# Summerset Care Limited - Summerset by the Ranges

## 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 Health and Disability Auditing New Zealand 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Summerset Care Limited

**Premises audited:** Summerset by the Ranges

**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: 31 October 2016 End date: 31 October 2016

**Proposed changes to current services (if any):** The service was assessed for readiness to provide dementia level of care within a newly constructed purpose built 20 bed unit. The service is intending to open 23 November 2016.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 30

# 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

Summerset by the Ranges is part of the Summerset group of facilities. The service currently provides rest home and hospital care for up to 30 residents. On the day of audit the service was fully occupied.   
A partial provisional audit was completed to review the services readiness to provide dementia level of care. This included viewing a newly built 20-bed secure unit as being appropriate to provide dementia level of care.   
This audit identified that Summerset in the Ranges is prepared to deliver dementia level of care. There are 10 single rooms and 10 studio apartments (licence to occupy) within the secure environment.

This audit identified the dementia unit, staff roster, equipment requirements, established systems and processes are appropriate for providing dementia level care.

The improvements required by the service are all related to the completion of the building and implementation of the new service.

## Consumer rights

N/A

## Organisational management

The village manager has been in the role 14 months and has many years’ business experience. There is an experienced nurse manager who has been at the service over two years. They have both attended at least eight hours of professional development relevant to their management roles. The management team are supported by a regional operations manager and regional clinical manager.  
There is a 2016 business plan/quality plan that incorporates the requirements identified around staffing, equipment and other resources in regards to the provision of a new service level. Dementia level of care will be provided in a new purpose built unit that is linked to the care centre. There are relevant organisational and clinical policies that reflect current best practice. A clinical nurse leader/registered nurse and caregivers have been appointed. All newly appointed staff will undergo a full three-week orientation programme, skills competency assessments, medication competency, first aid and will attend ongoing education as scheduled. There is a comprehensive education programme in place.

## Continuum of service delivery

The service has a main kitchen, which is located off the rest home dining room. Resident likes and dislikes are known with alternative choices offered. There is dietitian review of the menu. The dementia care unit has a fully functioning kitchen with pantry area, fridges and freezer to accommodate nutritious snacks 24 hours. Meals will be transported to the dementia care unit in a bain-marie and served by caregivers in hot boxes.

Medications will be sorted safely in a locked medication room within the new dementia care unit. Caregivers will complete medication education and competency during their orientation period.

A diversional therapist in training has been appointed full-time and is supported by an activity assistant to coordinate an activity programme across the seven-day week.

## Safe and appropriate environment

The dementia unit has a locked sluice area. The new dementia care unit is still under construction and requires a certificate for public use on completion.

The corridors are wide in all areas to allow residents to pass each other safely. The communal areas are spacious. There are two outdoor walking pathways with several entry and exits points. The gardens, seating and raised garden beds have not yet been completed.

All rooms have a full ensuite facility with sensor lighting at night. There are communal toilets located near the communal areas.

The 10 single rooms are spacious enough for residents to safely mobilise with mobility aids. The 10 studio rooms have a kitchenette area, bed space and open plan dining/lounge area.

Communal areas within the facility include a large open plan dining area adjacent to the kitchenette where meals will be served. The main lounge is spacious and has a show fireplace that adds to the homely environment.

There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services.

There are emergency and disaster manuals to guide staff in managing emergencies and disasters. Emergencies, first aid and cardiopulmonary resuscitation are included in the mandatory in-service programme. Summerset by the Ranges has an approved fire evacuation plan for the care centre and fire drills occur six monthly. Call bells were evident in residents’ rooms, lounge areas and toilets/bathrooms.

## Restraint minimisation and safe practice

N/A

## Infection prevention and control

The infection control manual outlines a comprehensive range of policies, standards and guidelines and procedures includes (but not limited to); hand hygiene, standard precautions, surveillance, outbreak management, training and education of staff. The infection control programme in place is appropriate for the size of the service. There is an infection control coordinator with defined responsibilities for the management of infection control throughout the facility.

