

Lady Wigram Limited - Lady Wigram Village

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 BSI Group New Zealand Ltd, 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: Lady Wigram Limited

Premises audited: Lady Wigram Village

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

Dates of audit: Start date: 16 March 2021 End date: 31 March 2021

Proposed changes to current services (if any): The new care centre has been opened in planned stages. Stage one opened 10 November 2020 which included a 40-bed dual-purpose unit on the ground floor and a temporary 20-bed secure dementia unit in part of the first-floor hospital unit.

This partial provisional audit included verifying stage two of the build. This included verifying two 20-bed dementia units on the ground floor. On opening of the first dementia unit, the current dementia residents in the temporary dementia unit on the first floor will transfer to the purpose-built dementia unit on the ground floor. The units are planned to open from 20 April 2021, with one unit opening at a time. The first floor will be opened up as a hospital unit. The first floor includes a 60-bed dual purpose unit that is intended to be used as hospital level. This floor will open as a hospital unit from early May and was also verified as part of this audit.

With the completion of this audit (verifying stage two), the care centre will have a total of 140 beds (40 rest home unit ground floor [dual-purpose], 2x 20-bed dementia units all on ground floor and 60-bed hospital unit [dual-purpose] on the first floor).

At the October 2020 partial provisional audit the service was verified as suitable to provide hospital-medical level care. This should be included in the table above under 'Services Audited'.

This audit was completed across two onsite visits.

Total beds occupied across all premises included in the audit on the first day of the audit: 33

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.

General overview of the audit

Lady Wigram Retirement Village is a retirement village located in Wigram Christchurch. The care centre facility is modern and spacious and was stage one was opened 10 November 2020.

This partial provisional audit included verifying stage two of the build. This included verifying two 20-bed dementia units on the ground floor. On opening of the first unit, the current dementia residents in the temporary dementia unit on the first floor will transfer to the purpose-built dementia unit on the ground floor. The dementia units are planned to open from 20 April 2021, with one unit opening at a time. The first floor will then be opened as a hospital unit. The first floor includes a 60-bed dual purpose unit that is intended to be used as hospital level. This floor will open as a hospital unit from early May and was also verified as part of this audit.

With the completion of this audit (verifying stage two), the care centre will have a total of 140 beds (40 rest home unit ground floor [dual-purpose], 2x 20-bed dementia units all on ground floor and 60-bed hospital unit [dual-purpose] on the first floor).

The service continues to develop processes and systems around opening the new units.

The general manager (background in aged care management and human resources) is supported by an experienced care facility manager (RN). The management team includes a part-time quality manager.

The audit identified the hospital dual-purpose unit, two dementia units, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home and hospital (medical and geriatric) and dementia level care. There is a documented transition plan and clear procedures and responsibilities for the safe and smooth transition of residents into the new units.

The improvements required by the service are all related to the completion of the new service, registered nurse cover and securing the dementia unit.

Consumer rights

[Click here to enter text](#)

Organisational management

The service has policies/procedures to provide rest home care, hospital, (medical and geriatric) and dementia level care. There is a quality plan with key objectives for 2021. There is a documented business management plan and transition plan.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Organisational human resource policies are implemented for recruitment, selection and appointment of staff. The service has an induction/orientation programme, which includes packages specifically tailored to the position.

There is a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a planned transition around opening of the two dementia units including moving of resident from the temporary dementia unit. This is reflective in the draft rosters. The draft staffing roster also allows for assessed service type, acuity of residents and the location of residents.

Continuum of service delivery

The medication management system includes medication policy and procedures that follow recognised standards and guidelines for safe medicine management practice in accord with the guidelines. The two dementia units have a shared secure medication treatment room accessible between each unit. The hospital has a secure medication room. The service uses an electronic medication system across the care centre.

There is a diversional therapist employed Tuesday to Saturday. The diversional therapist supports caregivers to deliver the activity programme. A further activity assistant is to be employed as resident numbers increase.

