

Chatswood Lifecare Limited - Chatswood Rest Home

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: Chatswood Lifecare Limited

Premises audited: Chatswood Rest Home

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

Dates of audit: Start date: 9 August 2021 End date: 9 August 2021

Proposed changes to current services (if any): The old rest home wing has had 12 of its rooms demolished to make way for the new development of 18 care suites. The new care suite wings (building) consist of 18 spacious care suites (11 ground level and 7 suites on level one), a separate communal lounge a new reception area and offices. All 18 care suites were verified as suitable as dual-purpose suites. The new building connects to the current hospital wings and old rest home wing. A separate wing of six serviced apartments (attached to the current building) were also verified to provide rest home level.

With the addition of the 18 dual-purpose care suites and the six serviced apartments verified to provide rest home level care the service will have a total of 113 beds all in one building including a 25-bed rest home, 29 bed hospital (all dual purpose), 30 serviced apartments and studio apartments (all certified for rest home level of care), and 29 care suites (all dual purpose). The service plans to open the care suites from 23 August 2021.

Total beds occupied across all premises included in the audit on the first day of the audit: 64

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

Chatswood Retirement Village currently provides rest home and hospital (geriatric and medical) care for up to 89 residents. On the day of audit there were 64 residents

The old initial Chatswood rest home building has had twelve of its rest home rooms demolished to make way for a new development/building of 18 care suites. The new building consists of 18 care suites, a separate communal lounge area and a new reception area with offices within the two storied building. The new building conjoins the exiting apartment wings, hospital, and rest home wings.

This partial provisional includes verifying stage two of the facility build extensions which includes verifying 18-bed care suites as dual purpose and six current apartments as rest home only. With the addition of the 18 dual-purpose care suites and the six serviced apartments verified to provide rest home level care the service will have a total of 113 beds. The service plans to open the care suites from 23 August 2021.

The facility manager and clinical manager are experienced in managing aged care. They are supported by the operations manager (Director and registered nurse).

The audit identified the 18-bed dual-purpose care suites and the six serviced apartments, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home, and hospital (medical and geriatric) level care.

There are improvements required by the service around the completion of the building, code of compliance, fire drill and fire evacuation procedure.

Consumer rights

Not applicable

Organisational management

The service completes annual planning and has comprehensive policies/procedures to provide rest home care, and hospital, (medical and geriatric) level care. There are 2021 objectives and a transition plan. Regular meetings are held, and the quality system is being implemented.

There are 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 implemented induction/orientation programme, which includes packages specifically tailored to the position such as caregiver, registered nurse (RN), and so on.

There is a staffing rationale and skills mix policy, which provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. Adequate RN cover is provided 24 hours a day, seven days a week. Many of the staff are long-serving and senior in their roles.

With the addition of the dual-purpose care suites a unit coordinator (RN) has been appointed in the hospital in addition to the morning RN. There is an afternoon unit coordinator appointed in addition to the afternoon RN.

Continuum of service delivery

The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. All medicines are stored securely. Registered nurses and senior caregivers' complete annual medication competencies and medication education. There is safe storage for medication.

The service has a contracted kitchen service and kitchen staff are employed by the contracted business. All meals are prepared and cooked on site. The kitchen is large enough to manage the increase in meals. There is a six-weekly seasonal menu which has been reviewed by the caterer's dietitian. Dietary needs are known with individual likes and dislikes accommodated. The kitchen also delivers food in hotboxes and covered trays to the residents' rooms and serviced apartments. Food is served directly to the adjacent dining room for hospital level residents and transported to the rest home dining room in hot boxes.

Safe and appropriate environment

Policies and procedures are in place for waste management, waste disposal for general waste and medical waste management. All chemicals are labelled with manufacturer labels. Chemical product use and safety data sheets are available. Chemicals are stored safely.

The new building and plant have been built to comply with legislation. The building is near completion and therefore a code of compliance is yet to be obtained. There is a lift between floors of the care suites which is large enough for a stretcher.

The corridors are wide, include handrails and promote safe mobility with the use of mobility aids. Any construction areas are closed off to residents and staff. The external areas, courtyard and gardens were well maintained. All outdoor areas have seating and shade.

Residents care suites and serviced apartments 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.

