

# Bethsaida Trust Board Incorporated - Bethsaida Retirement Village

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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:** Bethsaida Trust Board Incorporated

**Premises audited:** Bethsaida Retirement Village

**Services audited:** Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 10 April 2018 End date: 10 April 2018

**Proposed changes to current services (if any):** A request was made to occupy five newly built rooms as soon as possible and for all current rooms not intended for demolition to be dual purpose – for rest home or hospital-medical level care - to enable hospital-medical care to be added to the certificate. The service provider has also requested for permission to occupy a new wing that is currently under construction by 1 June 2018 and another wing early in 2019. Comment has been made on the latter requests but were not formally part of this partial provisional audit.

**Total beds occupied across all premises included in the audit on the first day of the audit: 38**

# 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

Bethsaida Rest Home and Hospital in Blenheim, Marlborough, currently provides rest home and hospital level care for up to 38 residents after closing five beds during reconstruction. The service is operated by a Charitable Trust and managed by a village manager, with support from a clinical nurse leader.

This partial provisional audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The intention was to review the potential effect of the addition of five new beds that are ready for occupancy, to assess the level of preparedness for all beds to be used for dual purpose (rest home and hospital-medical) and for the provision of hospital-medical services to be added to the certificate. Policies and procedures were reviewed, the manager, project manager, specific staff and two residents were interviewed, staff files and residents' medication files reviewed, and observations made.

There were no corrective actions identified in the service provider's previous audit to follow up. No corrective actions have been raised from this partial provisional audit as the fire service approval of the reviewed evacuation plan, which was unavailable at the

time of audit, has since been provided. The service provider demonstrated preparedness to provide hospital-medical services in all available beds.

## **Consumer rights**

This section was not applicable to this partial provisional audit.

## **Organisational management**

A Board of Trustees is the governing body for the Bethsaida Home and Hospital and is responsible for the services provided at this facility. A business and quality and risk management plans are documented and include the scope, direction, goals, values and mission statement of the service.

The facility is managed by an experienced and suitably qualified manager who is also a registered nurse. A quality and risk management system, which includes appropriate monitoring systems is in place and sits alongside a suite of policies and procedures. All are reviewed annually.

The human resources management policy, based on current good practice, guides the system for recruitment and appointment of staff. A comprehensive orientation and staff training programme ensures staff are competent to undertake their role. A systematic approach to identify, plan facilitate and record ongoing training supports safe service delivery and includes regular individual performance reviews. Staffing levels and skill mix meet contractual requirements and the changing needs of residents. There is a roster of senior staff on call out of hours.

Review of the organisational management systems demonstrated the service provider's level of preparedness for extending to hospital-medical services and managing a reconfiguration of beds due to the opening of five new beds and a new wing.

## **Continuum of service delivery**

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using a paper-based system. Medications are administered by both registered nurses and care staff, all of whom have been assessed as competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for and dietitian input. A registered food safety plan is in place, and alongside related policies and procedures, guides food storage, preparation and serving. Staff have undertaken food safety qualifications. The kitchen was well organised, clean and meets food safety standards.

## **Safe and appropriate environment**

The facility has been purpose built and has been progressively added to over time. Current redevelopments are underway according to a staged approach. All residents' rooms have ensuite bathrooms of adequate size with the newer ones being even larger.

Building and plant legislative requirements are being complied with and a current building warrant of fitness was displayed. A Certificate of Public Use has been issued for the area where five new rooms are ready to open. A preventative and reactive maintenance programme is implemented.

Communal areas are spacious and maintained at a comfortable temperature. A range of shaded and sheltered external areas with seating are available.

Implemented policies guide the management of waste and hazardous substances. Protective equipment and clothing is provided and used by staff. Chemicals, soiled linen and equipment are safely stored. All laundry is undertaken onsite and monitoring systems are in place to evaluate the effectiveness of cleaning and laundry services.

Emergency procedures are documented and displayed. Regular fire drills are completed and there is a sprinkler system and call points installed in case of fire. There is access to a generator and a water tank on site and suitable items are in an emergency kit. A call bell system was operating, and appropriate security checks are being made each night.

## **Restraint minimisation and safe practice**

This section was not applicable to this partial provisional audit.

