

# Summerset Care Limited - Summerset By the Sea

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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 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](#).

The specifics of this audit included:

**Legal entity:** Summerset Care Limited

**Premises audited:** Summerset By the Sea

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

**Dates of audit:** Start date: 24 November 2016 End date: 24 November 2016

**Proposed changes to current services (if any):** The service has built a new two-storied wing that is connected to the current facility. This partial provisional audit was completed to review the level of preparedness of Summerset by the Sea to provide services for an additional 19 dual-purpose beds in the care centre on the second floor and an additional 10 serviced apartments on the ground floor.

**Total beds occupied across all premises included in the audit on the first day of the audit: 27**

# 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.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

## Key to the indicators

## General overview of the audit

Summerset by the Sea is part of the Summerset Group and currently provides rest home and hospital (medical and geriatric) level care for up to 40 residents. There were 27 residents on the day of audit.

This partial provisional audit was completed to verify a new purpose built two-storied wing. This new wing is an extension of the existing building. Currently the service provides 30 dual-purpose care beds in the care centre and has 10 serviced apartments certified for rest home level care.

The new two storied wing is connected to the current building via an air bridge on the first floor. With the increase in 10 serviced apartments suitable to provide rest home level care, and the addition of 19 dual-purpose care beds, the service will be able to provide a total of 49 dual-purpose beds in the care centre and a total of 20 rest home beds in the serviced apartments.

The service is managed by a village manager (non-clinical) who has had experience in management roles. The village manager commenced in the role at the start of the week. The village manager is supported by a Summerset clinical quality assurance manager and a nurse manager who has been in the role since the facility opened. The nurse manager has previous experience in clinical management roles.

This audit identified the building, roster and equipment are appropriate for providing rest home level care in the serviced apartments and hospital and rest home care, in the care centre.

The service requires improvements continue to be required around the monitoring of fridge temperatures, and the wearing of hats in the kitchen, identified at the previous certification audit.

This audit identified that improvements are required in relation to the certificate of public use, trial fire evacuation and food safety certificates.

## **Consumer rights**

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## **Organisational management**

The Summerset by the Sea business plan includes a transitional plan for the provision of care in the additional apartments verified as suitable for rest home level of care and the care beds verified as suitable for the provision of rest home and hospital level care. Summerset has a relieving village manager and relieving a nurse manager to cover planned leave for the village manager and nurse manager. There are human resources policies to support recruitment practices. The service has an orientation programme in

place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists. There is an annual education plan that is outlined on the 'clinical audit, training and compliance calendar'. This includes all required education as part of these standards. There is a safe staffing policy and safe staffing procedure, which describes staffing and is based on benchmarking information.

## **Continuum of service delivery**

The service uses an electronic medication management system that follows recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care 2011. There is one spacious locked medication room that will service the care centre and serviced apartments.

There is a large kitchen and all food is cooked on-site by external contractors. Each serviced apartment has a kitchenette. The care centre dining area is large enough for the increase in residents and mobility equipment. A communal dining area is set up on the ground floor for the serviced apartment and village residents and is large enough for the increase in serviced apartment residents.

## **Safe and appropriate environment**

Documented processes for the management of waste and hazardous substances are in place. Material safety datasheets are available. A current building warrant of fitness is displayed for the existing building in use which expires in January 2017. The new wing is due to be handed over to Somerset by the construction company on 30 November 2016.

Planned and reactive maintenance systems are in place and maintenance requests are generated. There is a lift and stair access between the ground floor and the first floor. Equipment has been purchased for the new areas and is sufficient to meet the needs of rest home and hospital residents.

The apartments are spacious with a lounge area, bedroom and a bathroom in each unit that is large enough for mobility equipment. There are communal toilets near the lounge areas.

In the care centre the new bedrooms and communal areas are spacious and allow for the manoeuvre of mobility aids and hospital level equipment.

There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. The laundry is designed to demonstrate a dirty to clean flow.

Appropriate training, information and equipment for responding to emergencies is provided. Fire evacuation training is held six monthly. There is a civil defence and emergency plan in place. The call bell system is available in all areas with indicator panels in each area. There are staff on 24/7 with a current first aid certificate.

## **Restraint minimisation and safe practice**

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## **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 (a registered nurse) is responsible for coordinating education and training for staff. The infection control coordinator has attended external training. There is a suite of infection control policies and guidelines to support practice. The infection control coordinator uses the information obtained through surveillance to determine infection control activities and education needs within the facility over and above what is required from the group head office.