## Summary of attainment

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

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| **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 | 12 | 0 | 4 | 0 | 0 | 0 |
| **Criteria** | 0 | 27 | 0 | 8 | 0 | 0 | 0 |

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| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | The Summerset Group Limited Board of Directors have overall financial and governance responsibility and there is a company strategic business plan in place. Summerset in the Ranges has a village business and quality plan that aligns with the overall Summerset business plan. The village business plan “operation bloom in awesome 2016” is reviewed monthly at the management meeting. Summerset philosophy “to make every day a great day” is embedded across rest home and hospital services and to include dementia care services.  The service currently provides rest home and hospital level of care for up to 30 residents in the care centre. On the day of audit there were 14 rest home residents and 16 hospital level of care residents. The build of a new 20 bed dementia care unit and the required equipment is included in the current business plan. The 20-bed unit includes 10 single rooms and 10 (license to occupy) studio apartments assessed as suitable to provide dementia level of care. The proposed opening date is 23 November 2016. There is currently a waiting list of residents who have been needs assessed. The service has secured a contract with the DHB for residents who are assessed at dementia level of care. A transition plan is in place to admit two residents per week. A partial provisional audit was completed to review the services readiness to provide dementia level of care. This included reviewing 10 single rooms, 10 studio rooms and communal areas as being appropriate to provide dementia level of care. The dementia unit is linked internally to the rest home/hospital by secure entry/exit to the unit.  The village manager (interviewed) has been in the role for 14 months and has 15 years’ experience in business management. The full-time nurse manager (interviewed) has been in the position since May 2014 and has a considerable background in nursing (including psychiatric nursing) and has worked in aged care for the last ten years. She has completed postgraduate clinical assessment papers (including delirium/dementia) in 2015. The management team is supported by an operations manager, clinical regional manager (interviewed) and directors at head office.  Village managers and nurse managers attend annual organisational forums and regional forums over two days.  The village manager has attended at least eight hours of professional development relevant to the role. She is currently completing an organisational cultural course over 12 months that includes seminars and assignments related to the workplace. |
| Standard 1.2.2: Service Management  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. | FA | During a temporary absence, the nurse manager will cover the manager’s role. The regional operations manager and the clinical quality manager provide oversight and support. A senior registered nurse provides nurse manager cover for short term leave such as study days. The organisation has a relieving nurse manager to cover planned leave.  The partial provisional audit confirmed the service has operational management strategies and a quality improvement programme to minimise risk of unwanted events. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | PA Low | The recruitment and staff selection process requires that relevant checks, including police checks are completed to validate the individual’s application, qualifications and experience. Copies of registered nurses’ practising certificates are kept on file. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development.  A registered nurse who has been with the service three years has been appointed as the clinical nurse leader for the dementia care unit. She has completed on-line dementia care training through the university of Tasmania (November 2015), advance care planning (March 2016) and has obtained level 3 of the DHB professional development recognition programme. The RN is the restraint coordinator and will continue in this role as CNL. The RN is InterRAI competent.  Five staff files reviewed of newly appointed staff (clinical nurse leader, recreational therapist and three caregivers) contained letters of offer, police vetting checks, employment agreements and signed job descriptions. An annual performance appraisal has been completed for the registered nurse in the role of RN.  The service has employed a full time recreational therapist (physiotherapist by occupation) who is currently progressing through diversional therapy qualifications and will commence the dementia unit standards on commencement. The service has employed five caregivers (four new to the service and one caregiver currently employed in the care centre).  Three of the five caregivers employed have completed dementia care unit standards. One caregiver is in progress and the other caregiver will commence on employment. The nurse manager is a Careerforce assessor.  All new staff will commence a three-week orientation programme (sighted) which will commence 7 November 2016. All staff will attend orientation to the dementia unit, which include the layout of the unit, emergency procedures, call bell system, civil defence and a planned fire drill. The orientation programme for staff employed in the dementia care unit covers medication competencies, infection control, challenging behaviours and other mandatory education requirements.  There is an annual education plan that is outlined on the ‘clinical audit, training and compliance calendar’. A competency programme is in place with different requirements according to work type (eg, care assistants, registered nurse and kitchen). Core competencies are completed and a record of completion is maintained on staff files and well as being scanned into ‘Sway’. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | The village manager and nurse manager work 40 hours per week Monday to Friday and are available on call for any emergency issues or clinical support. The service provides 24-hour RN.  The dementia care unit roster as from 21 November has the RN/CNL on duty Tuesday to Saturday 8.00am to 4.30pm (and on call) and is supported by the nurse manager. As occupancy increases, the service will employ an enrolled nurse. Five caregivers have been employed. There is one caregiver on each shift with access to a care centre caregiver for assistance. As occupancy increases the staffing levels will increase as per the Summerset safe staffing levels policy. The recreational therapist will work from 9.00am to 5.30pm Monday to Friday and is to be supported by an activity assistant from the care centre in the weekends. A housekeeper from the care centre has been allocated two hours Monday to Sunday in the dementia care unit. |