There is a newly purpose-built kitchen off the downstairs rest home that has recently open. Food will be transported to the satellite kitchens in the dementia units and hospital unit via hot boxes. Nutritional profiles are completed on admission and provided to the kitchen.

Safe and appropriate environment

There are documented processes for waste management. There is a secure sluice in each unit. There are secure cleaning cupboards in each unit.

The facility is purpose-built. The building and plant have been built to comply with legislation. The organisation has purchased all new equipment. Equipment is appropriate for hospital, medical, rest home and dementia level care. There are two lifts between the floors that are large enough for mobility equipment. The facilities, furnishings, floorings and equipment are designed to minimise harm to residents.

There are completed landscaped outdoor areas including courtyards. There is good indoor/outdoor flow for residents to wander in the dementia units.

Every resident's room has an ensuite with a disability friendly shower, toilet and paper towels. There are also well-placed communal toilets near the communal lounge and dining room. Resident rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents can personalise their rooms and the rooms are large enough for family and friends to socialise with the resident.

The 60-bed first floor hospital (dual-purpose) unit has a large open-plan dining area that connects to a large communal lounge area. There is another smaller lounge at the end of one wing and a further whanau/lounge room. The centrally located nurse station is directly off the open plan aspect of the dining and lounge area. The two 20-bed dementia units have an open-plan living area. The living area is spacious with a separate assigned dining area and another lounge. The spacious open plan area allows for quiet areas and group activities. The unit and hallways allow maximum freedom of movement while promoting the safety of residents who are likely to wander.

There is a large laundry in the service area to complete personals only. All other laundry is outsourced daily.

There is a disaster management plan and emergency evacuation procedure. There is civil defence kit available for the whole facility and drinkable water is stored in several large holding tanks. There is an appropriate call-bell system throughout the facility.

There is air-conditioning and heating in common areas and resident bedrooms. These can be individually controlled. Each room has an external window with plenty of natural light.

Restraint minimisation and safe practice

Restraint and enabler use policy states restraint only used as a last resort. The restraint coordinator is the acting clinical manager, and the quality committee acts as the restraint committee. The policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. The service is currently restraint-free.

Infection prevention and control

There are comprehensive infection prevention control (IPC) policies in place and a pandemic plan. There are clear lines of accountability to report to the IPC team on any infection control issues. There is an IPC coordinator job description. A registered nurse is the IC coordinator. Infection control is an agenda item in quality committee. There is plentiful supplies of PPE and hand sanitiser.

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	3	0	0	0
Criteria	0	33	0	4	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>	<p>FA</p>	<p>Lady Wigram Retirement Village is a retirement village located in Wigram Christchurch. The care centre facility is modern and spacious and stage one was opened 10 November 2021. This included a temporary 20-bed dementia unit on the first floor with a current occupancy of 12 residents and a 40-bed dual-purpose unit on the ground floor with current occupancy of 21 residents (10 hospital and 11 rest home residents).</p> <p>This partial provisional audit included verifying stage two of the build. This included verifying two 20-bed dementia units on the ground floor. On opening of the first unit, the current dementia residents in the temporary dementia unit on the first floor will transfer to the purpose-built dementia unit on the ground floor. The first unit is planned to open from 20 April 2021. The first floor will be opened up again as a hospital unit. The first floor includes a 60-bed dual purpose unit that is intended to be used as hospital level. This floor will open as a hospital unit from early May.</p> <p>With the completion of this audit (verifying stage two). The care centre will have a total of 140 beds (40 rest home unit ground floor [dual-purpose], 2x 20-bed dementia units all on ground floor and 60-bed hospital unit [dual-purpose] on the</p>