## 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	12	0	3	0	0	0
<b>Criteria</b>	0	31	0	4	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<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>Summerset by the Sea currently provides rest home and hospital (geriatric and medical) level care for up to 30 residents in the care centre and rest home level care across 10 certified serviced apartments.</p> <p>As part of the staged development a further two-storied wing has been built that is connected to the current building. The new build accommodates an additional 19 care beds on the first floor (all single rooms) and 10 serviced apartments on the ground floor. With the increase in resident rooms the service can provide a total of 49 dual-purpose beds in the care centre and a total of 20 rest home beds in the serviced apartments.</p> <p>The additional 19 care beds were assessed as suitable to provide rest home and hospital level of care and the additional 10 serviced apartments were assessed as suitable to provide rest home level care. With the increase in numbers, the service will be able to provide a total of 49 dual-purpose beds in the care centre and a total of 20 rest home beds in the serviced apartments. The service intends to occupy the new wing on 5 December 2016 or as soon as approved by HealthCERT.</p> <p>Summerset by the Sea is managed by a non-clinical village manager who</p>

		<p>commenced work the week of the audit. The new village manager has had previous health management experience. The village manager is supported by a nurse manager/RN and the Summerset head office management team.</p> <p>The nurse manager/registered nurse is responsible for operations in the care facility and the serviced apartments. The nurse manager/registered nurse has seven years of experience as a nurse manager in the aged care sector and was employed at another Summerset facility before beginning her employment at Summerset by the Sea in August 2015. Recruitment for a clinical nurse manager is currently in progress, with the intention to have the position filled within the month, depending on the occupancy. The current nurse manager has overall clinical responsibility and will maintain oversight of the clinical management of the care centre and serviced apartments.</p> <p>The organisation is guided by a philosophy, vision and values. A 2016 operations business plan, specific to Summerset by the Sea, lists six measurable goals and objectives. Business goals are regularly reviewed. There is a transition plan in place for the new wing and the increase in bed numbers.</p> <p>The nurse manager/registered nurse has attended a minimum of eight hours professional development activities related to managing an aged care facility.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>A relief Summerset manager will fulfil the village manager role during absence. If the nurse manager is on planned leave, a Summerset relieving nurse manager will fulfil the role. Currently a registered nurse will cover any unplanned leave by the nurse manager. When the clinical nurse manger is appointed, this person will provide leave cover for the nurse manager.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. A list of practising certificates is maintained (sighted). The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The Summerset orientation programme includes documented competencies and induction checklists. There is an annual education plan that is outlined on the 'clinical audit, training and compliance calendar'. This includes all required education as part of these standards. The plan is being implemented. A competency programme is in place with different requirements</p>

		<p>according to work type (eg, caregiver, registered nurse, and cleaning).</p> <p>Core competencies are completed and a record of completion is maintained on staff files, as well as being scanned into 'sway' (sighted). All casual staff who have expressed an interest in part-time/full-time hours in the serviced apartments and care centre have completed or are in the process of completing the Summerset by the Sea orientation.</p> <p>There is a draft roster documented for the new wing. The current registered nurse in the care centre will provide oversight for the initial admissions into the new care beds, and as the occupancy increases additional registered nurse hours will be allocated to comply with the Summerset safe staffing policy and safe staffing procedure. Six casual caregivers have recently been appointed to provide service to the new wing. The draft roster shows caregivers rostered on across the 24 hour roster to meet the Summerset safe staffing policy as occupancy and/or acuity increases.</p> <p>Three staff files reviewed for new casual caregivers' evidence that these staff have completed or are in the process of completing the Summerset orientation and all relevant employment documentation including police vetting was sighted. A full orientation to the new care beds and serviced apartments will be completed once the new wing is handed over (link 1.4.7.1). Task lists have been developed for the caregivers on each shift in the serviced apartments and for the care centre.</p> <p>There is a registered nurse on duty at all times with a current first aid certificate and medication competency.</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>There is a safe staffing policy and safe staffing procedure, which describes staffing and is based on benchmarking information. The policy also states that a developing care centre will have a higher staff to resident ratio in the initial build in occupancy to ensure safe staffing practices. Advised the current roster will be added on to as the new 19 bed dual-purpose wing opens. There are clear guidelines for increase in staffing depending on acuity of residents. The roster considers the building design.</p> <p>Currently a caregiver is rostered on for each shift for the ground floor serviced apartments. There are currently no residents in the serviced apartments assessed at rest home level of care and two residents receiving a package of</p>

