# Rotorua Continuing Care Trust - The CARE Village

## 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 Central Region's Technical Advisory Services 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).

**Legal entity:** Rotorua Continuing Care Trust

**Premises audited:** The CARE Village

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

**Dates of audit:** Start date: 3 August 2017 End date: 4 August 2017

**Proposed changes to current services (if any):** A partial provisional audit was undertaken to establish the preparedness of The CARE Village, to provide rest home, hospital and dementia level of care under a new mixed service model, as a pilot, in a new build.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 62

# 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.

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.

## General overview of the audit

The CARE Village on the shores of Lake Rotorua at Ngongotaha is run by the Rotorua Continuing Care Trust. This partial provisional audit was carried out to establish the preparedness of the service to provide rest home, hospital and dementia level of care as a pilot, under the mixed service model of care. This pilot agreement is for a term of three years with service development oversight and termination rights. The audit was undertaken to measure compliance with the health and disability services standards and a pilot contractual agreement.

The new model of care is based on an adapted mixed service model based on the New Zealand environment and similar to the Dutch De Hogeweyk Dementia Village concept, where people live in six to seven bedroom households and are assisted to be as independent as possible with support from The CARE Village staff. The village will include a supermarket, cafe, hairdressers, community centre and lakeside promenade. The CARE Village aims to replicate life in the community.

The CARE Village have been contracted to provide services for up to 81 rest home, hospital and dementia residents. At the time of the on-site audit there were 62 residents residing at Whare Aroha CARE committed to the pilot and awaiting transition to The CARE Village.

The intended day of opening The CARE Village is 18 September 2017. There were no residents using the services at the new site on the days of the on-site audit. Key staff members were available during the on-site audit.

The governing body consists of a newly appointed trust board with four trustees. The chief executive is assisted by the nursing and lifestyle managers.

There are requirements for improvement relating to governance, human resource management, service provider availability, activities, medicine management, nutrition and safe food services, management of waste and hazardous substances, facility specifications, personal space and bed areas, cleaning and laundry services, essential emergency and security systems, natural light and ventilation, safe restraint practices and infection prevention and control. All Standards require full implementation prior to occupation. The previous requirements for improvement relating to activity assessment, activity plans and review and activities for the young person with disabilities and the restraint/enabler register have been addressed.

## Consumer rights

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## Organisational management

The previous governing body of The CARE Village was replaced by a new trust board one month prior to the audit. The service is managed by the chief executive with extensive nursing and management experience. The chief executive was previously employed as the general manager of Whare Aroha CARE. The chief executive is assisted by two managers; the lifestyle manager and nursing manager. During a temporary absence of the chief executive, the lifestyle manager and nursing manager stand in to perform the role of the acting chief executive.

Professional qualifications are validated, including registration with professional bodies, current annual practicing certificates were sighted and confirmed during interviews. The service is not currently recruiting staff as the staff from Whare Aroha CARE were offered the opportunity to transfer to The CARE Village. Most position descriptions templates have been developed and signed.

The service has a suite of policies and procedures.

The basic staffing needs have been identified.

## Continuum of service delivery

Residents will be placed within a house that represents the lifestyle the resident is accustomed to, with a home lead responsible for each house. Home lead staff at The CARE Village will be responsible for planning and implementing the care and activities for the residents residing in the lifestyle houses. House support team members will provide the care for the resident’s in each lifestyle house. The lifestyle houses will have a mix of residents at different levels of care, for example rest home, hospital and dementia.

Medicine management policies and procedures for an electronic medication management system are in place for the existing and will transfer to the new environment. Existing processes are in place for safe and appropriate prescribing, dispensing and administration of medicines. The lifestyle houses are provided with locked cupboards for residents’ clinical files and medications. Staff members responsible for medicine management have completed annual competencies. Medicine management training occurs for staff.

There is a four week, seasonal menu reviewed by a dietitian that is currently used at Whare Aroha CARE. Management interviews confirmed this menu will be used at The CARE Village. Interviews with home lead and management confirmed the food service at The CARE Village will be conducted at each of the lifestyle houses by the home lead or the house support team members. The home lead and house support team members have been provided with food safety training.

## Safe and appropriate environment

The organisation's policy on waste and hazardous substances meets the requirements for the existing service model in place at Whare Aroha Care. Each house has a separate laundry. Policies, procedures, duties and schedules for cleaning and laundry services are appropriate to the existing model of service delivery.

There are six to seven bedrooms per lifestyle house and the facility includes thirteen houses. All bedrooms are single with the exception of four bedrooms in two houses, which share an ensuite between two bedrooms with toilet and shower facilities. There are separate shower rooms and toilet facilities in each house with a ratio of one bathroom to three residents.

Internal audits for cleaning and laundry services are completed for the existing services being delivered.

Policy and procedures for security systems are aligned with the existing model of service delivery. Policies and procedures for management and maintenance of a smoke-free environment is relevant to the current model of care.

The residents are provided with a safe and accessible external environment. The service provides adequate and appropriate access to lounge and dining facilities, verified during the walk through the facility. There are plans for a supermarket, café and several other services which could not be verified during the on-site audit.

## Restraint minimisation and safe practice

The review of the restraint and enabler register and interviews with management confirmed there were five residents using restraints and two residents requesting the use of enablers at Whare Aroha CARE. The restraint coordinator is the rehabilitation therapist. The restraint minimisation and safe practice policy was last reviewed in 2014. All policies and procedures apply to the existing model of care.

## Infection prevention and control

The service uses a policies and procedures manual for infection prevention and control developed by an external provider. The infection prevention and control programme is coordinated by an infection control nurse, who is the nursing manager. An interview with the infection control nurse confirmed infection matters are presented to management and the governing body and discussed at the facility’s meetings.

