

# Kumeu Village Family Limited - Kingfisher House

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## Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

**Legal entity:** Kumeu Village Family Limited

**Premises audited:** Kingfisher House

**Services audited:** Dementia care

**Dates of audit:** Start date: 26 March 2021 End date: 26 March 2021

**Proposed changes to current services (if any):** Total renovation of a previous rest home facility to a secure dementia level care service.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 0

# 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 Kingfisher House is currently being totally renovated to provide rest home dementia level care for up to 18 residents. The service is to be operated when approval is gained by Kumeu Village Family Limited. The service is to be managed by a clinical nurse manager until a registered nurse is employed and orientated to the role. The clinical nurse manager is expected to run the day-to-day operations of the provider. The clinical nurse manager and the director are managing the renovations/reconfiguration to the facility which are in progress.

This partial provisional audit was conducted against the Health and Disability Services Standards to establish the preparedness of the facility to provide rest home dementia level care services. The audit process included review of policies and procedures, observations of the environment and interviews with management.

The audit has resulted in six areas identified for improvement prior to occupancy. Two areas relate to the appointment of appropriate service providers to safely meet the needs of residents and the new staff employed to be fully orientated to cover the essential components of the service to be provided. An activities coordinator needs to be employed to implement the activities

programme appropriately for the care setting. The food safety plan needs to be verified to meet the legislative requirement for the food service, the fire evacuation plan needs to be approved and staff training for emergencies including fire safety and security completed.

## **Consumer rights**

Not applicable to this audit.

## **Organisational management**

The clinical nurse manager and the director interviewed are experienced in the aged care sector and are both overseeing the renovation/reconfiguration of the facility project. A quality and business plan is in place with set objectives. Action plans are developed for each stage of the project. Any actual or potential risks identified are addressed immediately. A hazard register has already been developed and implemented.

Policies and procedures are prepared in the manuals sighted. The human resource management policies are available for the appointment of staff. Employment packs are prepared in readiness for the different staff roles. The orientation programme is included in each package reviewed.

Staff trained in caring for people with dementia will be employed before the dementia service can commence. The staffing levels and skill mix have been considered in the planning and coverage of the facility and especially as the service is to operate on two levels of the home.

## **Continuum of service delivery**

An activities programme suitable for residents requiring dementia care (memory loss) services is developed in readiness for implementation. An activities coordinator is to be employed and the programme is to be overseen by a diversional therapist from another facility. The programme is to provide twenty-four hours a day activities for residents.

A medicine management system, managed will be covered during the orientation/induction phase when appropriate staff are employed.

The kitchen is effectively designed, and food service management is planned accordingly to meet the legislative requirements of the standard. Preparation for the verification of the food service plan is to be arranged once approval of the service is obtained.

## **Safe and appropriate environment**

The facility is a large home with two separate floors. Total renovations of the facility have occurred internally and externally to provide a secure facility and to meet all requirements for a dementia care service.

The building has a current building warrant of fitness which is displayed at the entrance to The Kingfisher House. A preventative and reactive maintenance programme has been developed for implementation.

Policies and procedures are available to guide staff for the management of waste and hazardous substances. Protective equipment and resources are accessible. Chemicals and equipment are to be stored safely in locked service areas. Laundering of personal clothing will be completed on site and all other laundry will be sent to be laundered off site. Cleaning will be managed on-site.

Emergency procedures are documented and available for implementation. There is a sprinkler system and smoke detectors installed in case of fire. Access to emergency supplies and to an emergency power source is available. Security systems are in place. Staff will receive training prior to occupancy. The previous approved fire evacuation scheme for the facility is to be reviewed again by the New Zealand Fire Service when the renovations are fully completed and prior to occupancy.

## **Restraint minimisation and safe practice**

The organisation has developed policies and procedures that support a restraint free environment and the minimisation of restraint/enabler use. Restraint is documented as only being used as a last resort when all other alternatives have been explored.

## **Infection prevention and control**

There is an infection prevention and control programme developed in preparedness for implementation. The clinical nurse manager is responsible and has been consulted during the building project on infection control matters. The clinical nurse manager interviewed demonstrated good knowledge and principles of infection prevention and control practices.