		<p>care.</p> <p>The care centre currently has rostered on a registered nurse, an enrolled nurse and two caregivers on a morning shift. In the afternoon, there is a registered nurse and an enrolled nurse with two caregivers or a registered nurse with three caregivers. In the care centre there are currently 27 residents (16 rest home and 11 hospital). The caregivers complete the laundry and this will be reviewed as the occupancy increases. Separate cleaning staff are available seven days a week.</p> <p>There are casual caregivers willing to work part-time or full-time shifts to cover the 24-hour roster as occupancy and/or acuity increases. A clinical manager is currently being recruited with the intention to have the position filled within the month. The nurse manager will maintain responsibility for all aspects of care delivery in the serviced apartments and the care centre.</p> <p>As occupancy and acuity increases in the new wing the roster will be adjusted to align with the content of the Summerset safety staffing policy.</p> <p>There is a nurses' station on each level of the new building.</p> <p>Currently the night staff are responsible for laundry. Advised this will be reviewed as the occupancy increases.</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>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. The service uses an electronic medication documentation system. Medications are stored, and managed in line with current best practice and guidelines.</p> <p>There is one locked medication room for the care centre and serviced apartments. There is sufficient space in the care centre medication room to accommodate the medication trolleys for all areas.</p> <p>The facility uses robotic sachets for regular medication delivered by the supplying pharmacy. Medications are checked on arrival at the facility. Any discrepancies are fed back to the pharmacy.</p> <p>All medications are kept in a locked trolley in the medication room. The medication fridge temperature is recorded weekly. A stock of hospital medications is kept in the medication room. Standing orders are not used.</p>

		<p>There were four residents self-administering medications at the time of the audit (3 rest home and 1 hospital). All self-medicating residents had completed the required competencies and three monthly reviews.</p> <p>All RNs and senior caregivers who administer medications have completed annual medication competencies (sighted) and have received medication management training.</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>	PA Low	<p>There is a large kitchen and all food is cooked on site by external contractors. There is a comprehensive kitchen manual in place. There is a chef manager who works Monday to Friday. There is also a cook on duty Monday to Friday and a weekend cook. The cooks are supported by morning and afternoon catering assistants. There is an eight-week seasonal menu in place. The company dietitian reviews the menu. The cook receives a dietary profile for each resident with dietary requirements, special diets, food allergies, likes and dislikes. Alternatives are offered. Special diets are accommodated, plated and labelled. The cook is notified of any dietary changes for the residents.</p> <p>Food is transported in hotboxes (hot and cold) to the dining room where it is served from a bain-marie in the satellite kitchen. The dining area in the care centre is large enough for an increase in residents who may also be using mobility equipment. The care centre dining area can also accommodate those residents in serviced apartments who wish to dine in this area. Alternatively, meals can be delivered to the resident's serviced apartment. There is also a downstairs village dining area that can also be used by serviced apartment residents.</p> <p>A kitchen cleaning schedule is maintained.</p> <p>Not all staff working in the kitchen or in the café on the ground floor have food handling certificates. Not all staff in the main kitchen were observed wearing hats on the day of audit. Fridge and freezer temperatures were not consistently monitored, and the temperature of the fridge containing food, in the servery, was not being recorded. The previous audit finding remains.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place. Material safety datasheets are available. Designated</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>		<p>cleaners' cupboards are locked. There is protective clothing and equipment that is appropriate for the recognised risks associated with the waste or hazardous substance being handled. These include goggles/visors, gloves, aprons and masks. Hazardous substances are correctly labelled. The sluice in the new care bed wing had not yet been installed and will be in place before the 30 November 2016 (link 1.4.2.1). There is however a sluice room with a sanitiser currently available on the same level and in close proximity to the new wing. Chemical safety training was held for staff in September 2016.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>The new areas were not fully completed on day of audit. Ceiling tiles were not installed in the bridge connecting the first-floor care beds to the existing care centre and the rails in the shower were still being installed in some rooms. The sanitiser had not yet been installed. The new furniture was being moved in on both floors on the day of audit.</p> <p>There is a lift between the ground floor (serviced apartments) and the first floor (care centre). Equipment for the care centre has arrived and was being unpacked. Sufficient equipment has been purchased to meet the needs of residents needing rest home and hospital level care as sighted on the new area equipment inventory.</p> <p>The new bedrooms, ensuites, shower rooms, hallways and communal areas are spacious and allow for the manoeuvring of mobility aids and hospital level equipment.</p> <p>The landscaping was still being completed. The internal courtyard garden beds were prepared but had not yet been planted. The external garden areas along the southern side of the serviced apartments had not been completed.</p> <p>A full-time property manager oversees the planned and reactive maintenance systems for Summerset by the Sea. This person is supported by a full-time property assistant. A monthly maintenance schedule is generated on-line from head office and the maintenance team provide a monthly report.</p> <p>Equipment and medical equipment are currently under warranty. Equipment that has required checking and calibration has been actioned. Hot water temperatures are recorded monthly and are maintained below 45 degrees Celsius. Preferred contractors are available 24/7. Corridors are wide enough in all areas to allow residents to pass each other safely with safe access to</p>