Interview with management confirmed staff receive orientation and ongoing education relating to infection prevention and control to minimise the risk of infections. The organisation has collaborated with Public Health Services to produce flowcharts and notices for outbreak management. All policies and procedures apply to the existing model of care.

## 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 | 3 | 0 | 3 | 11 | 0 | 0 |
| **Criteria** | 0 | 13 | 0 | 5 | 19 | 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: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | PA Moderate | There has been changes in the funding processes since the commencement of the build of The CARE Village with a new sole funder in place, who released the previous board of seven and appointed a new trust board one month prior to the audit. The new trust board consists of four trustees; including a lawyer as the chair of the board, a chartered accountant and two registered nurses. The purpose, values, scope and direction of the service have been identified, however, content on strategic documentation providing guidance for organisational management and service delivery could not be verified as specific to The CARE Village.The service is managed by the chief executive with extensive nursing and management background. At the time of the change in board the chief executive resigned and was subsequently contracted back into the chief executive role on a six month contract. The chief executive has managed Whare Aroha CARE as the general manager for approximately three years. Prior to the role as general manager, the chief executive was self-employed, supporting health organisations in meeting the healthcare standards. Section 31 reporting in relation to the changed trust board and the change of the chief executive position from being an employee to being a contractor has not occurred.The chief executive is assisted by two managers; the lifestyle manager and the nursing manager; both registered nurses with current annual practicing certificates. During the temporary absence of the chief executive, the lifestyle manager and the nursing manager stand in to perform the role of the acting chief executive. There are requirements for improvement relating to the risk register and business plan not providing detailed processes for the successful implementation of the new service. The mixed services pilot requires the provider to have service information available to residents and the new admission agreements signed for all residents. The new admission agreements to include all changes as specified in the mixed services model contractual agreement.Three of the rest home residents are under the young people with disabilities contract and two of the residents are under the chronic long-term illness contract. The service accepts residents under a respite contract and at the time of the audit, there were no residents for respite. The residents include 24 residents at rest home, 17 at hospital, and 21 residents requiring dementia level of care.At the time of the audit, there were 24 residents at rest home, 17 at hospital, and 21 residents requiring dementia level of care. |
| 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 of the chief executive, the lifestyle manager and the nursing manager together will stand in to perform the role of the chief executive for The CARE Village. This was confirmed during interview with the chief executive. |
| 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 Moderate | Professional qualifications are validated, including registration and scope of practice where it applies. Registered nurse annual practising certificates were sighted and confirmed during the staff and manager interviews.The service does not currently have a system to identify, plan, facilitate and record ongoing education and training for all staff. Dementia training and education sessions on how to implement activities and therapies have not been completed by all staff.There is evidence that induction and orientation occurred for staff at Whare Aroha CARE, however the orientation and induction programme for The CARE Village could not be verified. This includes safety checks for volunteers who will be assisting during the shift/move to The CARE Village. The service does not have a programme in place to ensure new staff will receive orientation and induction to the new mixed services model of care at the new CARE Village facility.The previous partial attainment remains open. Additional corrective action is required for  |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | PA Moderate | The CARE Village aims to provide 24-hour care, 7 days a week. Support workers will be responsible for all cares, support, cooking, cleaning, activities and other needs of all residents in the house the support worker is assigned to. The service has no policy to provide guidelines for staffing and skill mix in the new model for The CARE Village and policy/documentation supporting the new roster methodology could not be verified. Rosters had not been finalised at the time of the on-site audit. Staff interviewed stated the service had identified base staffing hours for all but one of the house that will be occupied. There is no evidence of the service having defined when a house is considered a ‘hospital’ (as per contract G17.4) or what number of hospital level care residents are needed to be in a house, for the house to be considered a ‘hospital’.The lifestyle and nursing managers confirmed that they intend to provide more staff, than the base staffing numbers, however, this could not be verified. The auditors could not verify that the number of hours allocated per shift will meet the needs of all residents in relation to acuity.  |
| 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 Moderate | Medicine management policies and procedures for an electronic medication management system are in place for the current service model and include processes for safe and appropriate prescribing, dispensing and administration of medicines. In the lifestyle houses, there are locked cupboards for residents’ clinical files and medications. There are no refrigerators provided for the storage of medicines at the houses. Management interviews confirmed some drugs where required will be kept at the administration office and transported to the houses as needed. There is no recorded evidence of policies and procedures relating to specific management of medicines for The CARE Village.Staff members responsible for medicines management complete annual competencies. At the time of the audit there were no residents who self-administered medication. Medicines management training occurs for staff. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid ManagementA consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  | PA Moderate | There is a four week, seasonal menu reviewed by a dietitian that is currently used at Whare Aroha CARE. Management interviews confirmed this menu will be used at The CARE Village. Interviews with one home lead staff member and management confirmed the food service at The CARE Village will be conducted at each of the lifestyle houses by the home lead or the house support team members. The food will be bought at the village supermarket by the home lead staff member and the residents (if able), then prepare and consume the food in the house. Each lifestyle house is provided with a home-like kitchen that includes an oven, microwave, fridge and dishwasher. There is a walk-in pantry in each of the houses. There was no evidence of specific policies and procedures to guide food service at The CARE Village under the new model.The home lead and house support team members have been provided with food safety training. |
| Standard 1.3.7: Planned ActivitiesWhere 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. | PA Moderate | Currently there are three lifestyle coordinators employed at Whare Aroha CARE who plan, implement and review the activities programme for the hospital, rest home and the residents with dementia. Interview with one of the lifestyle coordinators and the nursing manager confirmed this planned activities programme will not continue in its present form when the residents move to The CARE Village. Each of the lifestyle houses at The CARE Village will have a staff member in the position of home lead who is responsible for providing and supporting the recreational needs of the residents living in that household. The tasks of the home lead include for residents to attend/participate in activities and undertake household tasks as able. The house support team staff will operate independently when the home lead person is not on duty, however, the position description of the house support staff does not include provision of activities for residents. Interviews confirmed that there are no plans to have a formal planned activities programme. If large group activities are required, that are not able to be conducted within a house, they will be implemented using one of the unoccupied houses. The home leads will communicate with each other to arrange larger group activities, if this is required. There was no evidence of policies/protocols and guidelines for the planning, implementation and evaluation of activities at The CARE Village. Not all home leads and house support staff have completed the required training and education relating to residents’ activities.The thirteen lifestyle houses at The CARE Village can accommodate six or seven residents each. The residents’ level of care includes rest home, hospital and residents with dementia. Ten of the thirteen houses will be occupied when The CARE Village becomes operational. The proposed residents’ selection for each house sighted evidenced: one house occupied by rest home residents only; three houses occupied by hospital and rest home residents; one house occupied by hospital residents and residents with dementia; three houses occupied by rest home residents and residents with dementia, one house occupied by rest home, hospital and residents with dementia and one house occupied by hospital residents only. Interviews with management confirmed selection of the residents has been based on residents’ activities assessments and residents and family consent, however there was no documentation of this maintained for the audit team to review.The previous requirement for improvement relating to activity assessment, activity plans and review and activities for the young person with disabilities (YPD) has been addressed. |
