

Maniototo Health Services Limited - Maniototo Health Service

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 Central Region's Technical Advisory Services 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: Maniototo Health Services Limited

Premises audited: Maniototo Health Services

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

Dates of audit: Start date: 14 February 2019 End date: 15 February 2019

Proposed changes to current services (if any): The construction of a new building to replace the existing (1929) hospital wing, and the refurbishment of the existing rest home wing to a community based health care centre, which will also house the retained kitchen and dining area for the new build.

The new building will reduce total bed numbers from 34 to 31. These will consist of a 16 bed wing (dual purpose) of six acute medical beds and 10 hospital (ARC) beds, and a rest home wing consisting of 15 dual purpose (ARC) beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 28

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Maniototo Health Services Limited (Maniototo Health Service) provides care for up to 34 residents requiring rest home or hospital level of care. On the first day of the audit there were 28 residents residing at the facility.

This partial provisional audit was undertaken to establish the level of preparedness to transfer services to a new building in mid-March, pending approval by HealthCERT, reducing total bed numbers from 34 to 31 dual purpose beds. Kitchen and dining facilities for the newly built facility will be retained in the existing rest home wing. The previous rest home wing will also be refurbished to accommodate a community based health care centre.

The audit process included review of policies and procedures; review of resident and staff files, observations and interviews with residents, family, management, staff and a general practitioner.

Requirements for improvement relating to the staff orientation remain open.

The requirement for improvement relating to appointment of appropriate staff has been partially closed.

Requirements for improvement relating to staff training and competencies; nursing progress notes and interRAI assessments; medical plans of care; short-term care plans; medicines management system; medication competencies, self-administration of medicines, have been closed.

There are additional areas requiring improvement at this audit relating to not for resuscitation forms, activities progress notes and call bell system in the new facility.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Maniototo Health Service is governed by a board of directors. The mission, values and beliefs of the organisation are included in business planning documentation and made known to residents and their families on entry to the facility.

The facility is managed by an appropriately qualified and experienced general manager supported by two nurse managers. The nurse managers are registered nurses and are responsible for the oversight of clinical service provision.

Maniototo Health Service has implemented human resource policies and procedures. Practising certificates for staff who require them are validated annually and an annual training plan is implemented to ensure ongoing training and education for all staff members.

Service delivery staff, and resident/family interviews reported that there are adequate staff available. Proposed rosters reflect the staffing requirements for the new facility.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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Initial assessments, care plans and evaluations are completed by a registered nurse within the required timeframes. Long-term care plans are individualised and interventions recorded are specific to the residents' current assessed needs. Residents and family interviewed confirmed they were involved in the care planning and review process.

Medication policies reflect legislative requirements and guidelines. Medicines are stored and managed appropriately in line with legislation and guidelines. There are at least three-monthly reviews by the general practitioner. Registered nurses, enrolled nurses and senior carers are responsible for administration of medicines and complete annual education and medication competencies. There is a dedicated medication room for the new hospital. The medical cabinet, lockable grill and medicines safe will be re-sited and secured prior to resident transfer.

Maniototo Health Service Limited plans to continue with their current contracted service provider for provision of food services which includes a meals on wheels service. There is a current food control plan. The menu plans have been reviewed by a dietitian. Food is safely managed. The nurse manager and senior kitchen assistant interviewed are prepared for transitioning to the new

service. For residents requiring a tray service in the new area, meals will be delivered via a hot box. All kitchen equipment has a current check. Residents and family interviewed were satisfied with the meal service.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Some standards applicable to this service partially attained and of low risk.
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There is a building warrant of fitness for the current facility and a current certificate of public use for the new facility. A planned, preventative and reactive maintenance programme is in place that complies with legislative requirements.

All resident rooms in the new facility have ensuite bathrooms and there is an additional resident toilet close to a communal lounge. The rooms in the new facility are spacious enough to allow for resident cares and ease of movement. There are accessible and safe external areas for residents and their families/visitors. Call bells in the current facility are responded to promptly. Essential emergency and security systems are in place to ensure resident safety with six monthly trial evacuations undertaken.