		<p>first floor).</p> <p>The audit identified the hospital dual-purpose unit, two dementia units, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home and hospital (medical and geriatric) and dementia level care. There is a documented transition plan and clear procedures and responsibilities for the safe and smooth transition of residents into the new units.</p> <p>The organisation has comprehensive policies/procedures to provide rest home care, hospital (geriatric and medical) and dementia level care. The service continues to develop processes and systems around opening the new units.</p> <p>The general manager (background in aged care management and HR) is supported by an experienced care facility manager (RN). The management team includes a part-time quality manager.</p> <p>There is a quality plan with key objectives for 2021. There is a documented business management plan and transition plan. The quality committee has commenced.</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>The care facility manager (RN) will fulfil the operations manager's role during a temporary absence of the operations manager with support by the owner and senior registered nurse. The service has comprehensive policies/procedures to provide rest home, hospital (medical and geriatric) and dementia level care. The quality system, policies and procedures have been developed by an aged care consultant and are currently being embedded into practice and personalised for Lady Wigram.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Additional role descriptions are in place for the infection prevention control coordinator, restraint coordinator, in-service educator, health and safety officer, fire officer and quality manager. Five staff files were reviewed (two registered nurses, two caregivers and activity coordinator). All files reviewed includes complete documentation including induction documentation.</p> <p>There are sufficient staff employed that will transfer from the temporary dementia</p>

		<p>unit on the first floor to the new dementia unit on the ground floor. Of the eight caregivers employed to work in the dementia unit, four have completed the dementia standards, and two are enrolled. All caregivers are to be supported from commencement to complete Careerforce level three and four including the required dementia standards. Caregivers will be required to have this completed within 18 months. The service is currently in the process of arranging a careerforce assessor.</p> <p>There are seven RNs currently employed including the clinical manager and six are interRAI trained. There are sufficient registered nurses employed to cover the opening of the hospital unit. Noting current hospital residents in the ground floor rest home(dual-purpose unit) will transfer to the hospital unit on opening. There are five new caregivers employed that will support the current 16 caregivers. Advised that more staff will be employed as resident numbers increase.</p> <p>An induction and training plan is in place. All staff currently employed completed specific orientation training days on 28-29 October 2020. A further half day is scheduled for the few new staff employed for the opening of the hospital unit. Orientation training includes (but not limited to) fire safety and drill, manual handling, use of equipment such as ceiling hoists, first aid, CPR, emergency management, medication management, H&S and IP&C.</p> <p>There is a staff register of completed competencies including medication, manual handling, insulin, and hand hygiene.</p> <p>Staff education and training includes the Careerforce programme and other training programmes that support the development of caregivers for this aged care environment. There is a documented and implemented annual in-service programme that sets out annual and biennial in-service education requirements and required quizzes.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Staff Workload monitoring policy and Annual leave and rostering policy provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. The service has developed several draft rosters for increase in resident numbers across the two wings. The care facility manager is full time and on call for clinical issues.</p> <p>60-bed dual-purpose hospital unit:</p>