| 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. | PA Moderate | Tour of houses the auditors established that the service does not facilitate equipment as required by the mixed service contract (refer contract G15.3 a) and there is currently no process for sluicing where required for care delivery (refer to standard 3.1.3).The service has a dedicated area for removal of waste by a contractor. There is no specific policy to guide practice for The CARE Village’s healthcare waste, including medical waste, soiled disposable waste, wet linen, sharps, body fluids/waste or equipment cleaning. Interviews with management confirmed they have personal protective equipment available, however, this could not be verified during the on-site audit. |
| Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | PA Moderate | The service does not currently have a certificate of public use (CPU). The chief executive confirmed they are working to submit the application as soon as possible. Facilities and equipment were not evidenced and equipment for general use could not be verified. Although the houses that were viewed did not have televisions installed in the lounges, the auditors did sight televisions that had been delivered to the provider for installation. The auditors did not review documentation concerning the processes and procedures for the provision of newspapers, personal mail, and facilitation of telephones for residents. The auditors could not verify that the service has a specific quiet, low stimulus area that provides privacy for residents affected by dementia except for their own bedrooms. The dining room as well as the corridor in the sample (house one) did not have curtains or blinds to cover the windows and provide privacy for residents, should they require privacy. |
| Standard 1.4.3: Toilet, Shower, And Bathing FacilitiesConsumers 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 | There are four bedrooms in two of the houses where residents will be sharing an ensuite toilet between two bedrooms. For the rest of the residents, there is a toilet and bathroom facility available with a ratio of one facility for every three residents.  |
| Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.  | PA Low | There are 13 houses in total and each house has 6 to 7 bedrooms. The provider aims to start using 10 of the houses. Two houses were observed to have four rooms each which do not have adequate space for safe mobility of a resident, staff member and equipment without moving furniture.All rooms are single rooms and some of the rooms have shared ensuite toilets. Corridors are wide and residents should be able to safely mobilise, however, there are no handrails in corridors (refer to standard 1.4.2). |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And DiningConsumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | The service provides adequate and appropriate access to lounge and dining facilities, as verified during the walk through the facility. Each house has their own lounge and dining area. The service will have a café and other facilities, however, this could not be verified during the on-site audit.The lifestyle manager confirmed that residents will have the opportunity to have breakfast in bed, however, the process of how this will be facilitated could not be verified.An area for recreational use could also not be verified (refer to 1.3.7.1). |
| Standard 1.4.6: Cleaning And Laundry ServicesConsumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | PA Moderate | Policies and processes around cleaning and laundry services, including the duties and the required tasks for cleaning and laundry, have not been documented for the new mixed service model. The methods, frequency and materials used for cleaning and laundry processes are specific to the current model. On observation at The CARE Village, cleaning trolleys were not sighted. Staff on interview confirmed at The CARE Village, the chemicals will be stored in a cupboard below the laundry basin, which has a child safe lock on the door. Cleaning equipment could not be verified, however, interviews with managers confirmed that equipment will be stored in the laundry room. Each house is fitted with a domestic laundry, including a domestic tumble dryer and washing machine. Interviews with managers confirmed that material safety data sheets will be provided by the chemical consultant, however, this was not in place at the time of the on-site audit.Internal audits reviewed for cleaning processes were related to the current Whare Aroha CARE model of care. |
| Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations. | PA Moderate | A new and approved fire evacuation plan from the New Zealand Fire Service was not complete at the time of the audit for the new site.Policies and procedures for the implementation of essential, emergency and security systems are not currently specific to The CARE Village. The service has not yet completed fire evacuation training for staff members who will be working at The CARE Village and there is currently no approved evacuation scheme for the service. The auditors could not verify that employees have received appropriate information, training and equipment to respond to and identify emergency and security situations a The CARE Village.Interviews with the chief executive and managers confirmed that residents with dementia will be wearing wristbands which will be part of a security system that will activate and lock the front doors as soon as this resident is within a certain distance from the front door. This has not yet been implemented. Auditors were unable to review written security system policies and processes for the new security electronic systems. The auditors did not evidence consent for the use of this system for residents.Lifestyle houses will not be locked after hours. The whole facility perimeter will be secure. The chief executive confirmed that the service will have gates and cameras at the front entrance of the service, however, these were not complete or fully implemented at the time of the audit.The service intends to install a generator for emergency energy, however, this has not been implemented. Emergency lighting in houses could not be confirmed. There is no call system provided to summons assistance when required. The service installed a movement detection sensor at the foyer of each lifestyle house and intend to have sensors in the rooms of residents who may need assistance or wander, however, the number of sensors and the effectiveness of these sensors could not be verified. There was no user information or efficacy data available for this equipment. The service intends to have pendant alarms available for those residents that may need to call for assistance or those that may want to have a pendant. The service could not provide a solution for those residents who may not initially need or want a pendant alarm but may present with an emergency at some later stage and wish to alert staff of their need for assistance.  |
| 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. | PA Low | All areas within the lifestyle houses are ventilated and heated by a central heating system that is controlled from the administration block. All windows are double glazed to reduce noise and maintain a comfortable environment. Bathrooms and showers have vents and extraction fans. All bedrooms, communal areas and corridors have large external windows allowing natural light into the building.There are no smoke free policies, procedures and processes to guide residents, visitors and staff in relation to accepted practices and to ensure a safe and ventilated environment in the new mixed service care model.  |
| Standard 3.1: Infection control managementThere 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.  | PA Low | The service uses a policies and procedures manual for infection prevention and control developed by an external provider. This manual is a resource for infection prevention and control, however is not specific to this service. The infection prevention and control is coordinated by an infection control nurse (ICN) who is the nursing manager and a registered nurse. The job description for this position is recorded, however, is not current and not signed by the ICN (refer to 1.2.8.1). An interview with the ICN confirmed the service does not have an infection and prevention control committee. Infection matters are presented to management and the governing body and discussed at the facility’s meetings. The environmental walk through the lifestyle houses did not evidence provision of infection prevention and control measures (refer to standard 1.4.1).Interview with management confirmed staff receive orientation and ongoing education relating to infection prevention and control to minimise the risk of infections. The organisation has collaborated with Public Health Services to produce flowcharts and notices for outbreak management. |
| Standard 2.1.1: Restraint minimisationServices demonstrate that the use of restraint is actively minimised.  | PA Moderate | The review of the restraint and enabler register and interviews with management confirmed there were five residents using restraints and two residents requesting the use of enablers at Whare Aroha CARE. The previous requirement for improvement is attained as the restraint/enabler register was up to date. The restraint coordinator is the rehabilitation therapist who also works as a healthcare assistant, however, they were unavailable for interview on audit days. The restraint coordinator’s job description was not available on audit days (refer to 1.2.8.1). Interview relating to restraint management was conducted with the management team. The restraint minimisation and safe practice policy was last reviewed in 2014 and requires compliance with this standard. |