Policies and processes are in place and implemented for waste management, cleaning and laundry.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

Maniototo Health Services Limited has an infection control programme that complies with current best practice, its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Staff demonstrated good principles and practice around infection prevention and control. Documentation evidences that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection prevention and control planning has been considered with the new facility design and build.

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	14	0	4	0	0	0
Criteria	0	33	0	5	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<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>	FA	<p>Maniototo Health Service's quality plan documents the organisation's mission, values and beliefs. These are communicated to residents and families as part of the information provided to new residents on entry to the facility. The organisation has a current business plan that outlines the strategic direction of Maniototo Health Service.</p> <p>The monthly management reports provide the board with progress against identified indicators.</p> <p>The facility has a general manager (GM) who is supported by two part time nurse managers (NM). A general practitioner (GP) provides clinical leadership.</p> <p>The GM has been in the role for 12 years and has previous organisational management and finance experience.</p> <p>The two NMs share the NM function providing a total of 0.6 FTE as NM, with identical job descriptions (refer to 1.2.7.3). One NM is allocated the case load for clinical oversight for the hospital and the other clinical oversight of the rest home. They cover both areas when working at the facility on their own. The NMs work together one day per week. One NM has been working in the facility for 32 years, initially as a hospital aide and for the last 14 years as a registered nurse (RN). The second NM has been with the facility as a RN for four years and is a qualified counsellor with previous experience in rest homes and as a nurse tutor. Both NMs have been in the role for less than one year and hold current annual practising certificates.</p> <p>The current facility can provide services for up to 34 residents. The 34 beds are dual purpose beds. The facility is certified to provide hospital services - medical services; hospital services - geriatric services (excluding</p>

		<p>psychogeriatric); and rest home care (excluding dementia care).</p> <p>The new facility will provide 31 dual purpose beds. These will include one wing with 16 dual purpose beds consisting of 6 acute medical beds and 10 hospital beds. The second wing will include 15 dual purpose beds for rest home residents and hospital residents with lower levels of need than those in the wing accommodating acute medical patients. Management interviews confirmed this is how the service will ensure that varied care and support as required for individual resident needs will be met.</p> <p>The facility has contracts with the district health board (DHB) for the provision of rest home and hospital level care; respite; palliative; younger persons with disabilities (YPD) services and acute medical inpatients. At the time of the audit occupancy included 12 residents requiring rest home level care and 11 residents requiring hospital level care. In addition, there was one resident assessed at hospital level care, under a YPD agreement, one resident assessed at rest home level of care under the respite care agreement and three patients under the acute medical inpatient agreement.</p>
<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>During a temporary absence of the GM, the two NMs are jointly responsible for the day to day operation of the service. They are supported by experienced RNs and the GP.</p> <p>In the absence of one of the NMs, the other NM will increase their work hours, as required and with support and help of the RNs, ensure continuity of clinical services.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with</p>	PA Low	<p>Human resource management policies and procedures meet the requirements of legislation. The skills and knowledge required for each position is documented in job descriptions. Staff files reviewed demonstrated evidence of up to date human resource practices and recruitment processes. These include reference checks; identification verification; position specific job description; a signed employment agreement; and that a police check had been completed or requested. The previous requirement for improvement relating to police checks has been closed out.</p> <p>There are currently two part-time RNs each employed for 0.6 FTE (1.2 FTE) who have been appointed to 0.3 FTE each to share the NM role jointly providing 0.6 FTE to this position. The GP also provides support and clinical input when required. General Manager and NM interviews confirmed that the two NM positions will be appointed to 0.6</p>

