

# Aberleigh Rest Home Limited - Aberleigh Rest Home

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

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

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

The specifics of this audit included:

**Legal entity:** Aberleigh Rest Home Limited

**Premises audited:** Aberleigh Rest Home

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

**Dates of audit:** Start date: 26 November 2018 End date: 26 November 2018

**Proposed changes to current services (if any):** The service is reconfiguring their facility. Ngaio a six-bed psychogeriatric home which is currently situated at the front of the building, will relocate to Rata, currently a nine-bed dementia rest home situated in the middle of the facility. This proposed change would increase the number of psychogeriatric level beds up to nine at Aberleigh. The dementia rest home residents who are currently living in Matai and Rata home will be relocated into the 18-bed Koromiko home (which is currently used as a dual-purpose rest home and hospital). This will decrease the number of rest home dementia level

beds from 20 down to 18 beds. Matai home (in future a 10 bed dual-purpose home) is initially being closed for a period for refurbishment.

Kowhai home (10 beds) will remain as the dual-purpose beds. Totara home (currently dual-purpose) and Ngaio home (formerly the psychogeriatric home) will be used to accommodate dual purpose residents (15 beds in total). The total bed numbers will stay the same at 62.

**Total beds occupied across all premises included in the audit on the first day of the audit: 42**

# 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

Dementia Care New Zealand Ltd (DCNZ) is the parent company of Aberleigh Rest Home. The service provides care for up to 62 residents across four service levels (psychogeriatric, hospital, rest home and dementia). On the day of audit, there were 42 residents.

This partial provisional audit was undertaken to a reconfiguration and relocation of certified services. The audit process included a tour of the units, review of documentation, medication management and food service and interviews with the management team.

The service has proposed the following changes. The six psychogeriatric (PG) beds which are currently situated in Ngaio home at the front of the building will relocate to Rata wing (a nine-bed home) at the rear of the facility. This proposed change would increase the number of psychogeriatric level beds up to nine at Aberleigh. The dementia rest home residents who are currently living in Matai and Rata homes will be relocated into the 18-bed Koromiko home (which is currently used as a rest home and hospital home). This will decrease the number of rest home dementia level beds from 20 down to 18 beds. Kowhai home (10 beds) will remain as the dual-purpose hospital/rest home beds. Totara home (currently dual-purpose) and Ngaio home (formerly

the psychogeriatric home) will be used to accommodate rest home and hospital residents (15 beds in total). Matai home (10 bed dual-purpose home) is initially being closed for a period for refurbishment. With the reconfigurations, the total bed numbers will stay the same at 62.

The service is managed by a clinical manager, with support from an operations manager. The operations manager and the clinical manager are experienced in their roles.

This audit has identified improvements required around ensuring security to reconfigured areas and the draft roster for the reconfigured areas.

## **Consumer rights**

N/A

## **Organisational management**

The service is managed by an experienced team and there is a current business plan. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is a well-developed education programme in place that is supported from head office. This includes training packages for all levels of staff. External training is supported. There is a staffing policy and rosters in place. The current staff meet dementia staff training requirements and are experienced in providing dementia care at Aberleigh and will continue to staff the relocated wings with the same level of care.

## **Continuum of service delivery**

Medicines are stored and managed appropriately in line with legislation and guidelines. The current medication storage will meet the needs of dementia level residents. General practitioners review residents at least three monthly or more frequently if needed. There are regular visits and support provided by the community mental health team and psychogeriatric service.

Food services are provided from the main kitchen and are delivered in hot boxes to the small home kitchenettes. The wing to be changed from rest home to dementia level care has a dining room adjacent to the main kitchen and food will be served directly from the kitchen (as it currently is). Residents' individual food preferences, dislikes and dietary requirements are met. Nutritional snacks are available over a 24-hour period. There is dietitian review and audit of the menus.

## **Safe and appropriate environment**

The building has a current warrant of fitness that expires 1 July 2019. There is a scheduled maintenance plan in place. Contractors are contacted when required. Medical equipment has been checked and calibrated, and testing and tagging of electrical equipment has been conducted.

The dementia rest home residents will relocate to the Koromiko Home. A secure external gate and a secure door between Koromiko and Kowhai home is not yet in place. The home has a large open plan dining lounge area and a smaller quiet lounge. The area is large enough to cater for eighteen dementia rest home residents. There is a path that creates a circuit between the two external exit doors lounge areas (one on each side of the wing). The spacious fully fenced garden area will require to be secured with two external gates.