# 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 1.2.1.1The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed. | PA Moderate | The purpose, values, scope, direction, and goals of the organisation are identified in the documentation of Whare Aroha CARE. The content of strategic documentation providing guidance for organisational management and service delivery could not be verified as specific to the new mixed service model of care anticipated for The CARE Village.Although the auditors did not evidence documentation supporting the vision, mission and values of the facility, the copy of the board report (July 2017) sighted during the on-site audit, referred to the vision as ‘people living normal lives’; the mission being; ‘care’ and the values being; ‘compassionate hearts, loving care, cheerful natures’. This board report included financial information for May 2017 and a business update for June 2017. The auditors requested board reports over the previous six months, however, these were not provided at the time of the audit.The risk management plan included in the board report is limited in content with the risk, the issues relating to the risks and risk mitigation strategies identified, however, the possible consequences, probability, impact/or level of risk, with prioritisation of risks were not documented. Policies and procedures for the management of risks at The CARE Village could not be verified (refer contract G19.3 a to d). The auditors did not evidence a quality improvement plan specific to The CARE Village (refer contract G19.4 a to d).The Business Plan for 2017 to 2018 was sighted during the on-site audit, however, there is limited reference to the risk management plan, with overarching references to the financials, revenue, quality, and build of The CARE Village on Taui Street. The business plan does not detail specific information on operational (e.g. human resourcing and skill mix policy in the new mixed service model), financial, marketing strategies in regard to the goals, the timeframes for completion, who is responsible, review and sign off.Service information to residents (refer contract G11.1 to 11.3), their families and prospective new residents is not currently specific to The CARE Village and the admission agreements (refer contract G13.1 to 13.3) have not been updated fully to reflect the mixed service model in the new admission agreement. | i) There is limited evidence of documentation supporting the strategic direction of the organisation’s new mixed service model of care, including policies and procedures for risk management and a quality improvement plan specific to The CARE Village (refer contract G19.3 a to d and G19.4 a to d).ii) The risk management plan/register is not detailed (refer contract G19.3 a to d).iii) The business plan is not detailed (refer contract.iv) The change of trust board and change in the appointment of the chief executive was not reported to the Ministry of Health via a Section 31.v) Resident information (refer contract G11.2 h-i & ii; G 11.3) have not been updated to include the specific information as required by the new mixed service agreement. vi) The service admission agreements (refer contract G13.3 a, b, c, g-iv, k-iii, n, q, r) have not been updated to include all the specific information as required by the new mixed service agreement. | i) Provide evidence of risk management policies, procedures and a quality improvement plan specific to The CARE Village.ii) Provide evidence that the risk management plan/register includes detail such as a description of risks, impact/consequences, level of risk, mitigation actions, who is responsible for the implementation of the changes (group or individuals) timeframes for implementation, review and sign off dates specific to The CARE Village. iii) The business plan to be specific regarding operational, financial and marketing strategies, including what the goals are, how they are to be achieved, timeframes for achievement and review, and sign off once it is achieved where relevant and specific to The CARE Village.iv) Provide evidence of Section 31 reporting to the Ministry of Health of changes to governance and the change to short-term contract of the CEO chief executive, including the change from employment to short-term employment contract.v) Resident information to be updated and specific to the mixed service agreement contract.vi) The admission agreement to include all requirements of the mixed service agreement contract.Prior to occupancy days |
| Criterion 1.2.7.3The appointment of appropriate service providers to safely meet the needs of consumers. | PA Moderate | Training for all staff, including dementia training (refer contract G17.1.e; G17.5 b-i, ii, iii and iv) and education sessions on how to implement activities and therapies has not been completed by all staff (refer to standard 1.3.7.1). | There is no evidence that training in relation to the dementia unit standards have occurred for all staff. | Provide evidence of education and training relating to unit standards for dementia care for all staff.Prior to occupancy days |
| Criterion 1.2.7.4New service providers receive an orientation/induction programme that covers the essential components of the service provided. | PA Moderate | There is evidence that induction and orientation occurred for staff at Whare Aroha CARE. The auditors could not verify an induction and orientation plan for staff in relation to their roles, processes and the new working environment at The CARE Village (refer contract G17.1 e and 17.5 a). The service advertised for volunteers as they intend to use the help of volunteers during the move to The CARE Village, however, safety checks (e.g. police vetting) for volunteers who will be assisting during the shift/move to the new premises have not been completed as required by the Health and Disability Commissioner’s Code of Health and Disability Consumers’ Rights (the Code). | i) The service does not currently have a planned orientation and induction programme specific to the new mixed services model.ii) Safety checks for volunteers have not been completed. | i) Provide evidence policies and procedures, systems and processes are developed to ensure induction and orientation of staff to new mixed services model for The CARE Village. ii) Safety checks/vetting needs to be completed on all new volunteers prior to them assisting in moving residents and their belongings to the new premises.Prior to occupancy days |
| Criterion 1.2.7.5A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers. | PA Moderate | The service does not currently have a system to identify, plan, facilitate and record ongoing education for the new mixed services model for The CARE Village. | The service does not currently have a planned ongoing education and training programme for the new mixed services model of care. | Provide evidence of an ongoing education and training programme for the new mixed services model of care for The CARE Village.Prior to occupancy days |