<p>good employment practice and meet the requirements of legislation.</p>		<p>FTE NM role each, providing the equivalent of 1.2 FTE NM. Interviews and document review demonstrated that a letter of contract variation, revised position description, and orientation programme for the NM position had been drafted. These processes were yet to be implemented. The previous requirements for improvement relating to the appointment of the clinical manager to meet contractual requirements and the formal orientation of the NM role remain open.</p> <p>Professional qualifications are validated and there are systems in place to ensure that annual practising certificates and practitioners' certificates are current. Current certificates were evidenced for all staff who require them. An appraisal schedule is in place and all staff files reviewed evidenced a current performance appraisal. The previous requirement for improvement relating to performance appraisals has been implemented.</p> <p>An induction programme is available that covers the essential components of the services provided. It requires new staff to demonstrate competency on a number of tasks such as: administration functions; equipment; personal cares; and health and safety. New staff are orientated and buddied by a peer until competent and work alongside an experienced staff member until fully confident. Care staff confirmed their role in supporting and supervising new staff. Staff files identified that with the exception of the NMs, new staff have undertaken a formal orientation specific to their role.</p> <p>The organisation has a documented role specific, mandatory annual education and training module that has recently been reviewed and updated for 2019/2020. The service has implemented systems and processes in place to ensure that all staff complete their required mandatory training modules and competencies. There was evidence in staff files that ongoing education is provided. Care staff complete annual competencies and most had completed CPR and first aid training. There are four of seven RNs including the two NMs who have completed interRAI assessments training and competencies. Interviews and training records reviewed confirmed that all care staff, including RNs undertake at least eight hours of education and training hours per annum. The previous requirements for improvement relating to the implementation of the annual training plan and staff completing training and competencies, have been implemented.</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</p>	<p>FA</p>	<p>The facility currently has 48 staff consisting of: a management team; seven RNs, five enrolled nurses; hospital aides; a diversional therapist; and household staff. Household staff include: cleaners; and kitchen staff; who along with hospital aides, provide household services seven days a week. Apart from increasing kitchen and cleaning staff hours to free up hospital aides for care giving, the facility intends to retain current staffing levels for the new facility.</p> <p>The organisation's staffing levels and skill mix policy provides guidance to ensure safe staffing levels within the facility are sufficient to meet the needs of residents' acuity and the minimum requirements of the DHB contract. Rosters are formulated two weeks in advance and staffing levels are reviewed to accommodate anticipated workloads, identified numbers, and appropriate skill mix, or as required due to changes in the services provided; the number of residents and the acuity of residents such as additional or complex hospital level residents or acute</p>

<p>service providers.</p>		<p>medical patients.</p> <p>There are sufficient RNs and hospital aides available to safely maintain the rosters for the provision of care. In addition to a NM on morning shift Monday to Friday, there is one RN on each morning, afternoon and night shift, seven days per week. There are four carers or enrolled nurses on duty on morning shifts; two on afternoon shift and one on night shift. There are also bath assistants who work short shifts at peak times and a pool of part-time and casual RNs available to supplement rosters when needed to accommodate increases in workloads. There are adequate staffing levels to meet current resident acuity and bed occupancy.</p> <p>There is no on call roster, however, the GM is available for non-clinical matters and the two clinical NM can be called after hours, seven days a week. The GP is on call for after-hours throughout the week. Staff can also seek support and assistance in a medical emergency from a Primary Response in Medical Emergencies (PRIME) nurse who is available on-call, on-site on the weekends from 5 pm Friday until 8 am Monday. The facility also has a memorandum of understanding with Dunedin Hospital for telephone support.</p> <p>Observation of service delivery confirmed that resident needs were being met in a timely manner. Resident and family interviews stated that staffing is adequate to meet the residents' needs and staff confirmed that they have sufficient time to complete their scheduled tasks and resident cares.</p> <p>The new facility has one dedicated nurses' station centrally positioned between the two wings.</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>Maniototo Health Services Limited has policies and procedures that describe medication management which align with accepted guidelines. Medications are checked against the doctor's medication profile on arrival from the pharmacy by a RN. All staff (RNs, enrolled nurses or senior hospital aides) who administer medicines have completed medication competencies. Staff attend annual medication education. Medication administration observed met legislative requirements.</p> <p>Standing orders had been reviewed annually by the GP. There are no standing orders in use for ARC residents. There is a folder of standing orders at the facility for the medical centre patients that may present to the hospital. Standing orders include individualised treatment plans for patients such as: migraines and anaphylaxis. A second standing orders folder is available for general conditions for acute patients presenting at the hospital. Nurse managers and RNs interviewed confirmed awareness of the standing orders in place for acute hospital patients. The general conditions standing orders exist for times when no GP or locum is available for immediate contact by the RN and immediate assessment and action is required by the RN prior to obtaining authority from outside sources. The standing orders guide actions of the RN, PRIME nurse or the medical centre practice nurse when faced with an acute presentation, while waiting for help or advice to arrive. Registered nurses on the ward have undertaken specific training and gained competency in being able to operate under the standing orders for general conditions. There was evidence administered standing order medications had been signed off by the GP within the required timeframes. Standing orders meet legislative guidelines.</p>

