

# Presbyterian Support Services (South Canterbury) Incorporated - The Croft Complex

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## Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by 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:** Presbyterian Support Services (South Canterbury) Incorporated

**Premises audited:** The Croft Complex (Rest Home, Hospital, Dementia Care)

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

**Dates of audit:** Start date: 20 April 2021 End date: 20 April 2021

**Proposed changes to current services (if any):** The service has been reconfiguring their services. They have added a new 20-bed psychogeriatric unit. As part of the building and development of the new 20 bed psychogeriatric (PG) unit (Lorna wing), the facility has reconfigured six rooms from Hubbard wing (rest home/hospital) which are now part of the Lorna unit. The Grant wing

(dementia unit) has had three rooms reconfigured into the new Lorna unit. The Grant dementia wing has 22 rooms. Eleven new purpose-built care rooms have been built to make-up the 20 bed Lorna PG unit. The total number of beds will be 79 (33 Dual purpose beds – Hubbard wing; 22 Dementia beds – Grant unit; 20 PG – Lorna and four serviced apartments that can provide rest home level care).

**Total beds occupied across all premises included in the audit on the first day of the audit: 57**

# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

The Croft Complex is part of the Presbyterian Support South Canterbury (PSSC) organisation. The Croft is one of three aged care facilities managed by PSSC. The service is certified to provide rest home, hospital (geriatric and medical) and dementia level care for up to 67 residents including rest home level care across four serviced apartments. On the day of the audit there were 55 residents.

This partial provisional audit was conducted to assess the service's ability to provide specialist hospital level care (psychogeriatric) in a newly built addition to the facility. With the reconfiguration the service will have a total of 79 beds. Audit processes included a tour of the new unit, review of documentation, medication management and food service, and interviews with the general manager Services for Older People, the CEO of PSSC and the nurse manager of The Croft, staff and the general practitioner.

Improvements are required prior to occupancy of The Croft psychogeriatric (PG) unit around the following: completion of the building, secure medication storage facilities, ensuring the unit is secure, monitoring of hot water temperatures, completion of safe external areas, evacuation scheme and commissioning of the call bell system.

## **Consumer rights**

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## **Organisational management**

The Croft continue to implement the Eden Alternative philosophy of person-centred approach to care. The nurse manager is supported by the general manager of services for older people, the CEO of PSSC and a clinical coordinator and clinical team. The organisational plans include development and staged improvements to building and services provided. Human resource processes are managed in accordance with good employment practice. The service has recruited a full complement of staff. Orientation for new staff has been provided. A proposed roster for the new unit has been developed for staffing cover and will be increased in line with occupancy.

## **Continuum of service delivery**

Two new activities staff have been recruited to facilitate the activities programme for PG unit residents. Staff who will be responsible for medication administration will be trained and have current medication competencies. The food service will be able to manage the additional resident numbers using existing facilities. Individual and special dietary needs will be catered for, and alternative options are available for residents with dislikes.

## **Safe and appropriate environment**

The services have documented processes for waste management, infectious material and hazardous substances. Annual testing and tagging of new equipment will be conducted as required. All equipment has been purchased and is either ready for use or is to be delivered in the next week. There are sufficient bathroom facilities including some individual and some shared ensuites. The

service has policies and procedures for fire, civil defence and other emergencies. There will be staff on duty with a current first aid certificate. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. General living areas and rooms are appropriately heated and ventilated. The residents will have access to communal areas for dining, entertainment and recreation. Residents will be provided with safe and hygienic cleaning and laundry services. There are sufficient communal areas within the facility including lounge and dining areas, and small seating areas. External garden areas will be available with suitable pathways, seating and shade provided. The dementia areas will be secure.

## **Restraint minimisation and safe practice**

Restraint minimisation and safe practice policies are in place to guide staff in the use of an approved enabler and/or restraint. On the day of audit, there were no residents using restraint or enablers. Staff training has been provided around restraint minimisation and management of challenging behaviours.