| Criterion 1.2.8.1There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery. | PA Moderate | Base staffing numbers for each house has been completed and the service intends to add additional staff hours to this base. The roster for the new mixed model was not finalised at the time of the audit. The staffing and skill mix policy was not specific to the new model of care.The service does not have documentation in which they define when a house is considered a ‘hospital’ (refer contract G17.4), or what number of hospital level care residents are needed to be in a house, for the house to be considered a hospital, which will impact on staffing requirements, skill mix and the rostering rationale.The base staffing hours for house one (where there will be six dementia residents and one hospital level resident) and house two (where there will be four dementia residents and two rest home residents) will include: two staff members in the morning; one staff member working eight hours and the second staff member working four hours. The afternoon shift is also covered by two staff members; one staff member working four hours and the second staff member working two hours. There is no provision for any staff being in the houses overnight. Overnight staff will consist of five staff members (four support workers and one registered nurse) for the whole facility. One of the night staff will be situated in the administration block at all times, from where activities in the houses will be observed through the monitoring of movement detection sensors. This monitoring position will be rotated during the night shift amongst the staff. The other four night staff members will do rounds of the houses and are expected to spend the majority of the night shift working in the houses with mostly hospital level residents. Information regarding the effectiveness of the movement detection sensors could not be verified (refer to 1.4.7.5).The auditors sighted templates for a variety of job descriptions, however, not all position descriptions have been signed and staff interviews confirmed not all staff are familiar with the content of their position descriptions and expectations of their roles in the new environment. | i) Staffing, skill mix and roster methodology policies and procedures have not been developed for the new mixed service model for The CARE Village.ii) Clarity to be obtained about what constitutes a ‘hospital’ and what number of hospital level care residents are required to be in a house before it is considered a hospital, to inform staffing requirements in the mixed service contract (G17.4).iii) Not all staff members employed are familiar with what their roles will be at The CARE Village and not all have signed position descriptions. | i) The service to develop staffing, skill mix and roster methodology policies and procedures.ii) Provide evidence of what constitutes the concept ‘hospital’, including what number of hospital level residents in a house are required before this house is considered a ‘hospital’.iii) Each staff member employed to be familiar with what their roles will be at The CARE Village and to have signed job descriptions.Prior to occupancy days |
| Criterion 1.3.12.1A 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 Moderate | The medication management policy refers to Medicines Care Guides for Residential Aged Care issued by the Ministry of Health 2015, and the Medicines Act and Regulations. There is no evidence of specific medication policy and procedures relating to management of medicines in the new mixed services model of care for The CARE Village. An operating manual for the electronic medication management system is available for staff. | There are no specific policies and procedures relating medicines management which align with the new mixed services model of care at The CARE Village. | Provide evidence of medicines management policies and procedures specific to the new mixed services model of care at The CARE Village.Prior to occupancy days |
| Criterion 1.3.13.5All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines. | PA Moderate | The food hygiene policy requires review to include reference to the Food Act 2014 and to include specific requirements for The CARE Village. There are no specific policies or procedures relating to food preparation, storage, transportation, delivery and disposal at The CARE Village. Evidence could not be sighted of processes around kitchen cleaning and fridge and food temperature monitoring in the house kitchens in the lifestyle houses.Evidence for provision of nutritious snacks for a 24-hour period for residents affected by dementia could not be evidenced (refer contract G15.2b). The open plan kitchen allows for the residents to be able to access this area, including residents affected by dementia (refer contract G15.1 and G15.3 f-ii). | i) The aspects of food preparation, storage, transportation, delivery and disposal could not be evidenced at The CARE Village for the new mixed service model.ii) There was no evidence of safety planning relating to free access to open plan kitchen layout for residents with dementia in the new model. | i) Provide evidence of policies, procedures and processes and their implementation for the food service to comply with current legislation and guidelines for the new mixed service model.ii) Provide evidence of minimisation of risk for residents with dementia relating to kitchen access in the new model.Prior to occupancy days |
| Criterion 1.3.7.1Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer. | PA Moderate | The interviews and records sampled confirmed the home leads are to be responsible for activities within their allocated households. The interviews with management and one home lead confirmed not all staff have completed dementia training (refer to standard 1.2.7.3 and 1.2.7.5) and education sessions on how to implement activities and therapies has not been completed by staff (refer contract G16.5 e-ii and G17.1 e).The residents allocated to the lifestyle houses did not have: recorded evidence of assessment of the resident having similar interests with other residents they are sharing a house with; evaluation of the appropriateness of these arrangements; and residents and family agreement to this (refer contract G15.2A a, b, c, d).There is no evidence of policies, procedures and guidelines for planned activities at The CARE Village to guide the house lead staff in the provision of activities within each house or for large group activities involving more than one house. | i) Not all staff responsible for providing activities have completed the required education and training (refer contract G16.5 c-ii, e-ii; G17.1 e).ii) There is no recorded evidence of the appropriateness of the arrangements of the residents sharing a house with other residents and their and their families consent to this arrangement (refer contract G3.1 i; G4.1 a, c, d, e, f; G15.2A a, b, c, d).iii) Activities related policies and procedures for the new mixed service model have not been developed (refer contract G5.4 k) | i) Staff to be provided with training and education relating to activities specific to The CARE Village. ii) The process for residents’ allocation to lifestyle houses to be documented.ii) Provide evidence activities policies and procedures are developed. Prior to occupancy days |