The care suites have a communal lounge on the first floor. Residents can also access several communal lounges across the rest home, hospital and serviced apartments.

All linen and personal clothing are laundered on site by experienced laundry staff. The laundry has defined clean/dirty areas and an entry and exit door with keypad access.

The service has a documented emergency and disaster plan in place. The fire evacuation scheme has been updated and is in draft with the fire service awaiting approval. Civil defence and emergency supplies are in place. Call bells are in place throughout the facility. Security procedures are implemented.

General living areas and resident rooms are appropriately heated and ventilated. There are heat pumps in resident rooms and communal areas and underfloor heating in the ensuites.

Restraint minimisation and safe practice

The restraint minimisation and safe practice policy includes the definitions of restraint and enablers. The service has remained restraint-free for eight years. There are no residents requiring enablers. The restraint coordinator is the clinical manager. Staff receive training on restraint minimisation and challenging behaviours.

Infection prevention and control

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator is the clinical manager. The programme is developed by an external contractor and the IC committee meets two-monthly. The infection control programme is well established, and an annual review is completed.

Infection surveillance is an integral part of the infection control programme. There is a comprehensive Covid-19 policy related to all levels of pandemic management. There are plentiful supplies of PPE and processes around isolating residents if needed. There have been no outbreaks in 2021.

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	2	0	0	0
Criteria	0	33	0	3	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>Chatswood Retirement Village currently provides rest home and hospital (geriatric and medical) care for up to 89 residents within a 25-bed rest home, 29 bed hospital (all dual purpose), 24 serviced apartments and studio apartments (all certified for rest home level of care), and 11 care suites (all dual purpose).</p> <p>On the day of audit there were 64 residents in total, 22 rest home residents in the rest home wing and 25 hospital and one rest home resident in the hospital wing. There were seven rest home residents in the serviced apartments, six rest home and three hospital residents in the care suites. All residents were under the age-related residential care services agreement (ARRC) except one rest home resident under a LifeLinks contract.</p> <p>The old initial Chatswood rest home building has had twelve of its rest home rooms demolished to make way for a new development/building of 18 care suites. The new building consists of 18 care suites, a separate communal lounge area and a new reception area with offices within the two storied building. The new building conjoins the existing apartment and hospital complex and rest home complex. The next stage will involve the rest home area being demolished and rebuilt.</p>

		<p>This partial provisional includes verifying stage two of the facility build which includes verifying 18-bed care suites as dual purpose and six apartments as rest home only. With the addition of the 18 dual-purpose care suites and the six serviced apartments verified to provide rest home level care the service will have a total of 113 beds. Overall, the one building includes a 25-bed rest home wing, 29 bed hospital (all dual purpose) wing, 30 serviced apartments and studio apartments (all certified for rest home level of care), and 29 care suites (all dual purpose). The service plans to open the care suites from 23 August 2021.</p> <p>The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, and hospital, (medical and geriatric) level care.</p> <p>Chatswood Retirement Village is privately owned and operated by two directors who are part owners. One director is responsible for the development of the company and the other director is a registered nurse (RN) and is the operations manager. The operations manager is on site regularly to meet with the village manager and clinical manager. The operations manager has extensive experience in aged care management at organisational and national level. The operations manager provides clinical governance for the company. The village manager (non-clinical) has been in the role for seven years and has over 10 years of aged care management experience. She is supported by a clinical manager who has been in the role for 10 years.</p> <p>There is an up to date business plan from 2019 to 2021, which identifies the philosophy of care, mission statement and business objectives/goals and values of the company. The board of directors regularly review the business plan. There are clear lines of accountabilities and an organisational chart. A transition plan has been developed around the new build and increase in hospital and rest home rooms. As such two new roles have been introduced including a hospital unit coordinator and an afternoon clinical coordinator.</p> <p>There is an implemented quality and risk management system that is regularly reviewed and refined to further improve service delivery. The organisation completes annual planning and has policies/procedures from a health care consultant to provide rest home care and hospital (geriatric and medical).</p> <p>The village manager and clinical manager have maintained at least eight hours annually of professional development related to managing an aged care facility.</p>
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<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>The clinical manager undertakes the village management role when required, to cover annual leave or sick leave. The clinical manager is supported by the operations manager and registered nurses.</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>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. A register of practising certificates is maintained. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type and includes documented competencies. New staff are buddied for a period, and during this period they do not carry a resident load. Newly employed caregivers complete an orientation booklet.</p> <p>There is an annual education and training schedule for 2021 being implemented. Staff attendance is good. Staff are encouraged and supported to gain unit standards. There is a Careerforce assessor and over 90% of their current caregivers have level three or four. Toolbox talks are included as part of the staff meetings for any updates/topical concerns. Education and training for clinical staff is linked to external education provided by the district health board and through the Chatswood Retirement Village in-service programme. Registered nurses can access training through the DHB, hospice and local polytechnic. Chatswood Retirement Village has 12 RNs in total and all 12 have completed interRAI training.</p> <p>As part of the transition plan and increasing resident numbers the service has introduced two new positions, a hospital unit coordinator and an afternoon clinical coordinator. Both positions include job descriptions and two current senior registered nurses have been appointed to these positions. Two further RNs are being recruited, and advised there are sufficient other staff including caregivers to cover the roster.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or</p>	<p>FA</p>	<p>There is a staffing rationale and skills mix policy, which provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. Chatswood Retirement Village ensures staffing meets the recommended requirements set down in the ARRC contract in its rostering for nurses and care</p>