## **Infection prevention and control**

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. These reflect the needs of the service and are readily available for staff access. Infection control education will be provided to all service providers as part of their orientation and as part of the ongoing in-service education programme.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	14	0	3	0	0	0
<b>Criteria</b>	0	30	0	7	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The Croft is part of the Presbyterian Support South Canterbury (PSSC) organisation and is governed by a board of trustees. The Croft currently provides care for up to 59 residents across rest home, hospital (geriatric and medical) and dementia specific services. There are four serviced apartments where rest home level care can be provided. On the day of audit there were 55 residents – 28 hospital and five rest home in the Hubbard wing, and 22 residents in the Grant wing. There was one dementia respite resident and one hospital level respite resident. There were no palliative care residents. One person was on a long-term mental health care contract and one young person disabled contract.</p> <p>As part of the building and development of a new 20 bed psychogeriatric unit (Lorna wing), seven rooms from Hubbard wing (rest home/hospital) were reconfigured into the Lorna PG wing. The Grant wing (rest home dementia unit) has had three rooms reconfigured into the new Lorna unit. The Grant wing has 22 rooms with full occupancy. Eleven new purpose-built care rooms have been built to make the 20 bed Lorna unit. Three of the rooms beside the Grant dementia wing will be able to be used in either the Grant dementia wing or the Lorna PG unit. These will be utilised depending on need and admissions and have secure door locks on either side.</p>