## 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	13	0	4	0	0	0
<b>Criteria</b>	0	30	0	6	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>An acting clinical nurse manager (CNM) and the general manager (GM) will be responsible for the dementia care service, if and when approved. The facility will be managed under the new legal entity as The Kingfisher House established February 2021. The CNM will be responsible for supervising the clinical staff (yet to be employed) as the main priority. The CNM has worked in the aged care industry for over 10 years. The general manager will ensure the key objectives are met and that the core philosophies for the organisation are adhered to. The GM has worked in aged residential care for over 20 years.</p> <p>The general manager and the clinical nurse manager are overseeing the total renovation of the facility which had previously been a residential care facility. The current building is not occupied. The building work is being carried as per the building plan reviewed. The renovations are appropriate to suit the needs of residents with dementia providing a safe, homely and secure environment. The business settlement is subject to the audit findings for this proposed dementia level care service. This is the reason for this partial provisional audit.</p> <p>There is a strategic objectives and quality improvement plan that has been developed for 2021 – 2022. There is a clear statement of purpose stating the primary purpose is to provide high quality residential care and support services</p>

		for elders (either long or short term) at The Kingfisher House. The home philosophy, vision and core values are clearly documented. The strategic plan and operational goals for 2020 to 2021 were also reviewed. Interim guidelines have been developed by management, on recommended steps to be taken as part of the ongoing strategic development. In addition to this, a value management plan is developed and implemented for each specific project to be complied outlining the operational tasks to be carried out under each project, including feasibility studies, timelines and areas of accountability. A list of current and future projects were available for review.
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The clinical nurse manager (CNM) is currently employed to manage this project from a clinical perspective. The CNM role is to provide non-clinical and clinical supervision of all staff when employed and to maintain safety, health and wellbeing for all residents when they are admitted to this service. The CNM is an experienced registered nurse and has attended relevant training over the last ten years for maintaining an annual practising certificate, which was validated, and education appropriate for a management role. The CNM reports to the GM on a daily basis. The business and management aspects of the service will be managed by the GM who has extensive knowledge of the aged care sector standards and the district health board (DHB) agreement obligations to be met.</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>	PA Low	<p>The recruitment policies and procedures reviewed are in line with good employment practice and relevant legislation which will guide human resource management processes. Position descriptions are available in readiness and define key task and accountabilities for the various roles. Pre-employment health screening forms are also developed for staff who will have resident contact and those with non-resident contact as per the policies reviewed. A list of staff to be employed to cover the service was reviewed and is documented on the strategic plan and operational goals sighted.</p> <p>The aim is to advertise and employ staff from May 2021. Care staff who have completed NZQA level one, level 2 and/or level 3 dementia specific training will be employed in the first instance. The CNM has an organised orientation plan prepared in readiness and ongoing training package for staff to complete. Medication training and competencies will be provided by the CNM. All staff will</p>



		<p>be fully orientated prior to the service commencing.</p> <p>A cook, kitchen staff, cleaners and an activities coordinator will also be employed. This later role will be overseen by a diversional therapist from another aged care facility which the GM is one of the owner/directors.</p> <p>Staff will be employed when approval is gained for this dementia (memory loss) service. Staff will be presented with a welcome pack which contains a job description for their respective roles.</p> <p>The CNM has a current annual practising certificate (APC) which was sighted dated to expire 31 March 2022.</p> <p>When staff are officially employed as per the human resource management policy and orientation is provided education will on an ongoing basis as per the training programme reviewed.</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>The CNM discussed the proposed roster to cover this service. The design and outlay of the facility has been taken into consideration throughout the process. There will be nine residents on the lower level and nine on the upper level of The Kingfisher House. The roster is developed and prepared. The CNM explained the documented rationale for determining staffing levels and skill mixes in order to provide safe service delivery based on good practice.</p> <p>The CNM will work 9am to 5pm Monday to Friday with two care staff on duty 7am to 3pm Monday to Sunday. On the afternoon shift, 3pm to 11pm, two care staff will be available, and two care staff will be on night duty 11pm to 7am. A cook will be employed eight hours a day Monday to Sunday. Activities will be planned and provided to cover the twenty-four hours of the day (Monday to Friday). Volunteers will be welcome from the community as per the organisation policies and procedures in place.</p> <p>The CNM will ensure the service is covered adequately and is appropriate before the service commences. A registered nurse will be employed to manage the clinical component of the agreement and will be on-call twenty-four hours a day, seven day a week (24/7). The RN and CNM will be able to share the on-call hours and cover each other as needed. Backup will always be available.</p> <p>Confirmation was provided by the director that a GP from one of the owner's facilities will cover this service once the approval process is completed. This GP</p>