<p>experienced service providers.</p>		<p>staff in all levels of care. Adequate RN cover is provided 24 hours a day, seven days a week. Many of the staff are long-serving and senior in their roles. Caregiving staff will increase initially by 108.5 hours a week to cover the first 10 residents admitted.</p> <p>There is a full-time village manager and clinical manager across the facility. Staffing is as follows with the addition of the 18-bed dual-purpose care suites and six rest home apartments:</p> <p>For the 18-bed dual purpose care suites. As the care suite building is attached to the current rest home wing and current hospital wing registered nurses from the rest home and hospital will be responsible for the residents in the care suites depending on what level of care they are.</p> <p>There is an RN rostered 0700-1530 seven days a week (also covers the rest home wings). There is a care suite caregiver rostered 0700-1500 and 1500- 2300. The two caregivers in the rest home on night shift will support the rest home residents overnight. There is the ability to increase caregiver numbers as resident numbers increase in the care suites.</p> <p>With the addition of the dual-purpose care suites a unit coordinator (RN) has been appointed in the hospital in addition to the morning RN. There is an afternoon unit coordinator appointed in addition to the afternoon RN. The RNs will be responsible for the hospital residents in the care suites.</p> <p>The serviced apartments and studio apartments including the six apartments verified as part of this audit are overseen by an apartment coordinator (enrolled nurse) and a short shift caregiver on the morning shift and an afternoon shift caregiver 1630-2100. Night shift is covered by the rest home caregivers with oversight by the hospital registered nurse. Caregiving hours will be increased as rest home resident numbers in the apartments increase.</p> <p>The activities team consists of one full time DT and a part time activity coordinator.</p>
<p>Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. All medicines are stored securely. Registered nurses and senior caregivers' complete annual medication competencies and medication education. The RN is responsible for medication reconciliation against the medico blister pack system on arrival from the pharmacy. Any discrepancies are fed back to the supplying</p>