		<p>The official opening of the PG unit is planned for 7 May.</p> <p>Admissions to the service is being planned. A DHB owned psychogeriatric unit in Timaru is being closed and the residents from this facility are being transferred to The Croft on 11/12 May. This process has been coordinated by the general manager and nurse manager. There is a transition and risk management plan. Residents and family members from the other facility have been visited and new family members have had opportunities to meet with the staff at The Croft. The service has employed a number of experienced staff from the other facility. The nurse manager advised that in preparation for the moving of residents, the service has had meetings with family members, and liaison with other facility staff has occurred to ensure that care requirements, transportation, file transfers, dietary, continence and wound care needs are met. The pharmacy is aware of the resident transfers and is prepared to transfer medication files.</p> <p>The nurse manager (registered nurse) has been in the role since August 2018 and has been employed at The Croft for the past 22 years. The nurse manager is supported by a clinical coordinator who oversees all the wings. They are supported by registered nurses, caregivers and the PSSC management team, including the general manager services for older people, the food services manager, the quality/ administration manager, the Enliven liaison manager and chief executive officer (CEO) of PSSC. The service will also be supported by a local psychogeriatrician, and a clinical nurse specialist.</p> <p>PSSC has an overall strategic plan and quality programme with specific quality initiatives implemented at The Croft. The organisation has a philosophy of care which includes a mission statement. The Eden Alternative philosophy of care is an important part of the organisation. The service has implemented and embedded all ten of the Eden principles into the service. The nurse manager maintains a current practicing certificate and has completed in excess of eight hour's professional development in the past twelve months.</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>	<p>FA</p>	<p>In the absence of the nurse manager, the clinical coordinator will be responsible for the running of the facility with support from the general manager.</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>	<p>FA</p>	<p>The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates including the registered nurses, general practitioners, physiotherapist and pharmacist is kept. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development for residential aged care. Staff recruitment for the Lorna unit has been conducted and staff have been appointed. The commencement date for all new staff is 10 May 2021. Reference checks have been completed before employment was offered to new staff members. An orientation day for all new staff has been provided. Existing staff also attended, and the day covered topics such as health and wellbeing, policies, procedures and documentation for PSSC, Eden philosophy, valuing the older person, health and safety and fire safety.</p> <p>Three registered nurses, six caregivers and one housekeeper have been employed from the other psychogeriatric unit (facility closing). Further staff have also been recruited to staff the new unit including another three RNs. Two new staff have been recruited to work as activities coordinators in the new unit. The nurse manager advised that the Diversional therapist from the Grant dementia unit will oversee the new activity staff and provide them with education, training and support in the development of the new activities programme for Lorna unit.</p> <p>The service currently has five interRAI trained registered nurses. Three new RNs are interRAI trained and two further RNs are completing training in 2021.</p> <p>Discussion with the nurse manager confirms that a comprehensive in-service training programme has been developed and covers a two-year period. Registered nurses and senior caregiver's complete medication competency. Other competencies for all staff will be completed during the orientation period. Six new staff files were reviewed (three registered nurses and three caregivers) and evidence that employment agreements, job descriptions and reference checks were completed. A copy of practising certificates is kept. The education programme for 2020 has been implemented and the plan for 2021 is underway.</p> <p>PSSC conducts staff study days 3-4 times per year. All staff attend an annual compulsory study day which includes training around: the Eden Alternative, infection control, restraint, fire safety and team building as well as a range of compulsory education subjects. The nurse manager and RNs are able to attend external training including sessions provided by the local DHB, and hospice.</p> <p>Caregivers are encouraged and supported to achieve New Zealand Qualification Authority (NZQA) qualifications through the Careerforce service. Currently there</p>
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		are six caregivers with level 4 NZQA, and 22 with level 3 NZQA. Care workers in the PG unit will be expected to complete the dementia unit standards within six months, if they do not already have this qualification.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a documented rationale for determining staffing levels and skill mixes in order to provide safe service delivery.</p> <p>The Croft has staffing levels that reflect the needs of the residents in all levels of care. The nurse manager, and clinical coordinator work 40 hours per week and are available on-call for emergencies or clinical support.</p> <p>There is always one staff member on duty with a current first aid certificate in all wings, and there will be medication competent registered nurses and caregivers in the PG unit.</p> <p>The proposed roster for the Lorna PG unit is as follows:</p> <p>Registered nurse on duty each shift – one RN on morning shift 0700 – 1530; one RN on pm shift 1430 – 2300; one RN on night shift 2230 – 0715.</p> <p>There will be five caregivers on morning shift (2 x 7-1515; 1 x 7-1230; 1x 8 – 1230; 1 x 8-1400</p> <p>Four caregivers will cover the afternoon shift (1 x 1430-2230; 1 x 1530-2230; 1 1600-2100; 1 x 1630-2130)</p> <p>Two caregivers will work the night shift from 2230 – 0700 and support the RN.</p> <p>Additional staff include an activities person on from 1030 – 1630 seven days a week.</p> <p>Laundry staffing will increase by 2 hours per day to manage the increase in workload.</p> <p>A housekeeper/cleaner will work 3.5 hours per day in the Lorna unit.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative</p>	PA Low	<p>There are medication management policies and procedures in place which relate to aged residential care. Medication management is currently implemented at The Croft using an electronic system and blister packs from a contracted pharmacy. Medications for Lorna unit will be delivered and checked against the prescription</p>