| 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. | PA Low | The service medication management system follows recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care 2011. Registered nurses are responsible for the administration of medications in the rest home and hospital wings. Caregivers employed for the dementia unit will complete medication education and medication competencies, including the use of the electronic medication system on day three of the orientation programme. The nurse manager, CNL and pharmacist are involved in the medication education sessions. The service uses robotic rolls that are checked on delivery against the resident medication chart. The pharmacy is available 24 hours and medications are received by courier within a timely manner. Standing orders are not used.  There is a separate medication room located within the new dementia care unit. The medication cabinets and controlled drugs safe and locks are yet to be installed and completed. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | Medirest is contracted for the provision of meals on-site. There is an eight-week rotating spring/summer menu for 2016-2017 that has been recently reviewed by the dietitian. The chef manager is supported by a team of kitchen hands. Resident likes/dislikes and preferences are known and accommodated with alternative meal options. Meals are served from the bain-marie to residents in the dining room in the care centre. A bain-marie has been purchased for the delivery of meals to the dementia care unit. The dementia unit has a protected space within the kitchenette to place the bain-marie. Special meals can be delivered from the main kitchen on insulated plates and lids to keep meals warm. The new kitchenette will be fully functional with an oven and stovetop (controlled by isolation buttons for resident safety), dishwasher, large lockable pantry and fridges/freezers to accommodate foods and snacks 24 hours. The kitchen has open access from the dining area and designed to include resident in meaningful activities, however there is a requirement to ensure resident safety around hot water systems (link 1.4.2.1). The dietitian has been consulted in regards to provision of nutritious snacks and platters. The head chef confirmed supplies will be delivered as requested on the daily order food and drinks form and available at other times. The cook receives a dietary profile for each resident. The service aims to implement a “Let’s Eat” programme that focuses on nourishing foods for residents with memory impairment and dementia.  The fridge, freezer and dishwasher have daily temperatures recorded and end cooked food temperatures recorded twice daily in the main kitchen. All foods were stored correctly and date labelled. Cleaning schedules have been maintained. Chemicals are stored safely within the kitchen. Staff were observed wearing correct personal protective clothing when entering the kitchen. The chemical provider completes a functional test on the dishwasher monthly.  Staff working in the kitchen have food handling certificates and chemical safety training. The orientation programme includes education delivered by the dietitian on nutrition and support for eating and drinking. |
| Standard 1.3.7: Planned Activities  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. | FA | The service employs a qualified and registered diversional therapist (DT) 30 hours a week to coordinate and deliver the integrated rest home and hospital programme. The programme is planned a month in advance and includes set activities with the flexibility to add other activities of interest or suggestions made by residents. Activities meet the recreational needs of both resident groups ensuring all residents have the opportunity for outings, shopping, library visits, inter-home visits. There are also opportunities to attend competitions and community groups/events including concerts, pantomimes and theatre productions. Pet therapy involves a daily visiting dog and fortnightly SPCA visits. Residents are encouraged to maintain their former community links. Church services are held fortnightly for all denominations and Holy Communion.  The service has a wheelchair van for outings.  The service has employed a full-time recreational therapist who is a qualified physiotherapist and currently progressing through the DT qualification. The recreational therapist will receive support from the rest home/hospital DT (also a Careerforce assessor) and from the regional DT support network. There are a number of care centre caregivers who have attended “walking in another’s shoes” who can provide activities for dementia care residents. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets are readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals were stored safely throughout the facility. Personal protective clothing is available for staff and seen to be worn by staff when carrying out their duties in the care centre on the day of audit. Relevant staff have completed chemical safety training. The service has a chemical provider who monitors chemical use, documentation and chemical safety.  The dementia unit has a locked sluice area. The main chemical supply is stored safely in the rest home/hospital area. The chemical provider is scheduled on day two for orientation to chemical safety for new employees. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | PA Low | There is a full-time property manager who oversees the property and gardening team and is available on call for facility matters. Planned and reactive maintenance systems are in place and maintenance requests are generated through the Sway (Summerset way) on-line system (property services requests). All electrical equipment has been tested and tagged. Clinical equipment has had functional checks/calibration annually. Preferred contractors for essential services are available 24/7.  