		<p>Medication areas, including drug storage areas evidenced an appropriate and secure medicine dispensing system, free from heat, moisture and light, with medicines stored in original dispensed packs. The fridge where medications are kept has required temperature checks completed.</p> <p>Visual observation evidenced the emergency trolley was accessible and locked when not in use. The NM and RNs interviewed and observation confirmed the process for and location of the spare key.</p> <p>A dedicated medication room for the new hospital was observed on the facility tour. The medical cabinet, lockable grill and medicines safe will be re-sited and secured prior to transition of residents.</p> <p>Medicine reconciliation was completed by the GP on admission. The service has an implemented electronic medication management system for ARC residents. Hard copy medication charts are used in the acute medical service. Medication charts reviewed demonstrated medication profiles are legible, up to date, record allergies, and as required (PRN) medicines are correctly prescribed. Three-monthly reviews are conducted by the GP or more often if required. Any discontinued medicines are dated and signed by the GP.</p> <p>Self-administering of medicines is included in policy and procedures. There is currently one resident who self-administers medications. The resident's competency is checked three-monthly and a record signed by the GP is kept on file. Young persons are supported to self-medicate if required.</p> <p>The previous areas requiring improvement relating to; the emergency trolley; three monthly medication reviews by the GP; allergy status; six monthly pharmacy stocktakes; standing order guidelines; and medication competencies; have all been implemented.</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>There is a current food control plan. There is a four weekly seasonal menu last reviewed by a dietitian at organisational level in February 2019 and recommendations have been implemented. Diets are modified as required. The kitchen can cater to specific requests if needed. The service encourages residents to express their likes and dislikes. At interview, the NM and senior kitchen assistant described that the RN completes each resident's nutritional profile on admission with the aid of the resident and family. The kitchen is notified daily of any changes. Residents' food preferences and allergies are recorded and staff who serve the food are aware of these. The residents interviewed stated they were satisfied with the meals provided and stated that staff ask them about their food preferences.</p> <p>Meals are plated in the kitchen and delivered straight to the dining room adjacent to the kitchen. Residents requiring extra support to eat and drink are assisted, this was observed during lunch.</p> <p>The kitchen and the equipment meet food safety requirements. A kitchen manual is available in the kitchen. All staff working in the kitchen have completed food safety training and hand hygiene infection control education. Food and fridge/freezer temperatures are checked and documented daily. Food in the chillers was observed to be covered and dated. The kitchen was clean and all food is stored off the floor. A cleaning schedule is maintained. Chemicals</p>