<p>requirements and safe practice guidelines.</p>		<p>and signed by an RN. Input is available from the pharmacist on request. Regular internal audits occur for all aspects of medication management.</p> <p>Controlled drugs are stored securely in a double locked cupboard and always checked by two medication competent staff. Controlled drugs will not be stored in Lorna unit. A purpose-built medication room will be available in the new Lorna unit. A medication trolley and medication fridge have been purchased.</p> <p>Advised by the manager that the same medication management system will be 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. Registered nurses who are deemed to be medication competent, will administer medications to residents in the PG unit. The clinical coordinator has a current medication competency completed.</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>The kitchen staff are led by a food services manager (interviewed) who provides ongoing education to staff. There are four experienced cooks who provide a choice of two meals on the menu. The menu follows a summer/winter four weekly pattern. The menu was reviewed by a qualified dietitian and is in line with recognised nutritional guidelines for older people. A food control plan was in place and current and has recently been verified by the city council.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation. The kitchen was observed to be clean and orderly with evidence shown of stock rotation. Food temperatures, including for high-risk items are monitored appropriately and recorded. The kitchen is fully equipped and able to accommodate the increase in resident numbers.</p> <p>The nurse manager and food services manager advised that nutritional and dietary requirements for the new residents (who are transferring from the other PG unit) are being provided. This is to ensure that the kitchen is aware and prepared for dietary needs prior to admission. New residents will have a nutritional assessment completed on admission and reviewed six monthly or sooner if indicated. Preferences, allergies, likes and dislikes, special diets for example diabetic, gluten free, vegetarian, and modified texture requirements are accommodated in the daily meal plan. Additional specialised cutlery and crockery have been purchased ready for the new admissions. The new Lorna unit has a spacious dining room with a full kitchen. Tables and dining room chairs are on</p>

		order and due for delivery. Meals will be transported from the main kitchen via bain marie and served from the dining room kitchen. Advised that there will be snacks available for Lorna unit residents.
<p><b>Standard 1.3.7: Planned Activities</b></p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The activities staff for the PG unit have been recruited. Two new staff will share the role of activities coordinator and will be mentored and support by the diversional therapist (DT) who works in the dementia unit. The programme will cover 5.5 hours per day across seven days a week. A programme of activities in the PG unit has been developed and will be adapted and modified to suit the needs of the residents. The Eden philosophy will be implemented with a focus of addressing the three plagues of aging - loneliness, helplessness, and boredom. The nurse manager advised that the activities programme for PG unit residents will include stimulation activities, use of a sensory room, and music, as well as wellbeing activities and seasonal celebrations. Advised that residents will be able to participate in a range of activities that are appropriate to their capabilities. PSSC The Croft has a van, which will be used for resident outings.</p>
<p><b>Standard 1.4.1: Management Of Waste And Hazardous Substances</b></p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Waste management procedures are addressed in the health and safety policy manuals. The staff orientation process has addressed safe chemical usage, hazard management and the use of material safety data sheets. There is provision for secure chemical storage in lockable cleaners' utility rooms. Appropriate sharps bins will be available. Personal protective equipment (sighted) is available and will be provided for staff. Safe chemical handling training has been provided.</p>
<p><b>Standard 1.4.2: Facility Specifications</b></p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>The Croft building has a certificate for public use in place which expires on 1 December 2021. The maintenance and property manager (interviewed) completes all reactive and preventative maintenance and maintains schedules. Hot water is not yet available in the new unit.</p> <p>The unit is accessed from three different doors by a secure keypad system. Only one of these is currently functioning – this is the door between the Grant dementia unit and the Lorna PG unit. The other two entrances are off the Hubbard wing – one into the Lorna wing hallway and one into the dining/lounge area. Doors have</p>

		<p>been installed but the keypad system is not yet functioning (link 1.4.7.6).</p> <p>There will be safe and secure outside area that are easy to access, with courtyard areas being updated as part of the new build. This area has pathways, seating and shade available. A grassed area at the rear of the building will also be available for residents, however this area is still under construction/landscaping and will be closed off initially to residents and completed after occupancy.</p> <p>There are also other smaller seating areas in the unit as well as a quiet room and a small outdoor fernery is planned. New bedroom, dining and lounge furniture for the Lorna unit has been purchased and delivery is pending.</p> <p>Residents will be encouraged to bring in their own possessions and adorn their rooms as they wish. Fixtures and fittings are being installed. All beds ordered are electric beds and all beds have posture temp mattresses. Each resident room in the unit will be furnished with a bed, a bedroom chair, over bed table, and beside cabinet. Wardrobes are permanent fixtures. Each of the new 11 rooms have a vanity unit in them and shared ensuite facilities with toilet and shower. Privacy locks are installed in bathrooms. Flooring and window coverings are being installed.</p> <p>Sufficient equipment and resources have been purchased to enable the care staff to safely meet the assessed needs of the residents. These include standing and sling hoists, hoist scales, wheelchairs, commode chairs, sensor mats, and shower chairs. Medical equipment is also available including oxygen concentrators, blood pressure machines, and wound and continence products.</p> <p>Smoke detectors, fire alarms and sprinkler systems have been installed in the new unit.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>The new unit has 20 single rooms. Sixteen rooms have shared bathroom facilities between the rooms and four have full ensuite facilities. The shared bathrooms have privacy locks. All of the 11 new rooms have a vanity unit installed. The bathrooms are large enough for mobility equipment.</p> <p>The service has purchased shower chairs and shower commode with wheels, as well as a shower trolley. There are toilet facilities adjacent to the dining/lounge area.</p> <p>Residents requiring assistance will be able to be safely managed within all</p>