The four psychogeriatric residents will relocate to the Rata home. The door between Matai and Rata will be relocated, providing nine available psychogeriatric beds. There is a large open plan dining lounge area with access to a secure garden area. The existing doors will continue to provide the required security.

Kowhai (10 beds) Totara (15 beds) homes will provide a total of thirty-five dual-purpose beds. Ten dual-purpose beds in the Matai home adjacent to the proposed psychogeriatric home will be closed initially and refurbished. Totara wing has an open plan dining/lounge area off the main kitchen and a separate TV lounge. There is access to an outside garden. Security locks in this area will be removed.

All residents' rooms are of an appropriate size to allow dementia, hospital, rest home or psychogeriatric level care to be provided and for the safe use and manoeuvring of mobility aids. All communal areas within the facility are large enough to cater for the proposed care levels. The furnishings in each home is appropriate for the proposed changes in use.

All linen and personal clothing is laundered on site. Cleaning and laundry processes will not change with the reconfiguration and relocation of services.

A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. There are adequate supplies in the event of a civil defence emergency. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times.

There are call bells in the residents' rooms and lounge/dining room areas. Call bells can be activated between homes from each home lounge.

## **Restraint minimisation and safe practice**

The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. A register is maintained by the restraint coordinator/RN. On the day of the audit there were three residents using a restraint (H belt) and there are no residents with enablers. Staff regularly receive education and training on restraint minimisation and safe practice and managing challenging behaviours.

## Infection prevention and control

The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (a registered nurse) is responsible for coordinating/providing education and training for staff. The quality team supports the infection control coordinator.

### 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	1	1	0	0
<b>Criteria</b>	0	35	0	1	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<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>Aberleigh Rest Home provides care for up to 62 residents across four service levels (hospital [medical and geriatric], rest home, psychogeriatric and dementia level care). On the day of audit, there were 42 residents in total with 16 residents across the two 10-bed dementia homes (including one resident under a long-term chronic health contract); four residents in the six-bed psychogeriatric (PG) home, 11 hospital residents and 11 rest home level residents (including one under a long-term chronic health contract) in the 36-bed dual-purpose hospital/rest home.</p> <p>This partial provisional audit was completed to verify the reconfiguration of the service. The service is reconfiguring all their current homes. The six-bed psychogeriatric (PG) home currently situated in Ngaio home at the front of the building will relocate to Rata home (a nine-bed home) in the centre of the facility. This proposed change will increase the number of psychogeriatric level beds at Aberleigh up to nine-beds.</p> <p>The dementia rest home residents who are currently living in Matai and Rata will be relocated into the 18-bed Koromiko home (which is currently used as a rest home home). This will decrease the number of dementia level beds from 20 down to 18 beds. Kowhai home (10 beds) will remain as the dual-purpose hospital/rest home beds. Totara home (currently dual-purpose) and Ngaio home (formerly the</p>