## **Infection prevention and control**

The infection prevention and control programme is described within a set of related and current policy and procedure documents. This programme, which aims to prevent and manage infections and is reviewed annually, is led by an experienced and appropriately trained infection control coordinator/registered nurse. The infection control coordinator works alongside the health and safety committee and the quality team with reports on infection prevention and management going through to the Board of Trustees via the village manager.

## 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)
<b>Standards</b>	0	15	0	0	0	0	0
<b>Criteria</b>	0	35	0	0	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Bethsaida Home and Hospital has operated as a registered Charitable Trust since its registration in 1973. A mission statement and set of values describe Bethsaida’s commitment to the elderly to provide high quality service and personal care. This is further reflected in the vision statement, which also refers to empathetic care within the framework of a retirement village setting whilst noting financial constraints and resources available. The 2017 – 2022 business plan for the Bethsaida Home and Hospital was amended in February 2018. In addition to an outline of the purpose, values, scope, direction and goals of the organisation, the document describes annual and longer-term objectives and associated operational plans. There is evidence of external professional and business advisors available and that a ‘Strengths, Weaknesses, Opportunities and Threats’ (SWOT) analysis has been completed and reviewed.</p> <p>The village manager provides a monthly report against the objectives to the Board of Trustees. A sample of reports reviewed showed adequate information to monitor performance is being reported and includes occupancy, financial performance, quality management system updates, maintenance, health and safety, emerging risks, positive events and complaints/issues of concern, for example. A quality plan that is reviewed annually with evidence of ongoing monitoring in place every two</p>



	<p>months is in place. Organisational policies and procedures specific to Bethsaida Home and Hospital are provided by a contractor who has just provided updated versions of all manuals.</p> <p>The project manager for the redevelopments was present during the first half of the audit and alongside the village manager explained what is happening now and plans into the future. A detailed documented transition plan was sighted as was confirmation that the Ministry of Health and the portfolio manager at the local District Health Board have been advised of proposed changes.</p> <p>The service is managed by the village manager who is a registered nurse with a current practising certificate (next due June 2018). In addition to her registration, she has a Bachelor of Nursing and her curriculum vitae confirmed her report that she has previously worked at five other aged care rest homes, hospitals and retirement villages in registered nurse, clinical management and general management capacities. Hence, she knows and understands residents' rights. This person is suitably skilled and experienced for the role and has responsibilities and accountabilities defined in a job description and individual employment agreement. The village manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through attending Aged Care Association management update days. She also attends professional development opportunities at local District Health Board and privately-run courses as well as attending in-service education sessions as applicable. The village manager is supported by a clinical nurse leader, a team of registered nurses and a Board of Trustees who meet weekly/monthly.</p> <p>The service provider holds contracts with the local District Health Board to provide rest home and hospital level care and support under the Aged Related Residential Care Agreement (ARRC). This partial provisional audit was requested as the service provider is undertaking a staged redevelopment and has just built five new rooms. Other than the need for fire service of a revised evacuation plan, these are ready for immediate occupation and the partial provisional audit confirmed this. There was also a request for a review of the service provider's level of preparedness to provide hospital-medical services in what are currently designated rest home level care beds, thus making all beds/rooms in the facility dual purpose. According to the information obtained during the partial provisional audit, the requirements for the service provider to be able to provide hospital-medical services are being met. There are no legislative compliance issues that could affect the five new beds nor the provision of hospital services.</p> <p>Whilst on-site, the auditor checked the new wing under construction that is due for</p>
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		opening at the beginning of June 2018. The redevelopments are staged, and progress depends on the demolition of older areas. Electricity and water were not connected in this wing on the day of audit, painting was not finished, and floor coverings are still to be laid. Otherwise systems are in place for this wing to open, except for the need for a Certificate of Public Use for this wing and the approved evacuation plan, which has been included in the one awaiting approval for the new five beds. A separate report will be provided prior to the opening of this wing.
<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 nurse leader confirmed during interview that she takes on the manager's role and relieves in the event of the village manager's absence. This person is suitably qualified and experienced. Her personnel file confirmed she is a registered nurse with a current practising certificate and a Bachelor of Nursing, is maintaining her professional development in a variety of areas including management practise and responsibilities, pain management, assessment in the aged care sector and specialty topics such as diabetes and catheterisation. With three and a half years of experience as a registered nurse at Bethsaida, three of which have been in her current role, she has become familiar with the organisation and the staff. In addition to ensuring her medicine competency, interRAI assessment knowledge and cardiopulmonary resuscitation skills are up to date she attends in-house education to maintain currency in topics such as fire drills and cultural safety. The village manager of the facility expressed confidence in the clinical nurse leader's ability to ensure services continue to be consistently managed efficiently and effectively.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Policies and procedures, in line with good employment practice and relevant legislation, are in place and guide human resources management processes. Position descriptions reviewed in a range of staff files were current and defined the key tasks and accountabilities for the various roles.</p> <p>The recruitment process includes formal interviews, referee checks, police vetting and validation of qualifications and practising certificates, where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are systematically maintained. Eight of the nine registered nurses and the clinical nurse leader are maintaining their annual competency requirements to be able to undertake interRAI assessments.</p>