		bathrooms.
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	The new PG unit comprises 20 resident rooms. All rooms are of sufficient size to allow residents to safely move about with mobility aids and for the use of mobility equipment. Rooms will be furnished with a hospital bed and pressure relieving mattress, over bed table, and bedroom chair. Each room has a built-in wardrobe.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	The unit has several areas designed so that space and seating arrangement provides for individual and group activities. There are quiet, low stimulus areas that provide privacy when required including individual rooms. Hallways are wide. There is a large communal kitchen/dining area and a large lounge area in the PG unit. Seating will be arranged to facilitate group or individual activities.
<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 service has policies and procedures in place for the management of laundry and cleaning practices. Advised that designated staff will provide the cleaning and personal laundry service. There is a designated and locked cleaner's room in the unit, with an external contract in place for the provision of cleaning and laundry chemicals. A cleaner has been employed to work 3.5 hours per day in the unit, and an extra two hours per day have been added to the laundry roster to accommodate the increase in laundry generated by the additional 20 residents and rooms. Additional linen has been purchased. The laundry is of sufficient size to manage the increase in laundry services and has three large commercial washing machines and two large driers. The laundry has been designed for dirty/clean flow.</p> <p>There is a locked sluice room in the unit, with a sanitiser and toileting equipment available. Existing and new staff employed have been provided with chemical safety training. Cleaning and laundry audits are included in the annual audit schedule.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p>	PA Low	Emergency management plans are documented for The Croft to ensure health, civil defence and other emergencies are covered. Fire training has been provided as part of the orientation day. Appropriate training, information, and equipment for

<p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>responding to emergencies are part of the orientation of new staff. There is an emergency management manual, and a fire and evacuation manual. External providers will carry out system checks on alarms, sprinklers, fire reels and extinguishers once it is fully functioning. The service has access to a generator if required.</p> <p>Annual fire and evacuation training is compulsory for all staff who work at The Croft. Registered nurses complete first aid training.</p> <p>The maintenance person (health and safety officer) advised that the fire service does not yet require an application for a change in the fire evacuation scheme. The fire service advised that the need for an amended fire evacuation scheme will be assessed after the building works have been fully completed. The service has yet to conduct a fire drill in the unit, however this is planned for 17 May 2021.</p> <p>Emergency lighting is provided by way of battery backup. Civil defence supplies are available including sufficient food and water.</p> <p>A call bell system has been installed; but is not yet fully functional. Cameras have been installed in the communal lounge and dining areas with a visual display screen available in the nurse's station. The nurse manager advised that staff will be conducting regular checks on residents within the unit. A contractor provides twice nightly checks on the facility's external environments. The PG unit is not yet secure.</p> <p>The building work is currently under the responsibility of the project manager. All contractors and visitors must present to the reception area and sign in and out</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>There are two large heat pumps for heating and air conditioning in the communal dining and lounge areas. Each individual resident room has underfloor heating and a wall panel heater that can be adjusted. All rooms have windows for ventilation. Resident rooms are appropriately lit and there is adequate lighting in communal areas. The service is smoke free.</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,</p>	<p>FA</p>	<p>PSSC The Croft has 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. A registered nurse at The Croft is the designated infection control nurse for PSSC. The infection control programme is</p>