| Criterion 1.4.1.1Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements. | PA Moderate | During the tour of houses one and two, each house was observed to have a laundry room with small domestic laundry tub/basin, however, the houses do not have sluice rooms and no facilitation of urinals, bedpans or wash bowls (refer contract G15.3 a) for the safe and appropriate management of bodily fluids or human waste (refer contract G19.1 b). There is currently no documented process for the management of soiled linen or clothes and there is no policy to guide practice in relation to the management of bodily fluids, human and/or infectious waste (refer to standard 3.1.3) including medical waste, soiled disposable waste, wet linen, sharps or equipment cleaning (refer contract G19.2 a) in the new model.There is a gated area for storage and removal of waste by a contractor, however, the processes for collecting waste and management of waste has not been documented for The CARE Village.  | i) The service does not have policies and procedures, specific to The CARE Village, to guide practice relating to the management of waste and hazardous substances, including processes for the collecting and storage of waste.ii) There is no sluice facilities or processes documented providing guidelines for practice in relation to the management of body fluids and human or infectious waste for the new mixed service model.iii) There is no provision of equipment or storage for equipment, such as urinals, bedpans or wash bowls for the new mixed service model. | i) Develop policies and procedures for the management of waste and hazardous substances, including the collection and storage of waste, specific to the new mixed services model of care at The CARE Village.ii) Develop processes and guidelines for the sluicing and management of body fluids, human and infectious waste for the new mixed service model.iii) The service to provide evidence of equipment, such as urinals, bedpans and wash bowls, as well as storage facilities for this equipment for the new service model.Prior to occupancy days |
| Criterion 1.4.1.6Protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used by service providers. | PA Low | The interview with the chief executive and interviews with both the lifestyle and nursing managers confirmed that staff use personal protective equipment and that the service has personal protective equipment available to be used at The CARE Village, however, this could not be verified during the on-site audit. | Personal protective equipment was not evidenced during the onsite audit. | Personal protective equipment to be used when handling waste or hazardous substances.Prior to occupancy days |
| Criterion 1.4.2.1All buildings, plant, and equipment comply with legislation. | PA Moderate | One house has been partly furnished in preparation for the partial provisional audit. The application for a CPU has not been submitted as the provider is still in the process of implementing some of the required systems.  | The service does not have a CPU. | The provider to ensure all buildings, plant and equipment comply with legislative requirements.Prior to occupancy days |
| Criterion 1.4.2.4The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group. | PA Moderate | During the on-site tour of the house prepared for the audit, the auditors found one bedroom, the lounge and dining room were furnished and prepared for audit. The auditors could not verify that the service will be providing all the facilities and equipment as set out in the mixed service contract, such as; raised toilet seats, mattress protectors, heel protectors, seat cushions nor lifting aids or handrails in corridors (refer contract G15.3 a). Equipment for general use could not be verified (refer contract G15.3 b-i to vi) and there were no guidelines for the provision of general equipment such as; a) where the equipment will be stored, other than one storage cupboard large enough for a hoist in the dining room, b) if each house will be having their own equipment or c) how the equipment will be accessed.The auditors did not review documentation outlining processes and procedures for the provision of newspapers, personal mail, and facilitation of telephones for resident use (refer contract G15.3 d). Dining areas and some corridors have windows without any means to cover the windows, ensuring the privacy of residents as required by the Code. The auditors could not verify that the service has a specific quiet, low stimulus area that provides privacy for residents affected by dementia except for their own bedrooms (refer contract G15.3 f-i to v).  | i) Equipment such as; raised toilet seats, mattress protectors, heel protectors, seat cushions, lifting aids or handrails in corridors were not available at the onsite audit (refer contract G15.3 a).ii) Equipment for general use, such as scissors, forceps, basic wound care, thermometers, sphygmomanometers, stethoscopes, weighing scales and blood glucose testing equipment could not be verified (refer contract G15.3 b-i to vi). iii) There were no guidelines for the provision of general equipment providing information relating to where the equipment will be stored, if each house will be having their own equipment or how the equipment will be accessed.iv) There were no guidelines/processes for the provision of newspapers, personal mail, and facilitation of telephones for resident use (refer contract G15.3 d).v) The was no specific quiet, low stimulus area that provides privacy for residents affected by dementia except for their own bedrooms (refer contract G15.3 f-i to v). vi) Not all rooms and corridors provide privacy as required by the Code. | i) Provide evidence equipment being available as required by the mixed service model contract. ii) Provide evidence that general equipment, as outlined in the contract, will be available to service providers.iii) Develop policies, procedures and guidelines for equipment use, storage and access.iv) Develop guidelines/processes for the provision of newspapers, personal mail, and facilitation of telephones for resident use.v) The service to provide evidence of how it will be providing a specific quiet, low stimulus area that provides privacy for residents affected by dementia, apart from their own bedrooms.vi) Ensure all rooms and corridors have the means to provide privacy for residents.Prior to occupancy days |