		<p>communal areas and outdoor areas.</p> <p>The building has a current building warrant of fitness posted in a visible location for the current area in use (expiry 15 January 2017).</p> <p>A certificate of public use was not sighted for the new wing.</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>Of the 19 care rooms assessed, 15 of the bedrooms have their own ensuites. Four bedrooms without ensuites have shared toilet and shower facilities located near the bedrooms. All ensuite and shower/toilet rooms have the walls, flooring and fixtures made of easy clean surfaces. The flooring is non-slip. Call bells are within reach. There is sufficient space in the ensuites to safely manoeuvre transferring equipment. There are privacy locks on the ensuite doors.</p> <p>All 10 apartments are self-contained with ensuites. All ensuite walls, flooring and fixtures are of made of easy clean surfaces. The flooring is non-slip. Call bells are within reach. There is adequate space to manoeuvre shower chairs if required.</p> <p>There are communal toilets near the communal lounges in the serviced apartments and in the care centre.</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>Nineteen care rooms are being certified to provide hospital or rest home level. They are spacious with adequate room to safely manoeuvre a hoist and other transferring equipment. All care rooms are suitable for single occupancy. The bedrooms have built-in wardrobes, shelving and clothes storage. The doors are wide and when opened allow for bed or ambulance trolley access.</p> <p>All serviced apartments have a separate bedroom, which is spacious enough for the residents to mobilise around with the use of mobility aids.</p> <p>Residents and families are encouraged to personalise their rooms as viewed.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age</p>	FA	<p>Communal areas within the existing care centre include a large lounge and dining area in which seating and space is arranged to allow both individual and group activities to occur. The existing dining area and lounge area are large enough to accommodate the additional 19 residents. There is an additional</p>

<p>appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>smaller lounge at the end of the new wing. The facility is light and odour free with outlooks to the grounds and wider views. There is a designated resident outside smoking area. All furniture is safe and suitable for the residents.</p> <p>Each serviced apartment has a dining/lounge area. There is a large communal lounge and dining area for serviced apartment and village residents on the ground floor which is large enough to accommodate the additional residents.</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>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. The laundry is designed to demonstrate a dirty to clean flow. There is no dedicated laundry person. All laundry is completed onsite by caregivers allocated to the care apartments and night staff (link 1.2.8). There are covered linen trolleys used by the caregivers.</p> <p>There is currently a designated cleaner and was advised that cleaning hours will extend as resident numbers increase. Staff are observed wearing protective clothing while carrying out their duties. Cleaning trolleys are kept in designated locked cupboards.</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>Appropriate training, information and equipment for responding to emergencies are provided. There is an approved fire evacuation plan dated 3 November 2016.</p> <p>Fire drills and training are held 6 monthly and this last occurred in June 2016. A fire drill has not yet been held for the new wing. There are staff on duty 24/7 with a current first aid certificate.</p> <p>There is a civil defence and emergency plan in place. The facility is well prepared for civil emergencies and has emergency lighting, a store of emergency water and a gas BBQ for alternative heating and cooking. Emergency food supplies sufficient for three days, are kept in the kitchen. Emergency food and water supplies stored on site is sufficient to meet the increase in resident numbers. There is a civil defence cupboard in the care centre that is readily available to staff.</p> <p>The call bell system is available in all areas in the serviced apartments including a bell in the bedroom, one in the lounge and two in the bathroom area, with indicator panels in each area. There are wrist bells or pendants available for rest</p>