	<p>psychogeriatric home) will be used to accommodate rest home and hospital residents (15 beds in total). Matai home (10 bed dual-purpose home) is initially being closed for a period for refurbishment.</p> <p>Aberleigh have a documented transition plan which includes advising families, allocation of rooms, a timetable outlining the details of the relocation process, security changes and additional staffing. The relocation will commence with moving the Koromiko residents into the currently empty Totara home. The timetable provides timeframes for clearing and cleaning of rooms. All resident rooms have been verified suitable for the proposed changes.</p> <p>Dementia Care NZ has a corporate structure in place which includes two directors and a governance team of managers and coordinators. The operations management leader and national clinical manager support the operations manager and the clinical manager respectively. The vision and values of the organisation underpin the philosophy of the service. The philosophy of the service also includes providing safe and therapeutic care for residents with dementia that enhances their quality of life and minimises risks associated with their confused states.</p> <p>There is a strategic plan for 2015-2018 and a business plan for 2017-2018 in place for all DCNZ facilities. The 2018 organisational goals have been reviewed by the governance team, company director, quality systems manager and company educator/psychiatric RN.</p> <p>An operations manager and a clinical manager oversee Aberleigh Rest Home daily. The operations manager reports directly to the operations management leader and the clinical manager reports directly to the national clinical manager who reports to the clinical director. The operations manager has been in the role for four years and has worked at DCNZ for nine years. The clinical manager is responsible for the clinical oversight of the service and has been in the position for five years. An organisational operations management leader, national clinical manager, quality systems manager, company clinical director, company educator/psychiatric RN and directors, regularly visit the facility and provide support to the team at Aberleigh Rest Home. At the time of the audit the managing director was present.</p> <p>The operations manager and the clinical manager have each attended at least eight hours of education in the past 12 months in relation to their respective roles. The organisation holds an annual training day for all operations managers and twice yearly for all clinical managers.</p>
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<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>During a temporary absence of the operations manager, the weekend operation manager assumes the role with support from the DCNZ management team.</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>There are human resources policies to support recruitment practices. Seven staff files sampled (one clinical manager, one operations manager, one registered nurse, two caregivers, one diversional therapist and one cook) contained all relevant employment documentation. Current practising certificates were sighted for the registered nurses (RN) and allied health professionals. The service has an orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>An education planner in place covers compulsory education requirements. Five of five RNs have completed interRAI training. Clinical staff complete competencies relevant to their role. Twenty-eight caregivers work across all levels of care at Aberleigh and staffing will continue unchanged following the proposed reconfiguration. All except two have completed the required dementia NZQA standards. The two that have not completed have commenced the training and neither have been employed in the dementia units for 18 months. The current staffing qualifications, training plan and orientation will meet the requirements of the proposed reconfiguration.</p>
<p><b>Standard 1.2.8: Service Provider Availability</b></p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	PA Moderate	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery, including for dementia and psychogeriatric level care. Rosters are published for staff. The operations manager and the clinical manager are on-site full time and available afterhours. There is a RN on duty 24/7 in the dual-service hospital/rest home. The previous audit identified that there is no specific RN allocated to the six-bed psychogeriatric home as specified by the ARHSS contract. The service continues to consider ways to address this issue and the finding remains.</p> <p>With the proposed changes, the rosters will remain the same for each certified service level. Advised that initially until occupancy increases in the psychogeriatric</p>

		<p>home staffing will remain the same. No further staff are required to be employed at this stage.</p> <p>The proposed roster for the reconfigured areas is as follows;</p> <p>The 18-bed dementia home (Koromiko home) will continue to be managed on a day-to-day basis by home managers (senior caregivers). There is one home manager and one caregiver on a short morning shift. Two caregivers on the afternoon shift with one short shift caregiver and one caregiver on the night shift. The RN based in the psychogeriatric home will provide clinical oversight across the home during the day.</p> <p>In the nine-bed psychogeriatric home (Rata). There is one RN and one home manager on the morning shift, and two caregivers rostered on the afternoon shift. There is one RN on night shift who provides clinical oversight. There is no RN rostered for the afternoon shift.</p> <p>Across the dual-purpose hospital/rest home homes. Kowhai wing (10 beds) and Totara (15 beds). There is a RN on duty on the morning and afternoon shifts. The RNs will be supported by three long and two short shift caregivers on the morning and three long and two short shifts on the afternoon shifts, and two caregivers on the night shift. A RN has not been rostered for night shift for when resident numbers within the facility are over 50 residents.</p> <p>Management interviewed, stated the roster will be filled when staff are off sick and that there were sufficient staff rostered.</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 policies and procedures comply with medication legislation and guidelines. All medications are stored in one central medication room. Medicines are appropriately stored in accordance with relevant guidelines. Caregivers administer medications in the rest home and dementia care homes. RNs normally complete medication in the PG and hospital home. All staff that administer medicines are competent and have received medication management training. The facility uses a robotically packed medication management system for the packaging of all tablets. The RN on duty reconciles the delivery of the robotic packed medication and documents this. An electronic medication documentation system has recently been implemented. There is at least three-monthly review of antipsychotic medication use. Standing orders were not in use. The medication system currently in use will not change with the increase of three residents in the</p>