The new dementia care unit is still under construction and requires a certificate for public use on completion. Hot water temperatures in all resident areas and ensuring safety in the kitchen are required to be completed prior to occupancy. Contractors are in the process of completing the internal building, which includes all electrical work and lighting and installation of cabinets, interior décor and flooring, activity-based laundry area and completion of kitchenette.  The corridors are wide in all areas to allow residents to pass each other safely. The communal areas are spacious. There are two outdoor walking pathways with several entry and exits points. The gardens, seating and raised garden beds have not yet been completed. There is shaded area outside of the main lounge and plans for a pergola.  Staff car parking has been increased to allow for additional visitor parking located near the dementia unit.  There is an equipment list for furnishing for all resident rooms and communal rooms. Furnishings and equipment is currently in storage. All beds are electric and ultra-low with posture temp mattresses for pressure injury prevention. The chair scales will be shared with the care centre and have been calibrated. A hoist is available from the care centre if required. Summerset group have preferred suppliers. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  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. | FA | The dementia care unit has 20 resident rooms (10 single rooms and 10 studio apartments). All rooms have a full ensuite facility with sensor lighting at night. There are communal toilets located near the communal areas. Communal toilet facilities have a system that indicates if it is engaged or vacant. Staff have key access if required. |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | The 10 single rooms are spacious enough for residents to safely mobilise with mobility aids. The 10 studio rooms have a kitchenette area, bed space and open plan dining/lounge area. Families will be able to personalise their relative’s room/studio apartment. Three of the studio apartments have a door opening out onto the courtyard. Each room has different colour textured wall panel outside of the door to help residents identify their rooms. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | Communal areas within the facility include a large open plan dining area adjacent to the kitchenette where meals will be served. The main lounge is spacious and has a show fireplace that adds to the homely environment. There is an outlook from the dining and lounge area onto the internal courtyard with doors that open out allowing safe access to the external courtyard with walking pathways and gardens (link 1.4.2.6). There are two smaller lounges within the unit for quiet activities or visitors. One lounge has access to the external area. The communal areas are accessible for residents. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All linen and personal clothing is laundered on-site. The laundry has a dirty to clean work flow with an entry and exit door. The commercial washing machine and dryer were replaced in 2015 and have had six monthly checks. There is dedicated housekeeping staff on seven days a week. Cleaning trolleys are kept in designated locked cupboards when not in use. External (chemical provider) and internal audits monitor the effectiveness of laundry and cleaning processes.  Laundry and personal clothing will be collected from the dementia care unit in colour coded linen skips and laundered in the main laundry. A housekeeper has been allocated two hours per day to complete duties in the dementia care unit. A small laundry (washing machine and dryer) is located within the dementia unit service area. The laundry will be predominantly activity based under supervision (locked area) however this facility will be available to families of studio apartment residents. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | PA Low | There are emergency and disaster manuals to guide staff in managing emergencies and disasters. Emergencies, first aid and cardiopulmonary resuscitation are included in the mandatory in-service programme. There is a first aid trained staff member (RN) on every shift, however all newly employed staff in the dementia unit (without a current first aid certificate) will complete first aid training on 21 November 2016. Summerset by the Ranges has an approved fire evacuation plan for the care centre and fire drills occur six monthly. Call bells were evident in residents’ rooms, lounge areas and toilets/bathrooms. The facility and grounds are secure at night with the village main gates locked after hours.  The service has alternative cooking facilities (BBQ) available in the event of a power failure. There is a two-hour battery back-up for emergency power. The service has an agreement with a rental company for the supply of a generator. There are two civil defence kits in the facility and tanks at the back of the facility that holds enough water in the event of an emergency for the three service levels.  The dementia care unit has two entrances with one being linked internally for staff access by swipe card. The main entrance for visitors has a two door entry. The second door is secure and entry by doorbell which is linked to the staff pager/call bell system and activated by the staff member. There is camera surveillance in the nurses’ station. The staged fire alarm system is also linked to the page system; however the fire evacuation plan is yet to be approved. All staff will participate in a fire drill planned for 16 November 2016. The service has installed a specialised call bell system for dementia care with bed mat sensors and bedroom door sensors all linked to the call bell pagers worn by the staff. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | The new build has ceiling heating in place. The bedrooms have heating panels that can be individually thermostat controlled. All bedrooms and communal areas allow plenty of natural light into the rooms. All windows in the bedrooms have security stays. Each room can be adequately ventilated with a system that has been installed to provide ventilation and resident safety. |