		<p>cover will be on a contract arrangement and an after-hours medical service will be provided at all times. A registered nurse is planned to be employed to cover Monday to Friday, a cleaner, a laundry assistant and a relief cook. There is a maintenance person who works across several sites in the organisation. A quality manager has been employed in the organisation for several years and the quality programme is overseen by an external contracted quality facilitator.</p> <p>Service providers such as a contracted podiatrist, GP, pharmacist, pharmacy will also be employed to cover the service appropriately to meet the needs of the residents.</p> <p>There will be 18 individual residents' rooms (maximum of 18 residents) at the facility. No rooms were occupied on the day of the audit.</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>There is provision in the small treatment cupboard near the upstairs dining room to store dressing packs and other medical stores. The medication will be administered from a medication cupboard. The medication process will be completed by the contracted pharmacist. A blister pack system will be implemented and distributed by the contracted pharmacy of choice. The registered nurse when employed and senior care staff will be trained for medication competency. The RN and the CNM will be responsible for the medication management programme. Staff responsible for administering medicines will have to complete a medication competency (refer to 1.2.7.4)Policies and procedures are accessible, up-to-date and available to guide staff. No residents will be self-administering medicines due to the nature of service delivery and organisational policies.</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>PA Low</p>	<p>Policies and procedures have been developed for the kitchen and food management, inclusive of nutrition, safe food and fluid management. Comprehensive information is documented in preparedness to guide staff employed in the kitchen. The director and CNM interviewed explained that a cook is to be employed and a relief cook to cover seven days a week. There are dining areas on both floors of the home both being set up in homely settings. There are adequate tables and chairs.</p> <p>All new appliances have been installed into the large spacious kitchen, such as fridge/freezer, two stoves next to each other with light and expel air facilities.</p>

		<p>There is a significant amount of bench space and a walk-in pantry. The kitchen has clean and dirty areas. A gateway is installed between the kitchen and dining room area to ensure safety of residents. Contracted service providers for kitchen chemicals and food suppliers are the same as the director uses organisation wide and these are set up in preparation awaiting approval. The chemical service provider representative is to provide all relevant education for the staff as necessary.</p> <p>Menu plans have been reviewed already in preparedness by the contracted dietitian for the organisation and this was validated. Nutritional profiles are in the residents' admission packs and will be completed for each individual resident when admitted with the assistance of family/whanau and any special diets or needs will be able to be catered for. Once completed, the profiles will be scanned into the electronic records. Currently there is no food safety plan, and the director is aware of this requirement for a verification audit prior to occupancy.</p>
<p><b>Standard 1.3.7: Planned Activities</b></p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	PA Low	<p>Activities are planned in readiness to cover the twenty-four hour period, seven days a week. The activities programmed developed will be modified once residents are able to be admitted to meet the individual needs of the residents. A full assessment will be provided by the RN and/or the CNM to develop individual activities/recreational plans for each resident. The activities programme has already been reviewed by a diversional therapist from another facility owned and operated by the director interviewed. An activities coordinator with appropriate dementia level care training is yet to be employed and orientated.</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 contractors have been organised for when the service is operational. In addition to this, council will collect recycling waste once a week. Minimal chemicals are to be stored onsite. A wall mounted refillable chemical station is available. This is located in the laundry and will be locked at all times. Data sheets are already available and accessible. The same chemical contractors are to be used as the service utilises organisation wide and the representatives provide all staff training. Any sharps are to be stored in the yellow hazardous containers and collected when full by the contracted preferred provider already arranged.</p> <p>There is provision and availability of personal protective clothing and equipment</p>