<p>and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>linked into the incident reporting system. Infection control is part of the staff meeting and is also linked to the management team meetings and includes discussion and reporting of infection control matters. The infection control programme has been reviewed annually. Benchmarking occurs between Presbyterian Support services in the lower South Island. Regular audits are conducted that include hand hygiene, infection control practices, laundry and cleaning. Education has been provided for staff on orientation and is to be included in the annual programme. Training has been provided around hand hygiene, isolation and wearing of PPE. COVID management plans are in place for the various alert levels and the service has sufficient supplies of PPE.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. The general manager is the designated restraint coordinator. There were no residents with restraints or enablers. Staff interviews, and staff records evidence guidance has been given on restraint minimisation and safe practice. Restraint competencies are completed bi-annually. Challenging behaviour was included in the 2020 compulsory study days. Dementia education sessions were held as part of the orientation study day, and managing challenging behaviour is part of the staff study day held four times per year.</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 1.3.12.1</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	The new PG unit has a medication room which will house the medication trolley when not in use. The service uses an electronic medication system and packed medications. Registered nurses will check all medications in against prescriptions. The medication room is not yet fully completed.	The medication room is not completed and is not yet secure.	<p>Provide evidence that medications in Lorna unit are managed appropriately including secure storage of medications and medication trolley when not in use.</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 Croft building has a certificate for public use in place which expires on 1 December 2021. A code of compliance is yet to be obtained for the new unit.	A code of compliance or CPU is yet to be obtained for the new unit	<p>Ensure the new unit has been signed off as part of the code of compliance/CPU</p> <p>Prior to occupancy days</p>
Criterion 1.4.2.4	PA Low	The service is in the process of completing the new	Hot water is not	Provide evidence that hot

The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.		PG unit at The Croft. Water and power are connected; however, the hot water system is not yet fully functioning.	yet available for monitoring	water is available, and that temperatures have been monitored and recorded at 45 degrees Celsius or below.  Prior to occupancy days
Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	The PG unit has an internal courtyard area which is being upgraded as part of the new build and reconfiguration of existing areas. This will be completed prior to occupancy. A fenced outdoor grass area is planned at the rear of the building. This area is still under construction/landscaping and will be closed off for residents initially and opened at a later stage.	The internal courtyard is not yet fully completed.	Ensure that a safe and secure external environment is provided for all PG unit residents.  Prior to occupancy days
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Low	The maintenance person (health and safety officer) advised that the fire service does not yet require an application for a change in the fire evacuation scheme. The fire service advised that the need for an amended fire evacuation scheme will be assessed after the building works have been fully completed.	It is unclear whether an amendment to the fire evacuation scheme is required.	Ensure evidence is provided from the fire service whether the evacuation procedure requires updating and approval.  Prior to occupancy days
Criterion 1.4.7.5 An appropriate 'call system' is available to summon assistance when required.	PA Low	Call bells are situated in communal areas, bedrooms and bathrooms. There is a system of staff pagers and a call bell light panel in the communal areas and hallways. The call bell system has not been fully installed or commissioned.	Call bell system is not fully functioning	Ensure that the call bell system is fully functioning  Prior to occupancy days
Criterion 1.4.7.6	PA Low	The new PG unit has three entrances which are	The entrance	Ensure the entrance doors

<p>The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.</p>		<p>accessed off the Grant dementia unit (one door) and from the Hubbard hallway (two doors). Doors have been installed and the service has a secure keypad lock in place for the entrance from the Grant unit.</p>	<p>doors to the PG unit are not secure.</p>	<p>to the PG unit are able to be secure closed for the safety of residents</p> <p>Prior to occupancy days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display
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End of the report.