		<p>psychogeriatric home, decrease of two beds in the dementia home and decrease of three beds in the dual hospital rest home.</p>
<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></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>There is a registered food control plan. All kitchen staff have attended food safety and hygiene, chemical safety and relevant in-service training. The Totara wing dining room is adjacent to the main kitchen and meals are served directly from the kitchen. The reconfiguration of services will not require any change in capacity or capability for the kitchen, which already caters for the same service levels.</p> <p>The cook receives a nutritional assessment for each new resident and is notified of any changes, special diets or weight loss. Pureed and normal diets are provided. Residents likes, and dislikes are known, and alternative foods are offered. Cultural and spiritual needs are met. There is daily monitoring of hot food temperatures, fridge and freezer temperatures, dishwasher rinse temperatures and delivery temperatures for chilled/frozen goods.</p> <p>The dry goods store has all goods sealed and labelled. Goods are rotated with the delivery of food items. The cook was observed wearing appropriate personal protective clothing.</p> <p>There is evidence that there are additional nutritious snacks available over 24-hours for the dementia and psychogeriatric home residents.</p>
<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>	<p>FA</p>	<p>There is a qualified diversional therapist (DT) who oversees the activity programme for each 'home'. There are three DTs in training. The DT is based in the rest home/hospital 'home' and visits each 'home' daily in the mornings. Activities are seven days a week in all 'homes' with the rest home hospital from 10.00 am to 4.30 pm and from 1.30 pm - 4.30 pm in the dementia 'homes' and the psychogeriatric 'home'. Care staff on duty are involved in individual activities with the residents and there are plentiful resources available. The activity programme for each 'home' is flexible to meet the needs of the residents and include (but not limited to); exercise, movements to music, word games, music, reminiscing, newspaper reading, arts and crafts, baking, happy hours, outdoor walks and one-on-one activities.</p> <p>The activity programme for dementia and psychogeriatric residents is focused on household/meaningful tasks, reminiscing and sensory activities, walks and</p>

		<p>gardening.</p> <p>There are combined activities that all residents can participate in as appropriate, and under supervision. Regular entertainment, pet therapy (SPCA volunteer) and church services are scheduled for all residents. Other community links include Red Cross visitor programme, stroke club and friendship group through Age Concern. There are regular van outings for all residents.</p> <p>A “my profile” social history is completed on or soon after admission and information is gathered from the relative (and resident as able) and is included in the 24-hour MDT activity plan that is evaluated at least six monthly. Resident and family meetings are held.</p> <p>The programme observed was appropriate for the resident groups and older people with mental health conditions and dementia. Activities were observed to be occurring in the lounges.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are implemented policies in place to guide staff in waste management. Personal protective equipment is available. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety datasheets are available. Management of waste and hazardous substances will not change with the reconfiguration and relocation of residents. There is a sluice room in the adjacent and unoccupied wing.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>The building has a current warrant of fitness that expires 1 July 2019. The operations manager manages general maintenance. There is a scheduled maintenance plan in place. Contractors are contacted when required. The operations manager alongside the directors oversee the maintenance programme. The hot water temperatures have been monitored and maintained below 45 degrees Celsius. Medical equipment has been checked and calibrated, and testing and tagging of electrical equipment has been conducted. All equipment currently used for rest home residents will be utilised for dementia level residents.</p> <p>The dementia rest home residents currently residing in Matai and Rata will relocate to the Koromiko Home (currently dual-purpose hospital and rest home), decreasing dementia rest home bed numbers from 20 to 18. A secure external gate and a</p>

		<p>secure door between Koromiko and Kowhai is not yet in place. The home has a large open plan dining lounge area and a smaller quiet lounge. The area is large enough to cater for eighteen dementia rest home residents. There is a path that creates a circuit between the two external exit doors lounge areas (one on each side of the wing). The spacious fully fenced garden area will require to be secured with two external gates.</p> <p>The psychogeriatric residents in the Ngaio home will relocate to the Rata home. The door between Matai and Rata will be relocated, providing nine available psychogeriatric beds. The Rata home was previously used for dementia rest home and the only change required is the movement of the connecting door. There is a large open plan dining lounge area with access to a secure garden area. The existing doors will continue to provide the required security.</p> <p>Kowhai (10 beds) and Totara (15 beds) homes will provide a total of twenty-five dual-purpose beds. Totara wing has an open plan dining/lounge area off the main kitchen and a separate TV lounge. There is access to an outside garden. Security locks in this area will be removed.</p> <p>Ten dual-purpose beds in the Matai home adjacent to the proposed psychogeriatric home will be closed initially and refurbished.</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>Fourteen of the 18 rooms in the Koromiko home (proposed dementia home) have full ensembles. There is also one large communal shower and two communal toilets in this wing. The communal toilets and showers are well signed and identifiable and include vacant/engaged and in-use signs.</p> <p>The 10- bed Rata home (proposed nine-bed psychogeriatric) has five full ensuite rooms and four rooms will share the one communal shower and two toilets.</p> <p>The Kowhai home (proposed 10-bed dual-purpose) has one room with a full ensuite, two large communal showers and six communal toilets. The adjoining Totara home (15-beds) has 12 rooms with full ensembles and three rooms utilise the communal showers and toilets.</p> <p>The proposed changes will meet the requirements for showering and toilet facilities. All rooms are large enough to accommodate the needs of hospital level care residents including use of the ensuite 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>	<p>FA</p>	<p>All residents' rooms are of an appropriate size to allow dementia, hospital, rest home or psychogeriatric level care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms.</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>	<p>FA</p>	<p>Each wing has a large communal lounge and dining area and a second lounge. All areas are large enough to cater for the proposed care levels. The furnishings in each home is appropriate for the proposed changes in use.</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>	<p>FA</p>	<p>All linen and personal clothing is laundered on site. Adequate linen supplies were sighted. The cleaning cupboard containing chemicals is locked. All chemicals have manufacturer labels. The cleaning trolley is well equipped and stored in a locked area when not in use. Cleaning staff were observed to be wearing appropriate personal protective equipment. The resident environment on the day of audit was clean and tidy. Cleaning and laundry processes will not change with the reconfiguration and relocation of services.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. The service has followed up with the fire service and the evacuation plan does not require any amendment. All relocated secure doors will unlock automatically in the event of a fire as with the other locked doors in the facility. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Short-term back-up power for emergency lighting is in place.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times.</p>

