

## Oceania Care Company Limited - Elmswood Home

**CURRENT STATUS: 22-Aug-13**

**The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Verification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.**

### **GENERAL OVERVIEW**

A verification audit has been completed for verification of a 18 bed dementia unit. The verification audit confirms that there is a secure physical environment already established for use of caring for residents who identify as having dementia. The area is linked to the current Elmswood rest home, has its own kitchenette for serving food to the residents and a large secure garden with a circular path accessible by ramp for residents who use mobility aids.

The newly appointed business and care manager with the assistance of the clinical manager are responsible for day-to-day operational management of Elmswood. The service is certified to provide care for 20 rest home level residents. A review of the staffing rationale has occurred with proposed addition of a registered nurse.

The business and care manager and the clinical manager receive assistance from the clinical and quality manager to continue implementing well developed systems, processes, policies and procedures that are structured to provide appropriate safe quality care for people who use the service.

The quality and risk management programme includes management and review of incidents and accidents, complaints, an implemented internal audit programme and a health and safety programme. The entire programme is appropriately geared for dementia and rest home care and support.

There are staff appropriately employed to support residents including dementia level of care. The service offers comprehensive orientation and an in-service training programme provided for all staff.

The service has a specific activities plan in place for implementation to ensure residents with dementia have additional activities. The manager states that caregivers will also do one-on-one activities with the dementia residents as preventative measure to prevent challenging behaviour from occurring.

There are no improvements identified during the verification audit.

# Elmswood Home

Oceania Care Group Ltd

Verification audit - Audit Report

Audit Date: 22-Aug-13



## Audit Team

Audit Team	Name	Qualification	Auditor Hours on site	Auditor Hours off site	Auditor Dates on site
Lead Auditor	XXXXXXX	RN, LA RABQSA	4.00	4.00	22-Aug-13
Auditor 1					
Auditor 2					
Auditor 3					
Auditor 4					
Auditor 5					
Auditor 6					
Clinical Expert					
Technical Expert					
Consumer Auditor					
Peer Review Auditor	XXXXXXX	RN,BN, Lead Auditor		1.00	

<b>Total Audit Hours on site</b>	4.00	<b>Total Audit Hours off site</b> <i>(system generated)</i>	5.00	<b>Total Audit Hours</b>	9.00
<b>Staff Records Reviewed</b>	0 of 0	<b>Client Records Reviewed</b> <i>(numeric)</i>	0 of 20	<b>Number of Client Records Reviewed using Tracer Methodology</b>	0 of 0
<b>Staff Interviewed</b>	4 of 15	<b>Management Interviewed</b> <i>(numeric)</i>	3 of 3	<b>Relatives Interviewed</b> <i>(numeric)</i>	0
<b>Consumers Interviewed</b>	0 of 20	<b>Number of Medication Records Reviewed</b>	0 of 20	<b>GP's Interviewed (aged residential care and residential disability)</b> <i>(numeric)</i>	0



## Declaration

I, (full name of agent or employee of the company XXXXXXXX (occupation) Director of (place) Auckland hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of Health Audit (NZ) Limited, an auditing agency designated under section 32 of the Act.

I confirm that Health Audit (NZ) Limited has in place effective arrangements to avoid or manage any conflicts of interest that may arise.

Dated this 29 day of August 2013

Please check the box below to indicate that you are a DAA delegated authority, and agree to the terms in the Declaration section of this document.

This also indicates that you have finished editing the document and have updated the Summary of Attainment and CAR sections using the instructions at the bottom of this page.

Click here to indicate that you have provided all the information that is relevant to the audit:

The audit summary has been developed in consultation with the provider:

Electronic Sign Off from a DAA delegated authority (*click here*):



# Executive Summary of Audit

## *General Overview*

A verification audit has been completed for verification of a 18 bed dementia unit. The verification audit confirms that there is a secure physical environment already established for use of caring for residents identified as having dementia. The area is linked to the current Elmswood rest home, has its own kitchenette for serving food to the residents and a large secure garden with a circular path accessible by ramp for residents who use mobility aids.