		<p>Staff orientation includes all necessary components relevant to their specific role. The clinical nurse leader who is responsible for overseeing staff orientation reported that the orientation process prepares staff well and includes a 'buddy' through their initial orientation period until the person is deemed competent to be independent. Records reviewed show orientation documentation is being completed and signed off as required. All staff annual performance appraisals were up to date, as per the schedule, and copies of completed appraisals were in the staff files reviewed.</p> <p>Continuing education is planned on an annual basis. Mandatory training requirements are defined and scheduled to occur over the course of the year. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the District Health Board. The clinical nurse leader oversees the staff training process and demonstrated commitment and efficiency with the task. Training sessions are being consistently upheld and evaluated and staff who do not attend are followed up and required to become up to date within specified timeframes. Education records reviewed in staff files and in attendance and evaluation records for specific sessions, demonstrated completion of the required training.</p> <p>The village manager and the clinical nurse leader confirmed that there is no reason for the human resources, orientation and staff training processes to change with the opening of the five beds, the opening of the new wing in early June 2018, or the transfer of all beds to become dual purpose for rest home or hospital level care residents.</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>	<p>FA</p>	<p>A rostering policy described the rationale for determining staffing levels and skill mixes in order to provide safe service delivery. The facility adjusts staffing levels to meet the changing needs of residents and examples of this occurring were provided. Both the village manager and the clinical nurse leader reported separately that there are sufficient staff to cover if a person becomes unwell.</p> <p>One registered nurse and two caregivers cover the night shift; two registered nurses and five caregivers, or one registered nurse and six caregivers cover morning shifts; and one registered nurse and five caregivers cover the afternoon shifts. No bureau staff, or people unfamiliar with the residents are used and when necessary the village manager and the clinical nurse leader have covered a shift, although neither could recall the last time this was required.</p>

		<p>An afterhours on call system is in place whereby nurses ring both the clinical and village managers. Staff spoken with informed they are well supported and have good access to advice when needed. Observations and review of a four-week roster cycle sample during this audit confirmed adequate staff cover has been provided. Records sighted showed that all registered nurses hold a current first aid certificate, or have updated their cardiopulmonary resuscitation skills, while a high percentage of caregivers also having current first aid certificates.</p> <p>The village manager informed that the five additional beds will not affect staffing levels as they had already closed five beds to enable part of the building to be demolished and staffing levels have been retained. Likewise, the opening of the next new wing will not affect staffing levels as people will be shifting rooms to enable further demolition, rather than any increase in bed numbers. There are also sufficient staff numbers in the event of all beds becoming dual purpose for rest home or hospital level care. There are currently nine registered nurses, in addition to the village manager and the clinical nurse leader who are also registered nurses, and all except one have interRAI assessment system competency. There are also sufficient numbers of trained caregivers willing to do additional shifts if acuity levels rise.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management was observed on the day of audit. Although this is still paper based there are plans in place for the introduction of an electronic system as soon as building wi-fi issues are addressed. The staff observed administering medicines demonstrated good knowledge and had a clear understanding of the roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and records of this were sighted. There are sufficient numbers of medicine management competent staff to manage additional numbers of hospital level care residents. Registered nurses have completed training on the management of people with diabetes and insulin administration and records showed that most also have a syringe driver competency.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. Verification of the contract and of pharmacists' qualifications were viewed. All medications are checked by a registered nurse against the prescription</p>