		<p>pharmacy who are available after hours if required. Standing orders were not in use. The medication fridge temperatures and medication rooms temperature are being monitored daily and both were within acceptable limits.</p> <p>The service uses an electronic medication management system. There is a locked medication cupboard in the locked rest home nurse's office. Medication for rest home residents in the six apartments will be managed from there. There is a medication treatment room in the hospital. Controlled drug medication is stored in a safe from the hospital treatment room. Medication for residents in the dual-purpose care suites will be stored there. A medication trolley is available for managing care suite resident's medication. Advised that with the increase in resident numbers in the apartments and care suites a specific apartment medication room may be reconfigured later if needed. Impress stock is regularly audited (monthly) for expiry dates and stock control.</p> <p>There is a procedure for managing self-medicating residents and secure storage is available in resident rooms. All RNs completed a recent syringe driver competency. There is a house GP that visits 2x weekly and is on-call 24/7. He has agreed to taking on more residents with the increase in certified beds.</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 service has a contracted kitchen service and kitchen staff are employed by the contracted business. All meals are prepared and cooked on site. The kitchen is large enough to manage the increase in meals. There is a six-weekly seasonal menu which has been reviewed by the caterer's dietitian. Dietary needs are known with individual likes and dislikes accommodated. Fridge and freezer temperatures are taken and recorded daily. End cooked food temperatures and food temperatures prior to the food being served to the residents are recorded. A verified food control plan is in place with an expiry date of November 2021.</p> <p>The kitchen also delivers food in hotboxes and covered trays to the residents' rooms and serviced apartments. Food is served directly to the adjacent dining room for hospital level residents and transported to the rest home dining room in hot boxes. Residents in the serviced apartments can have meals in their apartments or in the apartment dining room. Residents in the care suites can have meals in the apartment dining room or hospital dining room. The service is also in the process of extending the dining room of the hospital although it sufficiently large enough for the initial increase in resident numbers.</p> <p>The kitchen manager is supported by a cook and two kitchen assistants; all</p>

		completed the relevant food safety education. Care staff assist with delivery to and serving of food in the dining rooms. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services. A contracted dietitian is available for residents as needed.
<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>Policies and procedures are in place for waste management, waste disposal for general waste and medical waste management. All chemicals are labelled with manufacturer labels. Chemical product use and safety data sheets are available. Chemicals are stored safely. Gloves, aprons and protective face masks or goggles are available for staff. Hand sanitiser is readily available throughout the facility and within each care suite and apartment. There is a secure sluice room in the rest home and a sluice room off the main laundry with sanitiser that can be accessed from the hospital and care suites. Chemical safety training is completed as part of the in-service schedule.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>The building holds a current warrant of fitness which expires 1 June 2021. The maintenance manager works 24 hours a week (Monday to Friday) and is the health and safety representative (he is currently completing a degree in health and safety). There is a maintenance request book for repair and maintenance requests. There is a monthly, six-monthly, and annual maintenance plan that includes two yearly electrical testing and tagging, resident equipment checks, calibration of medical equipment and monthly testing of hot water temperatures. These are up to date. Essential contractors/tradespeople are available 24 hours as required. There is an equipment list that covers the needs of rest home and hospital level residents in the new care suites. Further equipment will be purchased as needed. The new building and plant have been built to comply with legislation. The building is near completion and therefore a code of compliance is yet to be obtained. There is a lift between floors of the care suites which is large enough for a stretcher. Handrails are in the process of being installed in all ensuites and the carpet is yet to be laid. Hot water temperatures are yet to be checked in the new resident areas, but this will be completed as part of the code of compliance.</p> <p>The corridors are wide, include handrails and promote safe mobility with the use of mobility aids. Any construction areas are closed off to residents and staff. The external areas, courtyard and gardens were well maintained. All outdoor areas</p>

		<p>have seating and shade. Some outdoor areas are impacted by building but these are fenced off.</p> <p>There is a 10-seater van on site available to transport residents. In addition, the facility will utilise the services of mobility taxis for outings requiring a tail lift for wheelchair bound residents.</p> <p>There are well placed nurses' stations with the rest home and hospital near lounge and dining areas. Due to the design of the facility, the nurse's stations are also close to the care suites and apartments. There is safe access to all communal areas.</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>In the care suites and serviced apartments, every resident's room has an ensuite with a disability-friendly shower, toilet, and hand basin, with under floor heating. Handrails are in the process of being installed (link 1.4.2.1). There are communal toilets available near lounges in the facility and communal toilets near reception. Locks are installed for privacy in communal toilets.</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>	FA	<p>Residents care suites and serviced apartments 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.</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>	FA	<p>The care suites have a communal lounge on the first floor. Residents can also access several communal lounges across the rest home, hospital and serviced apartments. Residents in the serviced apartments can have meals in their apartments or in the apartment dining room. Residents in the care suites can have meals in the apartment dining room or hospital dining room. The service is also in the process of extending the dining room of the hospital although it is sufficiently large enough for the initial increase in resident numbers. There are several areas where activities can occur in groups or individually.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic</p>	FA	<p>All linen and personal clothing are laundered on site by experienced laundry staff. The laundry has defined clean/dirty areas and an entry and exit door with keypad</p>