		<p>home apartments. Calls from the serviced apartments are linked to the pagers worn by staff and to the nurses' station display panel.</p> <p>The call bell system is available in the care rooms including a call bell in the bedroom and two call points in the bathrooms. There are indicator panels in each area.</p> <p>The building is secure at night with all doors locked. Security checks at night are on the staff task lists. The main gates to the village are locked at night with swipe access only after hours. There are CTV cameras around the building.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies.</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>The new resident care rooms have large windows allowing adequate natural light into the room. The communal lounge is light with adequate ventilation. There is ceiling heating throughout the care centre. The lounge has an electric log fire as well as ceiling heating. There is adequate ventilation with opening windows and doors.</p> <p>The serviced apartments have large external windows with ample natural light. There is appropriate heating throughout the apartments. There is adequate ventilation with opening windows and doors.</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, is appropriate for the size, complexity, and degree of risk associated with the service. A registered nurse is the infection control officer. The responsibility for infection prevention control is clearly defined and there are lines of accountability for infection prevention control matters in the organisation leading to the leadership team, executive team and the board. The programme is reviewed annually in November.</p> <p>The facility has access to professional advice from the DHB, GP team and from expertise within the organisation. There is a process for early consultation and feedback to the infection prevention and control team. Infection surveillance forms are being implemented in line with company policy. There are guidelines and staff health policies for staff to follow ensuring prevention of the spread of infection. Infection control matters are included in the monthly quality meeting</p>

		and also discussed at both the registered nurse and staff meetings.
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	PA Low	<p>The service has a large workable kitchen. The kitchen and equipment are well maintained. Food safety information and a kitchen manual are available in the kitchen. Fridge and freezer temperatures are not being consistently monitored in the main kitchen. The temperature of the fridge containing food, in the servery on the first floor, was not being taken or recorded. A thermometer was purchased for this fridge on the day of audit.</p> <p>A kitchen staff member who had just arrived for work was observed in the main kitchen without a hat. Care staff who assist with breakfast meal preparation have had food service training. Not all catering assistants have completed food safety training.</p>	<p>i) A kitchen staff member was observed in the main kitchen area without a hat.</p> <p>ii) Four of four catering assistants and one of one café assistant have not completed food safety handling training.</p> <p>iii) Food and freezer temperatures in the main kitchen were not being consistently monitored.</p> <p>iv) The temperature of the fridge containing food, in the servery, was not being taken or recorded.</p>	<p>i) Ensure that hats are always worn by staff in the kitchen or staff handling food.</p> <p>ii) Ensure that all staff who are working in the kitchen and the café have completed the required food safety training.</p> <p>iii-v) Ensure that food fridge and freezer temperatures are consistently monitored.</p>

				90 days
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>All equipment and medical equipment not still covered by the manufacturer's warranty has been checked and where required equipment has been recalibrated. The current building in use has a current building warrant of fitness. The builders were completing the final finishing of the building on the day of audit and not all areas were fully completed. Ceiling tiles were not installed in the bridge connecting the first-floor care beds to the existing care centre and the rails in the shower were still being installed in some rooms. The certificate of public use for the new wing was not sighted.</p>	<p>i) Not all construction work was completed on the day of audit. Ceiling tiles were not installed in the bridge connecting the first-floor care beds to the existing care centre and the rails in the shower were still being installed in some rooms.</p> <p>ii) The certificate of public use for the new wing (19 care beds and 10 serviced apartments) has not yet been completed.</p>	<p>i) Ensure that all construction is completed prior to occupancy.</p> <p>ii) Ensure that the certificate of public use is obtained prior to occupancy.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	<p>The areas around the new wing are currently being landscaped and not all areas that residents will access have the landscaping finished. No pathways had been completed on the southern side of the new serviced apartments, and the garden beds have not been planted in the internal courtyard outside the serviced apartments.</p>	<p>Ensure that all residents have access to outdoor areas and areas still being completed are fenced off.</p>	<p>Ensure that the landscaping is finished, and pathways are completed in all areas that the residents access.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include</p>	PA Low	<p>All new staff receive fire safety and emergency procedures training as part of their orientation. Staff received training in relation to the fire safety and emergency procedures for the current building in use in June 2016. Staff have not yet had a fire drill for the new wing.</p>	<p>Staff have not yet had a fire drill for the new wing (10 serviced apartments on the ground floor and 19 care beds on the first floor).</p>	<p>Ensure that staff received fire safety and emergency procedure training for the new wing.</p> <p>Prior to occupancy</p>

fire safety and emergency procedures.				days
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.