safe and</p>

		<p>independence was promoted. All fixtures and fittings and electrical resources are new and have been installed throughout both Lodge 1 and Lodge 2 by qualified tradesmen. The same tradesmen were responsible for Lodge 3 reconfiguration and registrations have been validated and a record maintained by the director interviewed.</p> <p>Residents have adequate space to move around within Lodge 1 and Lodge 2; however, accessing the external areas from these two lodges is not safe. There is a single doorway (locked) with a concrete step onto a sloping concrete pathway which on visual inspection is a significant hazard and safety risk for any residents. The environmental design does not provide a safe area for Lodge 1 and 2 residents that would encourage purposeful walking and easy access to a safe outdoor area.</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>	PA Low	<p>In both Lodge 1 and Lodge 2 there are three bathrooms with toilets and one separate toilet is available in both areas. There are new vanities installed with hand basins in the toilet and the bathrooms. The toilet and shower fittings have all been replaced. On the day of the audit, it was decided that one toilet was to be designated a visitor/staff toilet. There was not a separate staff toilet/shower in the lodge areas, but one was available which was located in another building in Tui House. For health and safety, infection control and staff cover purposes this is an area identified as requiring improvement. A staff room was observed to be under construction and is due to be completed prior to residents being accepted into the Lodge areas.</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>Adequate personal space is provided in all bedrooms to allow residents and staff to move around within the bedroom safely. Single rooms only are available. All rooms are of a good size and are set up for residents with a bed, resident/visitor chair, bedside table, set of drawers and a wardrobe. Residents and families can personalise the individual rooms when residents are admitted.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age</p>	PA Low	<p>The main dining room is set up with dining tables and chairs. There is an additional dining area off the kitchenette with tables and chairs to cater for the number of residents planned for Lodge 1 and Lodge 2. At full occupancy, this</p>

appropriate, and accessible areas to meet their relaxation, activity, and dining needs.		would be 20 residents. The lounge area is located in the Lodge 1 designated area. There is currently insufficient lounge chairs for residents in this area, mainly due to a large dining table and chairs being positioned in the corner of the lounge. Further consideration is required to maximise the seating arrangements to meet the needs of residents and requirements of the services agreement with the DHB.
<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>	PA Low	<p>The laundry is now to be managed onsite by care staff. Staff were always responsible for the personal clothing if families were unable to undertake this task. Now that all linen is to be laundered onsite another laundry was being constructed. At the time of the audit, this is not yet functioning.</p> <p>There is a dryer and washing machine that will be using electronically fed chemicals. A contracted service provider is already arranged to supply all laundry and cleaning products which are monitored for effectiveness. The current laundry is located up in Tui House.</p> <p>The staff have already received appropriate training as evidenced in the training records reviewed. A cleaners' trolley is used and when not in use is stored in the locked laundry.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	PA Moderate	<p>Policies, procedures and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides the facility in their preparation for any disasters and describes the procedures to be followed in the event of fire or other emergencies. The current fire evacuation plan was approved by the New Zealand Fire Service on the 19 September 2013. The CNM stated that contact had been made with the NZFS in regard to the fire evacuation scheme and explained that no changes were required. However, further information needs to be gained due to the building alterations and the reconfiguration from rest home to dementia care services. The last fire evacuation drill was held on the 18 May 2021. These drills are undertaken six monthly for all staff to 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</p>

		<p>sighted. An arrangement with a local hire company is in place should a generator be required for an extended power outage. The water storage meets the requirements of the Whangarei District Council and resources available for a maximum of 40 people.</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 1 and 2 are approved for use by the MoH.</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 1 and 2 are heated and ventilated appropriately. Rooms have natural light and opening windows. Heating is provided in the communal areas with a large heat pump visible in the dining and lounge areas. A comfortable temperature was maintained throughout the audit.</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 provides a managed environment that minimises the risk of infection to residents, staff and visitors by the implementation of an appropriate infection prevention and control (IPC) programme. Infection control management is guided by a current infection control manual, developed at organisational level. The infection control programme and manual are reviewed annually. The programme was reviewed January 2021.</p> <p>The two clinical nurse managers are sharing the role of IPC coordinator. A job description was available. Infection control matters, including surveillance are reported monthly and tabled at the staff/quality meeting.</p> <p>The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood their related responsibilities. On the day of audit the DHB vaccinators were present at this home and all residents with consent were being vaccinated against Covid 19.</p>
Standard 2.1.1: Restraint minimisation	FA	Hummingbird House has a non-restraint philosophy and this will apply for all

<p>Services demonstrate that the use of restraint is actively minimised.</p>		<p>dementia care services. Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provides 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 the reconfiguration is in progress. Both 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 in the other areas of service delivery. The CNMs understood the restraint approval and processes involved when adding a secure dementia service.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.4.1.1 Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.	PA Moderate	On the tour of the facility, the cleaning products were stored appropriately and safely but the dishwasher chemicals were not stored appropriately and safely to meet health and safety requirements. The cupboard was not locked and residents in Lodge 3 were walking freely in the kitchenette/dining area. No residents are currently in Lodge 1 and Lodge 2.	Dishwasher chemicals are currently stored in a cupboard in both Lodges 2 and Lodge 3, but the doors are not lockable for resident safety and to meet legislative requirements.	Ensure dishwashing chemicals are stored appropriately in a locked cupboard to meet health and safe obligations, good practice and legislative requirements.  30 days
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Moderate	The building warrant of fitness displayed was not current and had expired 31 May 2021. Staff were not aware that this had occurred. The council was	The building warrant of fitness displayed publicly in the entrance to the facility has expired.	A current building warrant of fitness is obtained, verified and displayed at reception.