| Standard 3.1: Infection control management  There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service. | FA | The infection control programme is appropriate for the size and complexity of the service. There is an infection control responsibility policy that includes responsibilities for the infection control officer who is a registered nurse. The infection control officer has maintained skills and knowledge in infection control practice and involved in the orientation of newly appointed staff to the dementia unit. The CNL for the dementia unit will be on the infection control committee that meets three monthly. The infection control programme is linked into the quality management system and reviewed annually at head office in consultation with infection control officers. The facility meetings include a discussion of infection control matters.  Visitors are asked not to visit if they are unwell. Influenza vaccines are offered to residents and staff. There have been no outbreaks since the previous certification audit. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.2.7.4  New service providers receive an orientation/induction programme that covers the essential components of the service provided. | PA Low | There is a planned three-week orientation for staff who have been employed to work in the dementia care unit. The orientation commences on 7 November 2016. All new and existing staff will receive orientation to the unit, emergency procedures, call bell system and attend a planned fire drill. Over the three weeks, mandatory and clinical education will be completed and competencies completed such as medication, nutrition and infection control and first aid. | The orientation programme has not yet commenced. | Ensure staff complete the orientation programme as scheduled over three weeks.  Prior to occupancy days |
| Criterion 1.3.12.1  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. | PA Low | There is a separate medication room located within the new dementia care unit. The medication cabinets and controlled drugs safe and locks are yet to be installed and completed. The service uses robotic rolls. The pharmacy is available 24 hours and medications are received by courier within a timely manner. | The medication room is not fully ready for use or secure. | Implement a safe transition for the medication system.  Prior to occupancy days |
| Criterion 1.3.12.3  Service providers responsible for medicine management are competent to perform the function for each stage they manage. | PA Low | Caregivers employed for the dementia unit will complete medication education and medication competencies including the use of the electronic medication system on day three of the orientation programme. | Senior caregivers will be employed to manage and administer medications. Advised, that medication competencies will be completed during induction and annually. | For new staff commencing who will have medication administration responsibilities, ensure all have completed medication competencies.  Prior to occupancy days |
| Criterion 1.4.2.1  All buildings, plant, and equipment comply with legislation. | PA Low | The dementia building is still a construction site with internal construction and décor to be completed. | The new dementia care unit requires a certificate for public use on completion as follows; 1) the internal building requires completion including all electrical work and lighting, completion of the activity based laundry, sluice room, kitchenette (including hot water safety), interior décor of all areas (including furnishings) and flooring and 2) construction is completed and the building complies with legislation. | Obtain a certificate for public use (CPU).  Prior to occupancy days |
| Criterion 1.4.2.4  The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group. | PA Low | The dementia building is still a construction site with external landscaping to be completed. The exterior walking pathways provide freedom to wander within a safe environment, however the landscaping and fencing has not been completed. There is an internal courtyard and external garden area. | 1) Hot water temperatures in all resident areas and hot water safety in the kitchen, are required to be completed, 2) the kitchen has a functioning oven and stovetop for which there is no control for staff use only. | Ensure the physical environment minimises harm.  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 dementia building is still a construction site with external landscaping to be completed. The exterior walking pathways provide freedom to wander within a safe environment, however the landscaping and fencing has not been completed. There is an internal courtyard and external garden area. | The exterior landscaping requires completion of gardens and grounds, seating and fencing to ensure resident safety. | Ensure the external areas provide a safe environment for residents.  Prior to occupancy days |
| Criterion 1.4.7.3  Where required by legislation there is an approved evacuation plan. | PA Low | The new build is still under construction. A walk-through identified smoke alarms and fire doors in place. The building contractor advises there has been consultation with the fire service provider in regards to an approved fire evacuation scheme. | The building contractor advises there has been consultation with the fire service provider in regards to an approved fire evacuation scheme. | Ensure there is an approved fire evacuation scheme in place.  Prior to occupancy days |
| Criterion 1.4.7.5  An appropriate 'call system' is available to summon assistance when required. | PA Low | There were call bells sighted in all ensuites, bedrooms and communal areas which can be escalated to an emergency call. The call bell system from the dementia care unit is linked to the pagers in the care centre however this is not yet operational. | The call bell system is not operational. | Ensure the call bell system is operational.  Prior to occupancy days |

# 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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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| No data to display |

End of the report.