		and the director and CNM are fully informed of the quantities required. Storage is available for these resources.
<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>	FA	<p>The building warrant of fitness (BWOFF) expires 29 October 2021. The BWOFF is displayed at the entrance to the facility.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose and are maintained. All electrical equipment and equipment requiring calibration has been purchased new for the total site and is current and meets legislative requirements as confirmed in documentation reviewed. A wheelchair is available and chair scales have been purchased new.</p> <p>A maintenance person was interviewed. On visual inspection of the site the environment, although workman were still on site, appeared hazardous free. There is a handrail in the external staircase between the two levels. All fixtures and fittings (eg, in the bathrooms and toilets handrails) are installed appropriately and this will encourage and maintain safety and independence for residents.</p> <p>A shade area outside on the lower deck area was being erected on the day of the audit and appropriate external garden seating is available. A new large deck has been provided off the dining room upstairs which is secure with high fencing with artificial greenery for maintaining privacy from a neighbouring property. Outdoor furniture has been purchased for this setting. There is a pathway extending from inside the gated property that goes around the front and down the sides of the facility to the second-floor garden which will be accessible and safe for residents to use with entry back into the facility. The perimeter fencing is in place around the facility with key-pad access as needed for staff and visitors.</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>	FA	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility in close proximity to the residents' accommodation. The bathrooms are large in size both upstairs and downstairs. There are two staff/visitor toilets available. All bathrooms are fully tiled and are easy to clean and wipe down after use. Hand-rails are in place in the bathrooms and toilets for safety reasons.</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>There are nine individual resident rooms upstairs and nine downstairs (18) total. One room upstairs has a single wardrobe and one room downstairs has a large double wardrobe with shelving. All other rooms have a set of drawers, wardrobe, chair, bedside cabinet and a television is wall mounted. All furniture has been purchased new. The residents and family will be able to personalise the individual rooms as they wish. All rooms are large single rooms. Non-slip vinyl flooring throughout all rooms is present.</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>There are two large dining areas and two large lounges one of each upstairs and one of each downstairs. Tables and chairs and comfortable seating is available. There is a smaller family/whanau lounge/interview room located downstairs next to the staff room. The kitchen is large and open plan and residents will be able to talk or link with the staff working in the kitchen which will provide a homely atmosphere. There is carpet on the stairway and in the lounge/dining areas.</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 laundry (towels, sheets and larger linen items) are to be managed off site by a contracted company. The care staff are to be responsible for the residents' personal clothing only. A cleaner will be employed for this role along with other staff as mentioned in standards 1.2.7 and 1.2.8. All staff are to receive training in chemical management as part of the orientation process and this is planned in preparedness and the training programme was reviewed. Material data sheets will be readily available to guide staff for laundry and cleaning duties as required.</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>Policies and procedures and guidelines for emergency planning, preparation and response are available in readiness for staff. Disaster and civil defence planning guides are available to direct management in their preparation for any disasters and describe the procedures to be followed in the event of fire and/or another event. The current fire evacuation plan is developed but is to be approved prior to occupancy by the New Zealand Fire Service. In addition to this the newly employed staff are to be orientated and trained to complete a fire evacuation drill prior to occupancy. Management interviewed confirmed their awareness of the emergency procedures.</p> <p>Civil defence emergency supplies are available such as emergency lighting,</p>

		<p>mobile phones, a gas barbecue, water bottles and water in large bottles is stored appropriately. Emergency supplies like torches and batteries are stored in the main office downstairs. The director has purchased a small generator for power backup if needed.</p> <p>Call bells are available in all individual rooms and in all service areas as observed in the visual tour of the facility. All are in working order on the day of the audit. Appropriate security arrangements are in place in preparation of the dementia level care service which is to be a secure dementia service. There is a gate at the rear of the property which will have key pad access and will need to be locked at all times and one at the front near the main entrance to the facility. The staff car park (four spaces) is at the rear of the property. Security lights externally have been added onto the building to increase lighting and security for after hours. Closed circuit television system has been installed for security purposes and signage is available and residents/family will be informed of this in the information packs when approval for the service occurs. Staff employed on the afternoon shift and night duty will be responsible for checking the facility each shift.</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>	FA	<p>The individual residents' rooms and communal rooms are heated and ventilated appropriately. Rooms have natural light and opening windows. Heat pumps were visible in the two lounges and dining room areas. The largest individual rooms have heat pumps installed and the smaller (though good sized rooms) have wall panel heaters in place.</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>	FA	<p>The policies and procedures are developed in preparation of the service being authorised. The infection control programme developed in readiness is appropriate for the size and scope of the intended service being a dementia level care service. The reporting lines are documented in the form of a flow chart to guide staff when employed. Training will be provided to all new staff as part of the orientation/induction programme. The CNM will be the infection prevention coordinator until a registered nurse is employed and orientated to the role. There is a policy to guide staff, visitors and residents if they should contract or be diagnosed with an infectious disease. Once approved and implemented the infection prevention and control programme will be reviewed annually.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The Kingfisher has a non-restraint philosophy documented. Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and will be available to provide guidance for staff when and/if employed. The CNM and the RN to be employed will share the role of the restraint coordinator when the service is approved. The CNM interviewed is experienced and has a sound knowledge and understanding of the policies and procedures to be implemented. The CNM interviewed is aware that restraint is used as a last resort only when all alternatives have been explored. The CNM and the director interviewed understood the restraint approval and processes involved for a sure dementia service.</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	The service is currently awaiting approval from the Ministry of Health after this partial provisional audit to commence a dementia service in the facility as planned. When approval is gained advertising for staff will be implemented and staff are to be employed with appropriate skills to safely meet the needs of residents when admitted to the service. This has yet to occur.	There are currently no staff employed and/or residents at this proposed dementia care service. Staff will be employed with appropriate skills and with previous dementia training to safely meet the needs of residents.	<p>Ensure appropriately trained staff are employed to safely meet the needs of residents prior to the residents being admitted and the service being implemented.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the</p>	PA Low	Orientation/induction packs are prepared in readiness for the employment of relevant staff prior to occupancy. The programme reviewed does cover the essential components of a dementia care	Staff are yet to be employed and orientation/induction is to be provided that covers the essential components of a dementia care service including medication competencies for staff.	Prior to occupancy, all newly employed staff will be provided with an orientation/induction programme appropriate for services to be provided at