		<p>on arrival at the facility. Medications checked were within current use by dates. Clinical pharmacist input is provided as needed for ongoing checks of recorded medicines, removal of unused medicines and to respond to enquiries about medicines.</p> <p>Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge were within the recommended range.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required monthly and three-monthly GP reviews are consistently recorded on the medicine chart.</p> <p>At the time of audit, there were four residents who self-administer medications such as inhalers. Appropriate monitoring processes are in place to ensure this is managed in a safe manner.</p> <p>Medication errors are reported to the clinical nurse leader and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified in the records of the adverse event reporting system.</p> <p>Standing orders are not used in this facility.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>Food services are provided on site by two experienced cooks and a team of kitchen hands. The menu rotates over a four-week timeframe and follows summer and winter patterns. This has been reviewed by a qualified dietitian within the last two years (May 2017) confirming it is in line with recognised nutritional guidelines for older people. Recommendations made at that time have been implemented.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan.</p>

		<p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued in February 2018. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The food services manager has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>Residents' level of satisfaction with meals is reportedly sought through informal questioning, satisfaction surveys and residents' meetings. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There was sufficient staff on duty in the dining room on the day of audit that ensured appropriate assistance was available to residents as needed.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented processes, including material safety data sheets and organisational policies and procedures are available for the management of waste and hazardous substances. Infection control documentation includes a waste management section detailing procedures for the management of potentially infectious waste. An external contractor assists with waste management and waste removal.</p> <p>The doors to the areas storing chemicals were secured and containers labelled. Appropriate signage is displayed where necessary. An external company is contracted to supply and manage all chemicals and cleaning products, as well as provide relevant training for staff. A chemical spill kit and associated instructions are available. Any incidents related to chemicals or hazardous products are managed through the adverse event recording system.</p> <p>There is provision and availability of protective clothing and equipment such as gloves and plastic aprons. Staff were observed using these. Hand sanitiser is easily accessible throughout the facility. As for the other areas, a new sluice room is well equipped. It is intended that the well-established systems will be used in the new five bed area and in the wing currently under construction.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate,</p>	FA	<p>A current building warrant of fitness (expires 1 July 2018) is publicly displayed. The area with the five new rooms has had a certificate of public use issued by the local district council; however, the new wing will require one, prior to occupancy. A Code</p>

<p>accessible physical environment and facilities that are fit for their purpose.</p>		<p>Compliance Certificate is not expected until the next stage of redevelopment is completed.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose. There is a proactive and reactive maintenance programme and buildings, plant and equipment are maintained to an adequate standard. The testing and tagging of equipment and calibration of bio medical equipment is current as confirmed in documentation and electronic records reviewed, interviews with the primary maintenance person and observation of the environment. Most of these reviews are current until June 2018. Any requests for maintenance tasks are recorded and these are being appropriately actioned and signed off in a timely manner.</p> <p>Extensive garden areas and patios and pathways are being safely maintained and are appropriate to the resident groups and setting. Construction zones are fenced off for safety reasons. The village manager and the maintenance person noted that additional efforts are made to ensure the environment is hazard free and that residents are safe.</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>All residents' rooms have their own ensuite. Such facilities vary in size, with the ones off the five new rooms, and those in the wing currently under construction, being larger in size. The ensuites throughout the building are all accessible and have sufficient room for the use of wheelchairs and shower chairs, as required. All would be suitable for residents requiring hospital level care. There are adequate numbers of accessible communal toilets throughout the facility.</p> <p>Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote residents' independence.</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 their bedrooms safely. All rooms are of sufficient size to enable any larger equipment that might be required for a hospital level care resident, such as a hoist, to be used with ease. The five new rooms and those still under construction in the new wing are larger than usual at between 18 and 22.3 square metres, including the ensuite. All bedrooms provide single accommodation. Rooms are personalised</p>