		<p>are stored appropriately.</p> <p>Food audits are carried out as per the yearly audit schedule.</p> <p>The current food service is satisfactory to accommodate the new hospital. The kitchen and dining room will remain the same. For residents requiring a tray service in the new area, meals will be delivered via a hot box to ensure temperature control of food is maintained.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>If external medical advice is required, this will be actioned by the GP. The GP conducts regular and as required medical reviews. Interview with the GP confirmed the clinical staff inform them of any resident's deteriorating or altered condition and medical reviews are conducted in a timely manner. In records reviewed the medical progress notes documented this is occurring. Review of the residents' clinical records and staff interviews confirmed the medical plans of care were implemented as requested. Monitoring forms, including but not limited to, weight, observations and wounds, are in use as applicable and maintained. In files sampled wound care plans, nutrition management, fluid balance plans were evident. Pain assessment was completed where necessary and there was evidence effectiveness of analgesia given was recorded. The GP interviewed stated the facility implemented changes of care in a timely manner and was satisfied with the quality of service delivery provided. The care being provided is consistent with the needs of residents. This is verified in discussions with residents, family and staff. The previous requirement of improvement relating to medical plans of care is now closed.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Short-term care plans are in place for acute problems including, for example, infections, change in health status and wounds. Care staff interviewed confirmed that the RNs informed them about short-term care plans at handovers and by reading the clinical files. Short-term care plans were signed off once resolved or added to the LTCP if the problem was ongoing. The previous requirement relating to short term care plans not consistently completed for short term problems has been implemented.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers</p>	FA	<p>Maniototo Healthcare Services Limited has a current and implemented waste and hazardous substance procedure to ensure that all consumers, visitors and staff are protected from harm as a result of exposure to waste or hazardous substances being generated during service delivery. The procedure specifies safety requirements that comply with legislation. It includes the safe and appropriate storage and disposal of waste and hazardous substances. Waste and hazardous substances were managed in accordance with policy including the requirements for: storage and disposal of hazardous waste, labelling; use of protective equipment and clothing; reporting of incidents; and training. The hazard register is available and current.</p>

<p>are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>Current material safety data posters are available and accessible to staff in the current facility. Interviews and observation of the new facility advised that these will be re-sited to be displayed in relevant places in the new facility.</p> <p>Interviews and observations confirmed that there is sufficient personal protective clothing and equipment provided, such as aprons, gloves and masks, which is appropriate to the recognised risks. This equipment will be made available in the new facility. Protective clothing and equipment was observed to be used in high-risk areas.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness is displayed in the foyer of the current facility and a certificate of public use has been obtained for the new facility. A certificate of building compliance will be sought on the completion of the conversion of the current rest home wing to a medical clinic.</p> <p>Buildings, plant, and equipment comply with legislation. Interviews and observation confirmed there is sufficient equipment available to support residents including: beds; wheel chairs; shower chairs; hoists; and sensor alarm mats. Staff interviewed advised that this equipment will transfer to the new facility. New equipment has also been purchased and this includes new filing cabinets, office desks, cupboards, a meeting table, three fridges, clothes dryer, washing machine and new televisions. Thirty-five new chairs for resident lounges have been ordered and quotes have been obtained for over-bed tables. Yet to be ordered are bedside cabinets to replace exiting bedroom furniture which will be used in the interim.</p> <p>There is an implemented planned and reactive maintenance schedule. Staff enter maintenance requests in a book and these are responded to promptly and signed off. There is an annual test and tag programme and this is up to date, with checking and calibrating of clinical equipment annually and before use for new purchases.</p> <p>Staff interviews and facility inspection confirmed there is adequate equipment to support care, including care for the YPD resident with a disability. Personal equipment for the YPD is for this resident's use only.</p> <p>Access to the new facility meets the mobility and equipment needs of residents. Outdoor areas will be able to be accessed freely by residents and their visitors. There are ramps and rails to facilitate access for all residents with disabilities including YPD. There are paved patios and lawns in the process of being established in the new facility. The facility will utilise existing outdoor furniture to furnish outdoor areas (e.g. pergola, outdoor tables, chairs and shade umbrellas and sail).</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are</p>	<p>PA Low</p>	<p>All new facility resident rooms have full ensuite facilities with an open space shower with shower curtains installed and a toilet. Each new ensuite sighted has approved handrails in place. In addition, there is a pull cord situated on the inside of the curtain, with multiple pull cord height options, for a resident to summon assistance if in the shower as well as a call bell to be sited close to the toilet. There are wide doorways and sufficient room in each ensuite for manoeuvrability of resident and staff. Hand basins, soap and paper towel holders have been installed and were</p>