		<p>A draft roster has also been developed for increase in hospital residents 1-10 and 1-20 and for up to 60 residents. The roster allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of residents. While this unit is dual-purpose it is intended that the first floor will be hospital level care only.</p> <p>For up to 10 residents. There is a registered nurse rostered 24/7 in the unit. On the morning shift there is three caregivers (1x 0700 – 1515 and 2 x 0700 – 1500). On the afternoon shift there is three caregivers. (2 x 1500 – 2300 and 1 x 1600 to 2200) . At night there are two caregivers (2300 – 0700).</p> <p>For up to 20 residents. here is a registered nurse rostered 24/7 in the unit. On the morning shift there is four caregivers (1x 0700 – 1515 and 3 x 0700 – 1500). On the afternoon shift there is four caregivers. (2 x 1500 – 2300 and 2 x 1600 to 2200) . At night there are two caregivers (2300 – 0700).</p> <p>A diversional therapist is employed Tuesday to Saturday 0830 - 1700. The service has a contract for medical services with a local practice. The house GPs visit 2x weekly and provide on-call cover till 2000 daily Monday to Friday and Saturday until 1600. Pegasus Health provide on call services when the house GPs are not on call. Hours will increase as resident numbers increase. There is a contracted dietitian available and a physiotherapist one day a week.</p> <p>20-bed Dementia unit:</p> <p>A draft roster has also been developed for up to 20 residents. The roster allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of residents.</p> <p>The draft roster for the opening of the first unit of 20 residents includes the RN 0800 – 1630. Two caregivers 0700 – 1530. In the afternoon shift two caregivers 1500 – 2330. There are two caregivers rostered overnight 2300 – 0730. Noting the current 12 residents from the temporary dementia unit will transfer to this unit on opening.</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>PA Low</p>	<p>Medicines management policies and procedures reflect current medication legislation and residential care guidelines. Only registered nurses/enrolled nurses/senior caregivers who have been assessed as competent are permitted to administer medicines to residents. A register is to be in place to identify staff designated as medication competent staff. These are currently up to date.</p>

		<p>Medication management and competencies are completed as part of induction and annually.</p> <p>The service uses four weekly blister packs and an electronic medication system. This system will continue in all areas. There is a secure treatment room situated between the two dementia units on the ground floor. This has a secure door access from each unit. There are new medication trollies for each unit. The treatment room on the first floor is already functioning and will continue when the first floor opens as a hospital unit. Impress stock is available in the hospital unit. Medication fridges and treatment room temperatures have been monitored on the first floor daily. There are air ducts into the treatment rooms which cools the room temperatures. The secure treatment room between the dementia units is yet to be fully furnished.</p> <p>A contract with a pharmacy is in place. The pharmacy provides five day a week service and impress stock are available to cover weekends. The house GP visits Monday and Thursday, is available on-call and gerontology nurse is available as needed.</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 are food service policies and procedures including a verified food control plan. There are four chefs and one kitchen hand, all have completed food safety certs.</p> <p>There is a spacious hotel-styled kitchen off the dual-purpose unit on the ground floor. There is a servery bay into the dining room from the kitchen. This newly built kitchen was opened in November 2020. Food will be transported in thermal boxes to the kitchen in the first-floor hospital and served from a bain marie from the satellite kitchen. This process is already established with the unit currently being used as a temporary dementia unit. Thermal boxes will also transport meals to the satellite kitchens in each of the dementia units. Nutritional profiles are completed on admission and provided to the kitchen.</p> <p>The kitchen includes a walk-in chiller, walk-in freezer and pantry. There is an area for washing up and one for preparing and serving meals. There is a delivery area and ample storage. All kitchen equipment is new.</p> <p>The menu has been designed and reviewed by a registered dietitian in March 2021. The satellite kitchens in the dementia units are to be open plan and will safety measures around boiled water and bain maries (link 1.4.2.1). Snacks will</p>

		be available 24/7 in the unit with a fridge in the kitchenette for storing snacks.
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>There is currently one diversional therapist (DT) employed Tuesday to Saturday 0830 – 1700. The DT currently shares her time across the dual-purpose unit and dementia unit. Caregivers rostered in the dementia unit also provide activities with residents. A further activity coordinator will be employed as resident numbers increase. The weekly activity plan for the dual-purpose unit and the dementia units were sighted. The dementia programme is designed for residents with memory loss.</p> <p>A facility van is available for outings for all residents. In the dementia units the partition between the two dementia unit lounges can be opened for entertainment. There is a large communal lounge in each unit and a further quiet lounge in each unit for individual and/or group activities. A sensory room is also being planned to be set up in each of the dementia units. Activities planned include (but not limited to) music, newspaper reading, church services, pet therapy, van outings, visits to the library, exercises, memory lane and group games. One-on-one sessions include hand and nail pampering and reading with residents.</p> <p>Community involvement is scheduled and includes entertainers, speakers, volunteers and visitors bringing in their pets weekly.</p> <p>Activity assessments are completed for residents on admission and an individualised activities plan is developed from this. The activity plans utilised allow for individual diversional, motivational and recreational therapy to be identified across a 24-hour period. Assessments identify former routines and activities that the resident is familiar with and enjoys. The activities plan is integrated within the overall care plan.</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 documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is a sluice in each unit that is secure. There is a sanitiser with an internal chemical system in each sluice room. There are secure cleaning cupboards in each unit. The cleaning room has a closed chemical system with MSDS available in the room.</p>