The newly appointed business and care manager with the assistance of the clinical manager are responsible for day-to-day operational management of Elmswood. The service is certified to provide care for 20 rest home level residents. A review of the staffing rationale has occurred with proposed addition of a registered nurse.

The business and care manager and the clinical manager receive assistance from the clinical and quality manager to continue implementing well developed systems, processes, policies and procedures that are structured to provide appropriate safe quality care for people who use the service.

The quality and risk management programme includes management and review of incidents and accidents, complaints, an implemented internal audit programme and a health and safety programme. The entire programme is appropriately geared for dementia and rest home care and support.

There are staff appropriately employed to support residents including dementia level of care. The service offers comprehensive orientation and an in-service training programme provided for all staff.

The service has a specific activities plan in place for implementation to ensure residents with dementia have additional activities. The manager states that caregivers will also do one-on-one activities with the dementia residents as preventative measure to prevent challenging behaviour from occurring.

There are no improvements identified during the verification audit.

### *1.1 Consumer Rights*

Not applicable for this audit.

### *1.2 Organisational Management*

Elmswood has an established quality and risk management system that supports the provision of clinical care and support. Key components of the quality management system link to the monthly staff meeting attended by the manager which serves to review all aspects of the quality and risk management programme. There are human resources policies including recruitment, selection, orientation and staff training and development.

There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes and this has been adapted to include staffing for the dementia unit. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. Interviews with staff and management confirmed that there is a comprehensive in-service training programme covering relevant aspects of care and support and the requirements.

There are no improvements identified in the verification audit. There are no improvements identified during the verification audit.

### *1.3 Continuum of Service Delivery*

The service has a system for providing food, fluid and nutritional services to residents, the menus were last reviewed in March 2013. Food is prepared at Melrose and transferred in a cambrook hot and cold box, as applicable, from Melrose to Elmswood in a food services vehicle. Dietary assessment forms are completed for each resident with their dietary needs and wants identified and food is provided according to the information on record. Food temperatures are checked prior to leaving Melrose and the temperatures are checked again on arrival prior to being served at Elmswood. There are no improvements identified during the verification audit.

### *1.4 Safe and Appropriate Environment*

Staff comply with documented safe waste and hazardous substances processes. Observation during the audit confirms that processes for the collection, storage and disposal of biomedical waste, household rubbish and recyclables is in accord with infection control principles and comply with local body requirements. Secure storage and dispensing systems are provided for chemicals. Location of cleaning chemicals and other hazardous substances is registered in a hazardous substance list .

The building warrant of fitness (BWOFF) expires on 3 May 2014, sighted the certificate. Sighted the certificate for public use (CPU), dated 20 August 2013 declaring the area fit for occupation.

The dementia unit consists of two corridors with central communal areas, verified. The one corridor has five bedrooms serviced by one shower and two toilets. The second corridor has 13 rooms of which one room has its own toilet, one room has a full ensuite with toilet and shower and the remainder of the rooms are serviced by four toilets and three showers. All rooms are spacious enough for residents to safely mobilise around their beds and in the room using mobility aids.

The service provides a large dining area, with a large lounge and a smaller lounge where families can meet with residents in private, verified. There is a games corner in the main lounge where residents can sit and do activities, sighted and confirmed at the clinical manager interview.

Laundry services are provided on the Melrose site in an area that is fit for purpose. The service collects the laundry and it is sorted as the staff workers and the bags are then stored in the sluice rooms where it exits the service and is then transported by the maintenance man to the Melrose site in a dedicated laundry transport vehicle. The laundry room at Melrose has separate clean and dirty areas and laundry processes meet good practice guidelines.

The maintenance man completes testing and temperatures for hot water within the dementia unit and the rest home.

The cleaner is aware of the need to store the trolley securely when it is unattended and this was observed throughout the audit.

Appropriate processes are in place to maintain the safety and security of residents over the 24 hours and during an emergency.

A designated fire exit in the dementia unit lounge have identifying signs. Staff have current first aid and CPR skills and receive training in handling medical and civil emergencies. The service has documented protocols for managing medical emergencies. There are civil emergency supplies on site. Emergency supplies in case of loss of services include sufficient water stored in a 2000 litre tank and bottled water to last at least three days.