<p>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>observed to within reach to facilitate ease of mobility and independence.</p> <p>There is one bathroom in the hospital/medical wing and this has an overhead hoist in situ and a valid compliance check was sighted. Staff training in the use of this hoist has been scheduled.</p> <p>In addition to toilet facilities in their own rooms, residents have easy access to a separate toilet across from the main lounge area. There is a toilet for visitors in close proximity to communal areas and the entrance. Toilets have a system to indicate vacancy and provide disability access.</p> <p>Hot water temperatures in areas accessed by residents in the current facility are monitored at the outlet weekly and were noted to be maintained within recommended temperature ranges. Interview with the maintenance person confirmed that where temperatures had varied from the recommend range corrective action was taken and confirmed to be within recommended temperature ranges. However, the temperature of the water for residents use in the new resident lounge, when functional would not be within the recommended range.</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>The facility has a personal space policy that is applicable to the new facility, to ensure each resident is provided with adequate person space and bed area. The proposed new resident rooms viewed have sufficient space to allow residents to mobilise safely around their personal space and bed area, with mobility aids and assistance. The service has undertaken a 'mock-setup' in a garage space to test placing of resident furniture. Interview with the GM advised that this simulation had demonstrated that the layout of current and proposed furniture fitted within the new resident room space, with room for manoeuvrability.</p> <p>The facility has 23 single rooms and 4 double rooms. The double rooms have sufficient space to accommodate two beds and associated furniture. There are also two sets of two rooms with an adjoining door. The personal space policy sets out the guidelines for residents sharing rooms. There is enough space in double rooms to accommodate furniture, equipment and staff as required.</p> <p>The service encourages residents and their families to personalise their rooms. Residents' rooms viewed in the current facility include residents' personal furniture; possessions and memorabilia; is appropriate to the setting; and is arranged in a manner that enable residents to mobilise freely. Staff interviews confirmed that residents would be able to take their personal possessions with them, including resident owned recliner chairs, from their current room to the new facility.</p> <p>The new facility has designated cupboards, alcoves, and an equipment room for the safe storage of equipment such as: wheel chairs and walking frames. A separate space has been allocated in the facility garage to store residents' mobility scooters. Facilities have been installed in this space to enable scooters to be charged in the garage.</p>
<p>Standard 1.4.5:</p>	<p>FA</p>	<p>The new facility has a centrally located lounge of sufficient size for all residents to be able to have their meals with</p>

<p>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>other residents. Existing lounge furniture will be transferred to the new facility. The dining room in the current facility will continue to be utilised. There is enough space in each new resident room for a resident to have their meals in their own room if they wish.</p> <p>The new facility has a smaller sitting room/lounge at the end of the hospital/medical wing and a television/quiet room opposite the lounge in the dual-purpose wing. New lounge chairs have been purchased for the new facility's main lounge.</p> <p>There are enough quiet areas for residents and their visitors to access if they wish, including access to a paved areas from the lounge areas. There are enough areas where YPD can find privacy.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>The supply and laundering of all facility linen is undertaken by an off-site contractor. Laundry staff launder all residents' personal laundry on-site. There are processes in place for the daily collection and distribution of facility linen and laundering of residents' clothing. There is clear delineation and observation of clean and dirty areas in the current laundry. The new facility has a designated clean laundry room where incoming laundry will be received and stored before distribution. In addition, there is a separate dirty laundry room, accessed via the sluice room, to receive and store dirty laundry for collection by the external contractor via an external door. There is a third laundry room for onsite laundering of residents' personal clothing. This laundry is fitted with a washing machine and dryer.</p> <p>There are cleaners on duty each day, seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. The new facility has designated key code locked cleaning cupboard for the safe and hygienic storage of cleaning equipment and chemicals. Chemical data posters and safety data sheets are available in the current facility and will be transferred to the new facility. Training in the safe use of cleaning chemicals is provided by the cleaning product supplier. The cleaner stores cleaning chemicals on a trolley when cleaning and observation confirmed that the trolley is with them at all times. In the current facility hospital aides are allocated to domestic duties. The facility intends to increase current cleaning hours from three and a half to eight hours per day in the new facility, to reduce the cleaning load on care staff.</p> <p>The effectiveness of cleaning and laundry processes are monitored through the internal audit process. Resident interviews and observation noted the current facility to be clean and tidy. Interviews with staff undertaking domestic duties confirmed that the current cleaning systems and processes will be implemented in the new facility.</p>
<p>Standard 1.4.7: Essential, Emergency, And</p>	PA Low	<p>There are current and implemented policies to guide staff in the event of an emergency and security situation. These include but are not limited to power failure; facility security; unwanted visitors; and emergency response flip charts. The facility has a major incident plan that aims to minimise the adverse impact of internal emergencies and</p>