		<p>Waste management audits are part of the internal audit programme. All staff are required to complete training regarding the management of waste during induction. Chemical safety training is a component of the compulsory two-yearly training and orientation training.</p> <p>Gloves, aprons, and goggles have been purchased and are to be installed in the sluices and cleaners' rooms. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Training on the use of PPE is included in the induction programme.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>The facility is purpose-built. The care centre is near completion with staged openings. This audit verifying the last stage of the build (stage 2). The building and plant have been built to comply with legislation. The organisation has purchased all new equipment. Equipment is appropriate for hospital, medical, rest home and dementia level care.</p> <p>There is a full-time maintenance person employed. All electrical equipment and other machinery are checked as part of the annual maintenance and verification checks. Medical equipment Calibration and Servicing is captured through the quality programme and scheduled annually. Hot water has been monitored in all areas.</p> <p>There is a current CPU for the stage one date 29 October 2020. The Code of compliance for stage two is yet to be obtained.</p> <p>There are two lifts between the floors that are large enough for mobility equipment. Both lifts can be used in event of a fire. The facilities, furnishings, floorings and equipment are designed to minimise harm to residents.</p> <p>60-bed Dual-purpose unit (first floor)</p> <p>The unit is a 60-bed rest home/hospital dual-purpose unit which will be used as a hospital unit. Currently part of the unit (23 beds) is closed as a temporary secure dementia unit. Residents in this temporary unit will transfer to the new purpose-built dementia units on the ground floor on opening and the secure doors in the first-floor hospital will be removed. The unit is designed with a service area consisting of a centrally located nurses' station that has access to a treatment room. These service areas are situated near the spacious open plan dining and large separate lounge area. The centrally located nurses' station with windows near the dining and lounge areas, ensures that staff are in close contact with</p>

		<p>residents even when attending to paperwork or meetings. There are handrails in ensuites and hallways. The unit is large with long hallways. There is a small lounge off one wing and another combined resident/whanau lounge halfway down one wing which leads to the large communal lounge. All rooms and communal areas allow for safe use of mobility equipment. The care centre has carpet throughout with vinyl/tiled surfaces in bathrooms/toilets and kitchen/dining areas. There is adequate space in the new dual-purpose unit for storage of mobility equipment. Hilo and electric beds have been purchased. There are several landing strips purchased, sensor mats, pressure relieving devices and hoist. There are completed landscaped outdoor areas including two courtyards.</p> <p>2x 20-bed Dementia units (ground floor):</p> <p>The secure dementia units are connected via a secure entrance foyer. The units include handrail in ensuites and hallways. All rooms and communal areas allow for safe use of mobility equipment. Lighting is a mixture of ceiling and wall lights, which effectively assists in the contrast between night and day. Communal toilets near lounges have sensor lights. There is a shared nurses' station that looks over the spacious lounge and dining area in both units with a partition separating the two-unit lounges. The satellite kitchens in each unit are yet to be installed. Decals are to be used in hallways to assist residents back to key areas. There is also plenty of natural light with large windows.</p> <p>This design layout enhances the resident's freedom of movement and ensures staff can supervise and monitor residents as they go about their day in a non-intrusive manner. There is a separate quiet/sensory activity room near the main open-plan living area and another open lounge down the hallway. The unit allows for wandering with indoor/outdoor flow and directional paths. There is one internal courtyard off the living area and external paths around the unit. Landscaping is complete. The service should also consider planting bushes in front of the external fence to distract residents from it. Currently plants are planted in the outside of the fence.</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</p>	<p>FA</p>	<p>Dual-purpose hospital unit: There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. Every resident's room has an ensuite with a disability-friendly shower, toilet and hand basin. There are communal toilets near the open plan communal lounge and dining room.</p>