		<p>contacted on the day of the audit. All checks had been completed by the relevant service provider. The testing and tagging of all equipment was verified and an inventory was maintained. Water temperature monitoring occurred monthly, and this was adequately recorded. Any variances were reported to management and to the contracted service providers if needed. Normal temperatures were reported on the day of the audit.</p>		Prior to occupancy days
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	<p>PA</p> <p>Moderate</p>	<p>On the tour of the renovated Lodges 1 and 2 it was observed that the internal areas are adequate for residents to move freely within the environment; however, the only accessible doorway was locked. On further investigation there was a concrete step leading onto a concrete pathway which was sloping and very unsafe for a resident to walk on down to a grassed area. This was acknowledged as an area of improvement to be actioned so that residents' when admitted to this service would be able to move freely outside as they wished or with supervision. There was a doorway that opened onto a grassed outside decked area from Lodge 1. Outdoor seating has been purchased for this</p>	<p>There is currently no safe access to an external area for residents when admitted to Lodge 1 and Lodge 2. The door to the external area is locked, not accessible or safe due to a concrete step and a sloping pathway to the grassed area below. The step is a significant hazard and a safety risk for residents. In addition to this the outside furniture which has been purchased is currently not available for the residents to use.</p>	<p>Access and safety needs are to be considered to ensure the environment design provides a safe area that encourages residents to walk freely and purposefully to an external area. Outdoor furniture purchased is to be made available for residents.</p> <p>Prior to occupancy days</p>

		designated outside area and managers assured the auditor that this would be available prior to occupation.		
<p>Criterion 1.4.3.1</p> <p>There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.</p>	PA Low	<p>On visual inspection, there were three bathrooms with toilets and vanities and one separate toilet in both Lodge 1 and Lodge 2. All toilets and shower fittings have been replaced. The bathrooms are for twenty (20) residents to access. There should be access to a toilet for visitors/staff to use. On the day of audit one toilet was designated for staff/visitor use.</p>	<p>Further consideration and planning is required to ensure there is adequate toilets available for residents, staff and visitors. One toilet was designated a visitor/staff toilet on the day of the audit which makes one less toilet for resident use. In addition to this, there is no separate shower available for staff in the event of an infection control outbreak or as needed to meet workplace health and safety legislative requirements.</p>	<p>Ensure there is provision for a staff toilet/shower bathroom or a separate shower to meet health and safety obligations for staff and to ensure there are adequate toilets for resident use.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.5.1</p> <p>Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.</p>	PA Low	<p>The lounge area is set up in readiness for residents but there are insufficient chairs available to accommodate residents if fully occupied. There is a large round table and chairs which if removed from the lounge would provide additional space for seating to meet the needs of residents. Further consideration is required for this area to ensure this is accessible and meets the relaxation and activity needs for individual residents.</p>	<p>There is insufficient seating available for the number of residents to be accommodated in Lodge 1 and Lodge 2 in the main lounge for activities or relaxation purposes.</p>	<p>Ensure there is adequate and appropriate seating in the main lounge for all residents to be admitted to Lodge 1 and Lodge 2.</p> <p>Prior to occupancy days</p>

Criterion 1.4.6.3 Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.	PA Low	The current laundry is located in Tui House. Management have decided to manage all laundry on site not just the personal clothing of residents. This change of direction has led to another laundry being constructed onsite in close proximity to Lodge 1. Clean and dirty areas are to be designated and the laundry needs to be lined, painted and be in full operation prior to the services commencing. The chemical storage cupboard in this laundry space needs to be lockable.	A new designated laundry and cleaning service area is under construction to provide safe and hygienic laundry and cleaning services. The new laundry was incomplete and not functioning on the day of the audit. Infection control in relation to the new laundry and cleaning services needs to be added to the policies with a link to the infection control manual.	Ensure the now designated laundry and cleaning service site currently under construction is available for staff as all laundry is now to be completed onsite. A review and update of the policies and procedures for the cleaning and laundry need to reflect the infection control responsibilities and link with the infection control manual along with the new changes.  Prior to occupancy days
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Moderate	The CNM and a director were interviewed. Previous information when gaining approval for Lodge 3 in relation to the current fire evacuation plan and approval was explained at the time that no changes were required. Further clarification needs to be gained due to the reconfiguration for the total change of building use, from a rest home to a 31 bed secure dementia care service. Building alterations are taking place at the time of this audit. In retrospect of the audit it was reported by the DHB portfolio manager that one fire door had been removed without necessary approval and the emergency exit doors' locking	The fire evacuation approval needs to be further reviewed by the contracted fire protection company and the New Zealand Fire Service and authorised before Lodge 1 and 2 can be approved as a secure dementia care service.	To ensure the fire evacuation approval is totally reviewed and reconfirmed before approval of service change can occur.  Prior to occupancy days

		mechanisms have been changed. This was not explained at the time of the audit.		
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# 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, 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
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End of the report.