service provided.		service. Once approval is gained the CNM will be advertising for new staff to be employed for this service. At the time of audit, no staff are employed.		The Kingfisher House.  Prior to occupancy days
Criterion 1.3.13.5 All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.	PA Low	All aspects of food procurement, production, preparation, transportation, storage, delivery and disposal have been prioritised and prepared for this proposed dementia service. All equipment and resources for the kitchen have been purchased new and the kitchen is fully set up in readiness. The food service verification audit is yet to be completed. Food is yet to be purchased but stocks have been worked out in readiness for the nature and size of the facility.	The food service is prepared for the service with all aspects to meet this standard. The director and CNM are fully informed that the service is to undergo a food safety verification audit to meet the legislative requirements. Food as expected is to be purchased and orders are prepared in readiness.	Ensure as soon as approval for the service is received that contact is made with the Auckland City Council for the food verification audit to be completed prior to occupancy. Food is to be purchased fresh prior to occupancy.  Prior to occupancy days
Criterion 1.3.7.1 Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.	PA Low	A planned activities programme and the content was reviewed. Once approval has been sought and permission granted for this dementia service, an activities coordinator will be appointed to this role. The programme reviewed is interesting, varied and covers the 24-hour period if needed. Once residents are admitted to the service the programme will need to be individualised to meet the needs of individual residents and for those that enjoy a group approach to	The activities programme has been planned in readiness for the proposed approval of the dementia care service. The plan is for 24/7 activities to be available and/or implemented. Residents will be reviewed on admission to ensure activities provided will be of interest and be meaningful to the individual residents. An activities coordinator with appropriate skills and training has yet to be employed. This is planned to occur once approval is gained for the service to be	Ensure an activities coordinator is employed, is fully orientated to the role and is available to implement a meaningful and interesting programme to meet the needs of the residents.  Prior to occupancy days

		activities.	implemented. An experienced DT is available to oversee the programme once implemented.	
<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	The management staff interviewed were fully informed of all the new staff to be appointed are required to complete fire safety, emergency and security training once the service is approved for dementia level care.	Once the approval is received for this service to proceed all newly employed staff are to complete the required fire safety, emergency and security training to meet legislative requirements.	<p>To ensure the required fire safety, security and emergency training is completed for all new staff prior to occupancy.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	The fire evacuation approval plan was sighted for the service when previously a rest home. A sprinkler system and smoke detector systems are fully installed throughout the total facility. The New Zealand Fire Service (NZFS) has requested the fire evacuation approval scheme be reviewed as per discussion with the management team when the facility and this dementia service is completed and approved.	Once the new service is ready to be implemented and after approval is provided by the Ministry of Health approval will be sought from the NZFS for the fire evacuation scheme.	<p>To ensure the fire evacuation plan is approved by the NZFS for The Kingfisher to meet legislative requirements prior to occupancy.</p> <p>Prior to occupancy days</p>

## 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.