<p>Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>external or environmental disasters on Maniototo’s consumers, staff and visitors. The plan is in line with the DHB’s emergency plan requirements. The service’s emergency plan includes considerations of all levels of resident need including YPD.</p> <p>There is a fire evacuation plan available for the current facility. The most senior staff member on site is the nominated fire warden. A draft fire evacuation plan was sighted for the newly built facility. There is evidence that this has been submitted to the NZ Fire Service for approval. Training to orientate staff to the new building and fire training specific to the new facility has recently been undertaken.</p> <p>Interviews and documentation confirmed that fire drills are conducted at least six monthly. The new facility has a monitored fire alarm and there are both smoke detector and sprinkler systems throughout the building and correct signage displayed.</p> <p>Thirty-two staff have recently completed first aid training and there are at least two staff members on each shift with a current first aid certificate.</p> <p>There are supplies to sustain staff and residents in an emergency including alternative energy and utility sources that are available in the event of the main supplies failing. These include a back-up boiler system; emergency lighting; food, water, and continence supplies. Interview with the building project consultant and observation confirmed the new facility has emergency lighting and a boiler. Emergency equipment and supplies will be relocated to the new facility.</p> <p>There are call bells to summon assistance in all residents’ rooms and toilets of the current facility. In the new facility a wireless call system will be available to staff. The call bell units have been placed in rooms in the new facility and are yet to be installed.</p> <p>There are security systems in place to ensure the protection and safety of residents, visitors and staff. These include visitors signing in and out, locking of the main entrance doors at 8:30 pm and all other external doors at 5:30 pm, phone access (front and back doors) for staff and visitors after-hours access. Interviews confirmed that the lock up procedures will be maintained in the new facility. There will be one point of entry via a phone at the front entrance door. New night time security lighting has been tested as operational. Both the current and new facility have monitored security cameras covering the external entrance doors and in the pharmacy room.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with</p>	<p>FA</p>	<p>All residents’ rooms and communal areas in the new facility have safe ventilation and external windows. There are also sky lights that provide natural light in corridors. The new facility will be heated throughout by soft touch radiators. In addition, there are also reverse cycle heat pumps in some areas of the facility to provide cooling when required. These areas include rooms on the north side of the facility that are exposed to the summer sun. The environment in all areas of both the current and new facility were noted to be maintained at a satisfactory temperature on the days of audit.</p>