<p>hygiene requirements.</p>		<p>Dementia units: Every resident's room has an ensuite with a disability friendly shower, toilet and paper towels. The use of different coloured toilet seats makes an easier contrast for residents with dementia. There are also well-placed communal toilets near the communal lounge and dining room with sensor lighting in each unit. Communal toilets are set apart by signs.</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>Dual-purpose hospital unit: Residents rooms in the hospital unit on the first floor are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites. All rooms in the hospital have ceiling hoists.</p> <p>Dementia units: Each of the two units has 20-beds. Resident rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Each has a different colour door to assist with locating their room. Mobility aids can be managed in ensuites. Residents can personalise their rooms and the rooms are large enough for family and friends to socialise with the resident.</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>Dual-purpose hospital unit: The 60-bed first floor unit has a large open-plan dining area that connects to a large communal lounge area. This is located at one end of the unit. There is another lounge that can also be used as a whanau lounge halfway down one wing. A further smaller sun lounge is situated at the far end of the unit. The unit has a large footprint. The centrally located nurses' station is directly off the open plan aspect of the dining and lounge area. The open plan lounge is large enough for individual or group activities.</p> <p>Dementia units: Each 20-bed unit has an open-plan living area. The living area is suitable for up to 20 residents and has a separate assigned dining area. There is a further lounge down the hallway and a smaller sensory room currently being set-up. The open plan area and second lounge allows for quiet areas and group activities. The open-plan living area and hallways are spacious and allow maximum freedom of movement while promoting the safety of residents who are likely to wander.</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>The organisation provides housekeeping and laundry policies and procedures, which are robust and ensure all cleaning and laundry services are always maintained and functional. The service has documented systems for monitoring the effectiveness and compliance with the service policies and procedures.</p> <p>The laundry is spacious and is the service area to complete personals only. The laundry has separate entrances for dirty and clean laundry. All other laundry is outsourced 2x weekly. The Ecolab manual includes instructions for cleaning. Linen is transported to the laundry in covered linen trolleys. There are four cleaners employed who are responsible for cleaning. There is a laundry assistant employed to oversee the laundry. Further laundry and cleaning staff will be employed as resident numbers increase.</p> <p>The service has a secure area for the storage of cleaning and laundry chemicals. Laundry chemicals are within a closed system to the washing machine. Material safety datasheets are available.</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>PA Low</p>	<p>There is a disaster management plan and emergency evacuation procedure. Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. There are sufficient employed staff with a current first aid certificate to cover all shifts.</p> <p>The service has alternative power systems in place and can hire a generator if needed. There are civil defence kits available for the whole facility. These have been increased with the opening of new units. Drinkable water is stored in several large holding tanks.</p> <p>The “Austco Monitoring programme” call bell system is available in each resident room. There are call bells and emergency bells in communal areas. There is a nurse presence bell when a nurse/carer is in the resident room; a green light shows staff outside that a colleague is in a particular room. The system software can be monitored. All call bells in the hospital unit and dementia units are functional.</p> <p>The fire evacuation plan for the whole facility has been approved by the fire service (11/12/20). Fire training/drill was last completed 25/2/21 and is to be completed again on opening of the new units.</p>