The facility has ample natural light . Each bedroom and communal area have external windows. There are no improvements identified during the verification audit.

## *2 Restraint Minimisation and Safe Practice*

Not applicable for this audit.

### 3. *Infection Prevention and Control*

Policies and procedures for the prevention and control of infection which comply with relevant legislation and current accepted good practice are supplied by the Oceania group and have been reviewed as part of the organisational documentation review. There are no improvements identified during the verification audit.

## Summary of Attainment

### 1.1 Consumer Rights

		Attainment	CI	FA	PA	UA	NA	of
Standard 1.1.1	Consumer rights during service delivery	Not Applicable	0	0	0	0	0	1
Standard 1.1.2	Consumer rights during service delivery	Not Applicable	0	0	0	0	0	4
Standard 1.1.3	Independence, personal privacy, dignity and respect	Not Applicable	0	0	0	0	0	7
Standard 1.1.4	Recognition of Māori values and beliefs	Not Applicable	0	0	0	0	0	7
Standard 1.1.6	Recognition and respect of the individual's culture, values, and beliefs	Not Applicable	0	0	0	0	0	2
Standard 1.1.7	Discrimination	Not Applicable	0	0	0	0	0	5
Standard 1.1.8	Good practice	Not Applicable	0	0	0	0	0	1
Standard 1.1.9	Communication	Not Applicable	0	0	0	0	0	4
Standard 1.1.10	Informed consent	Not Applicable	0	0	0	0	0	9
Standard 1.1.11	Advocacy and support	Not Applicable	0	0	0	0	0	3
Standard 1.1.12	Links with family/whānau and other community resources	Not Applicable	0	0	0	0	0	2
Standard 1.1.13	Complaints management	Not Applicable	0	0	0	0	0	3

Consumer Rights Standards (of 12):	N/A:12	CI:0	FA: 0	PA Neg: 0	PA Low: 0	PA Mod: 0	PA High: 0	PA Crit: 0
	UA Neg: 0	UA Low: 0	UA Mod: 0	UA High: 0	UA Crit: 0			
Criteria (of 48):	CI:0	FA:0	PA:0	UA:0	NA: 0			

## 1.2 Organisational Management

		Attainment	CI	FA	PA	UA	NA	of
Standard 1.2.1	Governance	FA	0	2	0	0	0	3
Standard 1.2.2	Service Management	Not Applicable	0	0	0	0	0	2
Standard 1.2.3	Quality and Risk Management Systems	Not Applicable	0	0	0	0	0	9
Standard 1.2.4	Adverse event reporting	Not Applicable	0	0	0	0	0	4
Standard 1.2.7	Human resource management	Not Applicable	0	0	0	0	0	5
Standard 1.2.8	Service provider availability	FA	0	1	0	0	0	1
Standard 1.2.9	Consumer information management systems	Not Applicable	0	0	0	0	0	10

Organisational Management Standards (of 7):	N/A:5	CI:0	FA: 2	PA Neg: 0	PA Low: 0	PA Mod: 0	PA High: 0
	PA Crit: 0	UA Neg: 0	UA Low: 0	UA Mod: 0	UA High: 0	UA Crit: 0	
Criteria (of 34):	CI:0	FA:3	PA:0	UA:0	NA: 0		

### 1.3 Continuum of Service Delivery

		Attainment	CI	FA	PA	UA	NA	of
Standard 1.3.1	Entry to services	Not Applicable	0	0	0	0	0	5
Standard 1.3.2	Declining referral/entry to services	Not Applicable	0	0	0	0	0	2
Standard 1.3.3	Service provision requirements	Not Applicable	0	0	0	0	0	6
Standard 1.3.4	Assessment	Not Applicable	0	0	0	0	0	5
Standard 1.3.5	Planning	Not Applicable	0	0	0	0	0	5
Standard 1.3.6	Service delivery / interventions	Not Applicable	0	0	0	0	0	5
Standard 1.3.7	Planned activities	Not Applicable	0	0	0	0	0	3
Standard 1.3.8	Evaluation	Not Applicable	0	0	0	0	0	4
Standard 1.3.9	Referral to other health and disability services (internal and external)	Not Applicable	0	0	0	0	0	2
Standard 1.3.10	Transition, exit, discharge, or transfer	Not Applicable	0	0	0	0	0	2
Standard 1.3.12	Medicine management	Not Applicable	0	0	0	0	0	7
Standard 1.3.13	Nutrition, safe food, and fluid management	FA	0	3	0	0	0	5