		There are call bells in the residents' rooms and lounge/dining room areas. Call bells can be activated between homes from each home lounge.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	General living areas and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open, allowing plenty of natural sunlight.
Standard 3.1: Infection control management There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.	FA	<p>The infection control programme and its content and detail is appropriate for the size, complexity, and degree of risk associated with the service. There is a job description for the infection control coordinator with clearly defined guidelines. There is an established and implemented infection control programme that is linked into the risk management system.</p> <p>The quality committee and the governing body is responsible for the development of the infection control programme and its annual review. There are infection control meetings held regularly that comprise of the infection control coordinator, facility manager, clinical manager, cook and care staff. Information from these meetings is communicated to the clinical meetings.</p> <p>The facility has adequate signage and hand sanitisers at the entrance. Notices for visitors asking them not to enter if they have been in contact with infectious diseases have been ordered to place at the entrances. The current infection control programme will continue to meet the needs of the proposed reconfiguration.</p>
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. A register is maintained by the restraint coordinator/RN. On the day of the audit there were three residents using a restraint (H belt) and there are no residents with enablers. Staff regularly receive education and training on restraint minimisation and safe practice, managing challenging behaviours and MAPA.



## 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 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	PA Moderate	<p>There is a documented staffing rational and policy in place. Rosters are published for staff. Draft rosters have been developed for the reconfigured areas. The dual-purpose hospital rest home unit does not have an allocated registered nurse rostered over a 24-hour period. There is no RN rostered in the PG home on the afternoon shift. The draft rosters do not reflect the requirements of the ARHSS contract D17.3. A RN has not been rostered for night shift in both areas (hospital and PG home) for when resident numbers within the facility are over 50 residents.</p>	<p>There is no specific RN allocated to the newly reconfigured nine-bed PG home 24-hours a day as specified by the ARHSS contract D17.3b.</p>	<p>Ensure staffing meets the ARHSS contract D17.3b for the PG home.</p> <p>60 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with</p>	PA Low	<p>The service stated that they intend to reconfigure and relocate residents across the three separate homes within two months. In order to minimise disruption, repositioning of existing security doors and</p>	<p>(i)The entrance to the Koromiko home and the external areas are not currently secured</p> <p>(ii) There is a security lock</p>	<p>(i)Ensure the Koromiko home is secured.</p> <p>(ii) Remove the</p>

legislation.		<p>installation of the security gates will be completed just prior to the implementation of proposed changes. The existing medication room will continue to meet the facilities requirements. Outdoor areas are already landscaped and fenced, and the only changes will be the addition of external gates to two exits from the fully fenced Koromiko home.</p>	<p>between Totara and Ngaio homes which will become one dual-purpose hospital/rest home.</p> <p>(iii) There is no security between the Totara dual-purpose and Rata (PG) homes.</p> <p>(iv) Between the Rata (PG) and Matai (to be unoccupied for refurbishment) homes, the door is not in the correct position to allow for the rostered 9 beds in the Rata home and 10 in Matai.</p>	<p>security locks between Totara and Ngaio.</p> <p>(iii) Install a security lock on the door between Totara and Rata.</p> <p>(iv) Relocate the door between the Matai and Rata homes.</p> <p>Prior to occupancy days</p>
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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.