<p>adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>		<p>There are systems in place to obtain feedback on the comfort and temperature of the environment. There were no comments regarding temperature in the most recent resident survey. Resident interviews confirmed that their environment was maintained at a comfortable temperature and there were no issues identified with the temperature of the facility.</p> <p>Maniototo has a current and implemented Smokefree Policy that complies with the Smoke-free Environments Act 1990, Amendments Act 2003 and Regulations Act 2007. There is an area in the current facility for residents who smoke. A designated external smoking area for residents who smoke is yet to be identified in the new facility.</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>	<p>FA</p>	<p>Maniototo Health Care Services Limited implements an infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The infection control committee has representatives in each area of the service. This group meets monthly and infection control matters are discussed at the facility monthly RN and staff meetings. Minutes are available for staff. The infection control programme is reviewed annually. One of the NMs is the designated infection control nurse. Spot audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff in orientation.</p> <p>The current infection control programme is suitable to meet the needs of the new hospital.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	<p>Recruitment processes are implemented and there are sufficient staff employed to provide care to the numbers and acuity of current residents. Two part-time NMs are jointly responsible for the NM role. It is intended that these staff will have their NM role allocated hours increased to 0.6 FTE each, providing the equivalent of 1.2 FTE. A letter of contract variation and revised position description has been drafted. Whilst jointly responsible for all aspects of the NM role, each NM will continue with specific overall accountabilities for allocated residents, infection control and restraint. One NM will work Monday to Wednesday inclusive and the other Wednesday to Friday. There will be one full day each week (Wednesday) where their duties overlap. This will provide the NMs the opportunity to work together, handover residents and discuss any clinical issues that have arisen.</p>	<p>The proposed increase in NM hours to 1.2 FTE has not been formalised and the current 0.6 FTE NM does not meet contractual requirements.</p>	<p>Ensure the appointment of the NM position is finalised to meet contractual requirements.</p> <p>60 days</p>
<p>Criterion 1.2.7.4</p> <p>New service providers</p>	PA Low	<p>An induction programme is available that covers the essential components of the services provided. New care staff are orientated and</p>	<p>The NMs have not</p>	<p>Ensure NMs complete a formal</p>

receive an orientation/induction programme that covers the essential components of the service provided.		buddied by a peer until competent and work alongside an experience staff member until fully confident. Care staff confirmed their role in supporting and supervising new staff. Staff files identified that new staff have undertaken a formal orientation specific to their role. An orientation programme has been drafted for the NM roles.	completed a formal documented orientation specific to their NM functions.	orientation that includes the responsibilities of the NM role. 60 days
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	PA Low	<p>The DT documents six monthly progress/evaluation in line with interRAI assessment. There were no documented monthly activities progress notes recorded for residents in the rest home or hospital.</p> <p>Review of two aged residential care (ARC) hospital residents' clinical files for residents deemed unable to make decisions, evidenced not for resuscitation consent forms did not document reasons for the decision.</p>	<p>i) Activities progress notes are not completed in timely manner to provide recorded evidence of service provision and evaluation.</p> <p>ii) The ARC hospital residents' clinical records evidenced reason for resuscitation decision were not always documented.</p>	<p>i) Ensure activities progress notes are completed in timely manner to provide recorded evidence of each resident's interventions/goals and progress towards achievement of those.</p> <p>ii) Ensure the hospital residents' clinical records evidence reasons for resuscitation decision is documented.</p> 90 days
<p>Criterion 1.4.3.1</p> <p>There are adequate</p>	PA Low	Hot water temperatures are monitored and maintained within recommended temperature ranges in the current facility. Maintenance interviews also advised that temperatures had recently been assayed for	The temperatures of the hot	Implement processes to ensure that hot

<p>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>		<p>the new facility and were within recommended ranges. Observation of the new resident lounge noted that hot water for beverages would be dispensed from an inbuilt automatic hot water system designed to deliver boiling water. The temperature of this water would exceed the recommended maximum of 45 degrees.</p>	<p>water dispenser for beverages in the new resident lounge were above the recommend maximum temperature of 45 degrees.</p>	<p>water temperatures in areas accessed by residents do not exceed the recommended maximum hot water temperature.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.5 An appropriate 'call system' is available to summon assistance when required.</p>	<p>PA Low</p>	<p>The current facility has a current call bell system that is checked weekly by the maintenance person. Call bells were observed to be responded to promptly on the days of the audit. A new wireless nurse call system has been purchased for the new facility. This will include a call bell system to summon assistance if a resident needs assistance when in the shower, one by the toilet and one in the resident's room close to the bed. In addition, there are calls bells to be positioned in all resident communal areas and the additional resident toilet. The call bell system will also activate a staff pager. Sufficient stock of new call bells for all resident areas was sighted. This system has been installed and trialed in the rest home wing of the current facility. However, it has not been installed in the new facility.</p>	<p>The wireless call bell system has not yet been installed in the new facility.</p>	<p>Ensure that the call bell system is installed and functional in the new facility prior to occupation.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, 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

End of the report.