| Criterion 1.4.4.1Adequate space is provided to allow the consumer and service provider to move safely around their personal space/bed area. Consumers who use mobility aids shall be able to safely maneuvers with the assistance of their aid within their personal space/bed area. | PA Low | House one and house two are identical, mirror images of each other. These two houses have four rooms which are small in size and do not allow for safe simultaneous manoeuvrability of a resident, staff member and equipment without having to move furniture around. | Four rooms in two houses do not allow adequate space for a resident, staff and equipment to safely manoeuvre within their personal space. | Provide evidence that all personal spaces allow adequate and safe manoeuvrability of residents, staff and the residents’ equipment.Prior to occupancy days |
| Criterion 1.4.6.2The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness. | PA Moderate | Policies and procedures, as well as guidelines and schedules for cleaning and laundry processes, are not currently specific to The CARE Village model of service delivery. Duties and the required tasks for cleaning and laundry have not been documented for the new mixed service model of care. There is no clarity as to whether the services are going to use trolleys for cleaning or laundry, how staff will be transporting dirty linen or how the service intends to separate infectious and soiled linen for specialist cleaning. Although the provider is committed to having a specialist service contractor provide them with chemicals for laundry and cleaning, The CARE Village washing machines and tumble dryer do not meet infection control requirements for temperature managed microbial control. There is no evidence that the contractor will be reviewing chemical ratios or monitor water and dryer temperatures to ensure appropriate infection control measures are implemented. Internal audits reviewed regarding cleaning processes were specific to the current model at Whare Aroha CARE. | i) Policies and procedures, guidelines and schedules for cleaning and laundry processes have not been documented for The CARE Village. ii) Duties and tasks for cleaning and laundry have not been documented for the new mixed service model. iii) The service does not have processes in place to ensure chemical ratios and monitoring of water and dryer temperatures are appropriate for effective infection control in the new mixed service model of care.iv) Internal audits relating to cleaning and laundry processes are not specific to the practices expected to be implemented at The CARE Village. | i) Provide evidence that policies, procedures, guidelines and schedules for cleaning and laundry processes are documented and align with the new mixed services model of care at The CARE Village.ii) Duties and tasks for cleaning and laundry to be documented for the new model of care.iii) Document how chemical ratios and monitoring of water and dryer temperatures will be implemented and reviewed to ensure appropriate infection control in the new model of care.iv) Internal audit processes for cleaning and laundry services need to be documented specific to The CARE Village’s new mixed service model.Prior to occupancy days |
| Criterion 1.4.6.3Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals. | PA Moderate | The house reviewed for audit had several allocated storage areas and staff confirmed that cleaning and laundry equipment will be stored in the laundry room. Cleaning equipment could not be verified during the on-site audit (refer contract G15.2 c and standard 3.1.3).All the houses are fitted with a domestic laundry room, including a tumble dryer with a four kilogram capacity, a washing machine with eight kilogram capacity and a domestic laundry basin.Chemicals are being stored in a cupboard below the laundry basin, which has a child safe lock on the door. Planning for chemical storage is not secure. The laundry room cannot be locked.  | i) Auditors could not verify that cleaning equipment is appropriate for the type and size of the service.ii) The planned storage of chemicals is not secure. | i) Provide evidence that cleaning equipment is appropriate for the type and size of the service, meeting infection control requirements.ii) Provide evidence that chemicals are stored safe and securely for all residents in a mixed service model of care.Prior to occupancy days |
| Criterion 1.4.7.1Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures. | PA Moderate | The service does not currently have policies and procedures specific to the implementation of essential, emergency and security systems at The CARE Village. At the time of the audit, the service did not have a trial evacuation plan in place and has not yet completed fire evacuation training for staff members who will be working at The CARE Village.There is no evidence that employees have received appropriate information, training and equipment to respond to and identify emergency and security situations at The CARE Village. | Fire and emergency evacuation training and drills have not yet been completed. | Evidence of staff having received fire and emergency evacuation training.Prior to occupancy days |
| Criterion 1.4.7.3Where required by legislation there is an approved evacuation plan. | PA Moderate | The service is currently still in the process of preparing an application to the fire department in relation to an approved evacuation scheme for the service. | There is currently no approved evacuation scheme for the service. | Provide evidence of an approved evacuation plan.Prior to occupancy days |
| Criterion 1.4.7.4Alternative energy and utility sources are available in the event of the main supplies failing. | PA Moderate | At the time of the on-site audit the chief executive confirmed that the organisation has barbeques available at Whare Aroha CARE which are not yet at the new site and it intends to have torches and other emergency equipment available, however, this could not be verified.There is currently no alternative energy and utility source available for when the main energy supply may fail. The service intends to install a generator for emergency energy however this has not been implemented. Emergency lighting in houses could not be confirmed.  | There is no emergency equipment, alternative energy source available and no emergency lighting. | Provide evidence of emergency equipment, alternative energy source and emergency lighting for emergency use.Prior to occupancy days |