<p>cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>access. Care staff can access clean linen stores without entering the main laundry. The chemical provider monitors the laundry machines and chemicals monthly. Personal protective clothing is available and used by laundry staff including gloves, aprons, and face masks. Laundry staff and cleaners are trained in chemical safety. There are dedicated cleaners employed Monday-Sunday. The cleaning trollies are stored safely when not in use. Linen is transported to the laundry in covered linen trolleys. The service has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are completed as part of the internal auditing programme.</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>The service has a documented emergency and disaster plan in place as per the Health and Safety programme. Six monthly trial fire evacuations are conducted and was last completed April 2021. A fire drill is scheduled with the new care suites prior to occupancy. The fire evacuation scheme has been updated and is in draft with the fire service awaiting approval. Fire exits have been installed in the new building extension. Fire and emergency training is included in staff orientation and regular ongoing sessions are undertaken throughout the year. Civil defence and emergency supplies are checked every quarter. The service ensures there is emergency food and water and has enough available for at least seven days. There is sufficient stored emergency water in tanks and as bottled water to meet emergency requirements. There is a barbeque, gas bottles and a gas-powered generator on site.</p> <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. There are staff employed across 24/7 with a current first aid certificate. There are also supplies of outbreak/pandemic and personal protection equipment (PPE) available.</p> <p>Staff are required to ensure doors and windows are securely closed at night. There are documented security procedures. There are call bells and emergency bells in all resident rooms and communal areas. The system software can be monitored. Staff complete night security checks. There is a new entrance way to reception in the new care suites. A call bell is available at a second entrance door to allow staff to let visitors in after hours.</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>Communal spaces and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. There are heat pumps in resident rooms and communal areas and underfloor heating in the ensuites.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Staff are well informed about infection control practises and reporting. The infection control coordinator (ICC) is the clinical manager, and she is responsible for infection control across the facility. The programme is developed by an external contractor and the IC committee meets two-monthly. The infection control programme is well established, and an annual review is completed.</p> <p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. There is a comprehensive Covid-19 policy related to all levels of pandemic management. There are plentiful supplies of PPE and processes around isolating residents if needed. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and compared month by month. There have been no outbreaks in 2021.</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 restraint minimisation and safe practice policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. The service has remained restraint-free for eight years. There are no residents requiring enablers. The restraint coordinator is the clinical manager. Staff receive training on restraint minimisation and challenging behaviours.</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 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The new building and plant have been built to comply with legislation. The building is near completion and therefore a code of compliance is yet to be obtained. There is a lift between floors of the care suites which is large enough for a stretcher. Handrails are in the process of being installed in all ensuites and the carpet is yet to be laid. Hot water temperatures are yet to be checked in the new resident areas, but this will be completed as part of the code of compliance.</p>	<p>(i) The 18-bed care suites are still in progress of being completed and therefore a code of compliance is yet to be obtained for this area.</p> <p>(ii) Individual care suites continue to be furnished with handrails and carpet being installed where needed.</p> <p>(iii) Furnishings are currently being installed.</p> <p>(iv) The care suite communal lounge and reception area/offices is yet to be fully completed.</p>	<p>(i) Ensure an updated code of compliance is completed for the care suites building extension.</p> <p>(ii) – (iv) Ensure communal areas and resident rooms are fully furnished.</p> <p>(v) Ensure water temperatures to resident areas are monitored and below 45 degrees.</p> <p>Prior to occupancy</p>

			(v) Monitoring of water temperatures in the new care suites is yet to be completed.	days
<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	Six monthly trial fire evacuations are conducted and was last completed April 2021. A fire drill is scheduled with the new care suites prior to occupancy.	A fire drill is scheduled with the new care suites prior to opening.	<p>Ensure a fire drill is completed in the new care suite area.</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	Fire exits have been installed in the new building extension. Fire and emergency training is included in staff orientation and regular ongoing sessions are undertaken throughout the year. The fire evacuation scheme has been updated and is in draft with the fire service awaiting approval.	The fire evacuation scheme has been updated and is in draft with the fire service awaiting approval.	<p>Ensure the amended fire evacuation procedure is approved.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.