		<p>with furnishings, photos and other personal items displayed.</p> <p>The facility has specific storage areas with room to store mobility aids, walking frames and wheel chairs. Mobility scooters are stored in a designated area and do not impede walkways or create a hazard for mobile residents.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>A range of communal areas are available for residents to engage in activities. Smaller sitting areas are situated at the end of wings. The dining and lounge areas are spacious and enable easy access for residents and staff. One communal area is dividable to accommodate larger functions when required. Residents can access areas for privacy, when required. Furniture is appropriate to the setting and resident needs. It is arranged in a manner which enables residents to mobilise freely.</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>All laundry is undertaken on site in a dedicated laundry. The current laundry area is temporary but has been well set up and enables effective dirty to clean flows. Resident's personal items are laundered on site or by family members if requested. The laundry is currently washed by laundry staff who during interview demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. Some of the laundry staff also undertake cleaning roles.</p> <p>There is a small designated cleaning team who has received appropriate training. Chemicals were stored in lockable cupboards and were in appropriately labelled containers. Cleaning and laundry processes are well documented and are monitored through the organisation's internal audit programme.</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 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 disasters and describe the procedures to be followed in the event of a fire or other emergency. Health and safety documentation further details associated emergency and security procedures.</p> <p>Buildings have a sprinkler system and relevant fire fighting equipment that is being checked according to a schedule is available. The maintenance person and village manager informed that a trial evacuation takes place six-monthly with a copy sent</p>



		<p>to the New Zealand Fire Service. Due to the redevelopment of the facility, it has been necessary to review the fire evacuation plan. Application for fire service approval of the reviewed plan was made and was sighted. At the time of audit this was still unavailable; however a copy was provided before submission of the report and no further follow-up is required. The new staff orientation programme and ongoing annual in-service training includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, blankets and gas BBQ's were sighted. These are checked by a night shift registered nurse monthly. A water storage tank is located on the complex and was sighted. There is a generator on site and records viewed confirmed that it is checked monthly. Emergency lighting is regularly tested by the contracted compliance company.</p> <p>Call bells alert staff to residents requiring assistance and show up on digital read outs in the hallways. Call system audits are completed on a regular basis. Appropriate security arrangements are in place with evening staff completing a security check. Records sighted showed these are signed off each evening after dark and that any anomaly, such as an open door, is noted. Doors and windows are locked by staff around the time of the evening meal and visitors may use the doorbell for entry.</p>
<p>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.</p>	FA	<p>All residents' rooms and communal areas have opening external windows with security latches in situ. External doors open onto patios and facilitate ventilation. Solar tubes have been installed in all internal rooms such as toilets and ensuites and these contribute to brighter internal environments. Heat pumps are installed in each resident's room, hallways and communal areas and may be adjusted according to personal preferences. Areas were warm and well ventilated throughout the audit. Staff confirmed during interview that the facilities are maintained at a comfortable temperature. The maintenance person undertakes spot temperature checks of the environment. Bethsaida Home and Hospital is a non-smoking facility and any person who smokes must do so off site.</p>
<p>Standard 3.1: Infection control management There is a managed environment, which minimises the</p>	FA	<p>A full suite of infection prevention and control policies and procedures provided from an external specialist service is in place to guide staff towards ensuring the</p>

<p>risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>environment is managed in a way that minimises the risk of infection to residents, staff and visitors. These documents also describe the implementation processes for an appropriate infection prevention and control programme and are reviewed annually. Infection prevention and control reports are a component of the reports to the board and a separate annual report is developed and contributes to review of the programme's annual review. The service provider has access to advice from external experts when required and these people assist with staff training as required.</p> <p>The clinical nurse leader/registered nurse is the designated infection prevention and control coordinator, whose role and responsibilities are defined in a job description within the documentation sighted. Infection control matters, including surveillance results, are reported monthly to the village manager and tabled at the infection control and quality/risk/health and safety meetings every three months. This committee includes the village manager, the infection prevention and control coordinator, the health and safety officer, and representatives from food services, household management, the team of registered nurses as well as caregivers.</p> <p>Signage at the main entrance to the facility requests anyone who is, or who has been unwell in the past 48 hours not to enter the facility. 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 these related responsibilities.</p> <p>The integrity of the current infection prevention and control programme is enabling infection rates to remain low and there is no indication that the opening of five beds or the transfer of all beds to hospital level care is likely to have any significant impact on this.</p>
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## Specific results for criterion where corrective actions are required

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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.

No data to display
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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, 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.