| Criterion 1.4.7.5An appropriate 'call system' is available to summon assistance when required. | PA Moderate | The service has no fixed call system for residents to summon assistance when required. Each lifestyle house has movement detection sensors installed in the foyer by the doors to the lounge area. The chief executive confirmed that the service intends to have sensors in the rooms of residents who may need assistance or wander. The number of sensors and how the sensors will be replacing call bells, as well as the effectiveness of these sensors could not be verified. There was no user information or efficacy data available for this equipment. The chief executive also confirmed that the service intends to have pendant alarms available for residents who may need to call for assistance and those who choose to wear such a pendant. Processes for identifying the residents that may need a pendant alarm and processes to ensure those residents will be wearing the alarm at all times, have not been established.It is not clear how the service intends to manage the safety of those residents that may not need or want a pendant alarm but may have reason to call for assistance, such as someone experiencing an emergency, for example, chest pain. | i) Policy, procedures and guidelines as well as the rationale for the use of motion detection sensors and pendant alarms are not in place.ii) The service does not currently have a documented process for identifying residents who may need the pendant alarms.iii) There is no documented process in place for residents who choose not to use pendant alarms to summon assistance.iv) There is currently no documented process for ensuring that those residents who need the pendant alarms and security wristbands, will be wearing the alarms and wristbands at all times.v) The auditors could not verify that the service has a process in place to obtain consent from residents and/or their family, to have residents wear pendant alarms and/or wristbands. | i) Provide evidence of policy, procedures and guidelines as well as the rationale for the use of motion detection sensors and pendant alarms.ii) Provide evidence of a process for identifying residents who may need pendant alarms.iii) Provide evidence of a process for residents who choose not to use pendant alarms to summon assistance.iv) Provide evidence of a process for ensuring that those residents who need the pendant alarms and security wrist-bands, will be wearing the alarms and wrist-bands at all time.v) Provide evidence of a consent process for those residents who are assessed to wear alarm/wristbands.Prior to occupancy days |
| Criterion 1.4.7.6The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting. | PA Moderate | The chief executive confirmed that lifestyle houses will be locked after hours. The intent is that the service will have security gates and cameras at the front entrance of the facility, however this was not fully implemented at the time of the audit.Interviews confirmed that residents with dementia will be wearing wristbands which will be part of a security system preventing the residents from leaving the facility. The wristbands will be part of a security system that will activate and lock the front doors as soon as this resident is within a certain distance from the front door. Auditors could not verify policy, procedures and consent processes (refer to 1.4.7.5) for this system or how the service will ensure residents are wearing the wristbands at all times. | i) There is no evidence of policy, procedures and guidelines, the rationale or consent processes for the use of security wristbands. ii) There is no documented policy on how the service intend to ensure residents wear the wristbands at all times. | i) Provide evidence of policy, procedures and guidelines as well as the rationale for the use of security wristband and consent processes. ii) Provide documented evidence of how the organisation intends to ensure residents wear the wristbands at all times.Prior to occupancy days |
| Criterion 1.4.8.1Areas used by consumers and service providers are ventilated and heated appropriately. | PA Low | Interview with the chief executive confirmed that the service will be a smoke-free environment and staff who are smokers will have to leave the premises to smoke. The chief executive also confirmed that there will be residents who are smokers and that the service will have a designated area for smokers. This designated area will be adjacent to one of the houses. The service does not have policies and procedures to guide staff in the support and management of residents who smoke in the new mixed service model of care. | There are no policies, processes or guidelines for the management of smokers, including signage and/or evidence that cessation programmes will be offered to smokers in the new mixed service model of care. | Provide evidence of policies, processes or guidelines for the management of smokers, including evidence that cessation programmes will be offered to smokers.Prior to occupancy days |
| Criterion 3.1.1The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters in the organisation leading to the governing body and/or senior management. | PA Low | The organisation’s infection control policy does not detail the requirements of this criterion and standard and is not current. Review of this policy was required in February 2016. There is no specific policy, procedure or guideline for the responsibility and accountability for infection control matters (refer contract G19.2 a) in the organisation leading to the governing body.  | A policy for the responsibility for infection control, with clear lines of accountability for infection matters leading to the governing body is not defined. | Provide evidence of a policy for the responsibility for infection control with clear lines of accountability for infection matters leading to the governing body.Prior to occupancy days |
| Criterion 3.1.3The organisation has a clearly defined and documented infection control programme that is reviewed at least annually. | PA Low | The infection prevention and control manual does not include a facility specific infection control programme. There was no evidence of an infection control programme specific to this organisation or the new mixed services model sighted at the on-site audit. | The infection control programme is not defined and there is no evidence of annual reviews of the programme being conducted. | Provide evidence the infection control programme is defined and annual reviews are conducted.Prior to occupancy days |
| Criterion 2.1.1.4The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety. | PA Moderate | In one section of the restraint minimisation policy, enablers are defined as a type of restraint. The definition of an enabler in the policy requires review. The definition of environmental restraint and seclusion do not comply with this standard (refer contract G15.3 e-i & ii).This policy was last reviewed in 2014 and due for review in 2018. The policy does not refer to the new mixed services model at The CARE Village. The policy does not include processes and guidelines of assessment, consent, monitoring and review of enabler use and environmental restraint within The CARE Village (refer contract G5.4 n). | The restraint minimisation and safe practice policy requires review. | Provide evidence the restraint minimisation and safe practice policy complies with this standard and is specific to the new mixed services model of care at The CARE Village.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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End of the report.