		The doors of the village automatically lock down at 1800 to 0700 with keypad access after-hours. There are documented security procedures and CTV cameras at the entrance, and hallways. Currently part of the hospital unit on the first floor is secure as it is being used as a temporary dementia unit. The doors to the balconies off the communal area are also secure. Once residents from this temporary unit are transferred to the purpose-built unit on the ground floor, all secure doors on the first floor will be disarmed. The dementia units on the ground floor are not yet secure. There is a secure keypad door to the courtyards within the dementia units that can be overridden so they have free access during the day and automatically lock at night.
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 resident rooms are appropriately heated and ventilated. There is air-conditioning and heating in common areas and resident bedrooms. These can be individually controlled. Each room has an external window with plenty of natural light.
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	There are comprehensive infection prevention control (IPC) policies in place that meet the Infection Prevention and Control Standard SNZ HB 8134.3.1.2008. There are clear lines of accountability to report to the IPC team on any infection control issues. There is an IPC coordinator job description. A registered nurse is the IC coordinator. Currently the quality committee acts as the IPC committee. There is a specific pandemic plan and Covid screening policy. There are plentiful supplies of PPE and hand sanitiser throughout the facility. All staff have completed IPC training and hand hygiene competencies.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	Restraint and enabler use policy states restraint only used as a last resort. The policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. The restraint coordinator is the care facility manager, and the quality committee acts as the restraint committee. The service is restraint-free. Staff training was provided around restraint minimisation and enablers, falls prevention, and management of challenging behaviours at induction. Further training is scheduled in the 2-yearly education programme.

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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	There is a secure treatment room situated between the two dementia units on the ground floor. This has a secure door access from each unit. There are new medication trollies for each unit. The treatment room on the first floor is already functioning and will continue when the first floor opens as a hospital unit. The room has a key lock which is to be replaced with a keypad lock.	The secure treatment room between the dementia units is yet to be fully furnished with fridge and installed safe.	<p>Ensure the medication treatment rooms are fully furnished.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	The facility is purpose-built. The care centre is near completion with staged openings. This audit is verifying the last stage of the build (stage 2). The building and plant have been built to comply with legislation. The organisation has purchased all new equipment. Equipment is appropriate for hospital, medical, rest home and dementia level	<p>(i). The Code of compliance for stage 2 being verified is yet to be obtained.</p> <p>(ii). The kitchenettes in each dementia unit</p>	<p>(i). Ensure the code of compliance has been obtained for the ground floor dementia units and part of the first floor.</p> <p>(ii). Ensure the</p>

		<p>care.</p> <p>There is a full-time maintenance person employed. All electrical equipment and other machinery are checked as part of the annual maintenance and verification checks. Medical equipment Calibration and Servicing is captured through the quality programme and scheduled annually. Hot water has been monitored in all areas.</p> <p>There is a current CPU for the stage one date 29 October 2020. The Code of compliance for stage two is yet to be obtained.</p>	are yet to be installed.	<p>kitchenettes are installed and these are verified as safe for residents in this environment prior to occupancy.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	<p>Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. A fire drill has been completed at stage one. Induction training is scheduled before the opening of the hospital and dementia unit which includes a fire drill.</p>	A fire evacuation drill has not yet occurred for the new units (stage two).	<p>Ensure a fire evacuation drill occurs.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.6</p> <p>The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.</p>	PA Low	<p>The doors of the village automatically lock down at 1800 to 0700 with keypad access after-hours. There are documented security procedures and CTV cameras at the entrance, and hallways. Currently part of the hospital unit on the first floor is secure as it is being used as a temporary dementia unit. The doors to the balconies off the communal area are also secure. Once residents from this temporary unit are transferred to the purpose-built unit on the ground floor, all secure doors on the first floor will be disarmed.</p>	<p>(i). Currently part of the hospital unit on the first floor is secure as it is being used as a temporary dementia unit.</p> <p>(ii). The dementia units on the ground floor are not yet secure.</p>	<p>(i). Ensure the hospital unit on the first floor is not secure.</p> <p>(ii). Ensure the dementia units are secure</p> <p>Prior to occupancy days</p>

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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.