Continuum of Service Delivery Standards (of 12):	N/A:11	CI:0	FA: 1	PA Neg: 0	PA Low: 0	PA Mod: 0	PA High: 0
	PA Crit: 0	UA Neg: 0	UA Low: 0	UA Mod: 0	UA High: 0	UA Crit: 0	
Criteria (of 51):	CI:0	FA:3	PA:0	UA:0	NA: 0		

#### 1.4 Safe and Appropriate Environment

		Attainment	CI	FA	PA	UA	NA	of
Standard 1.4.1	Management of waste and hazardous substances	FA	0	2	0	0	0	6
Standard 1.4.2	Facility specifications	FA	0	3	0	0	0	7
Standard 1.4.3	Toilet, shower, and bathing facilities	FA	0	1	0	0	0	5
Standard 1.4.4	Personal space/bed areas	FA	0	1	0	0	0	2
Standard 1.4.5	Communal areas for entertainment, recreation, and dining	FA	0	1	0	0	0	3
Standard 1.4.6	Cleaning and laundry services	FA	0	2	0	0	0	3
Standard 1.4.7	Essential, emergency, and security systems	FA	0	5	0	0	0	7
Standard 1.4.8	Natural light, ventilation, and heating	FA	0	2	0	0	0	3

Safe and Appropriate Environment Standards (of 8):		N/A:0	CI:0	FA: 8	PA Neg: 0	PA Low: 0	PA Mod: 0	PA High: 0
		PA Crit: 0	UA Neg: 0	UA Low: 0	UA Mod: 0	UA High: 0	UA Crit: 0	
Criteria (of 36):	CI:0	FA:17	PA:0	UA:0	NA: 0			

## 2 Restraint Minimisation and Safe Practice

		Attainment	CI	FA	PA	UA	NA	of
Standard 2.1.1	Restraint minimisation	Not Applicable	0	0	0	0	0	6
Standard 2.2.1	Restraint approval and processes	Not Applicable	0	0	0	0	0	3
Standard 2.2.2	Assessment	Not Applicable	0	0	0	0	0	2
Standard 2.2.3	Safe restraint use	Not Applicable	0	0	0	0	0	6
Standard 2.2.4	Evaluation	Not Applicable	0	0	0	0	0	3
Standard 2.2.5	Restraint monitoring and quality review	Not Applicable	0	0	0	0	0	1

Restraint Minimisation and Safe Practice Standards (of 6):	N/A: 6	CI:0	FA: 0	PA Neg: 0	PA Low: 0	PA Mod: 0	PA
High: 0	PA Crit: 0	UA Neg: 0	UA Low: 0	UA Mod: 0	UA High: 0	UA Crit: 0	
Criteria (of 21):	CI:0	FA:0	PA:0	UA:0	NA: 0		

### 3 Infection Prevention and Control

		Attainment	CI	FA	PA	UA	NA	of
Standard 3.1	Infection control management	Not Applicable	0	0	0	0	0	9
Standard 3.2	Implementing the infection control programme	Not Applicable	0	0	0	0	0	4
Standard 3.3	Policies and procedures	FA	0	1	0	0	0	3
Standard 3.4	Education	Not Applicable	0	0	0	0	0	5
Standard 3.5	Surveillance	Not Applicable	0	0	0	0	0	8

Infection Prevention and Control Standards (of 5):								
N/A: 4	CI:0	FA: 1	PA Neg: 0	PA Low: 0	PA Mod: 0	PA High: 0		
PA Crit: 0	UA Neg: 0	UA Low: 0	UA Mod: 0	UA High: 0	UA Crit: 0			
Criteria (of 29):	CI:0	FA:1	PA:0	UA:0	NA: 0			

<b>Total Standards (of 50)</b>	<b>N/A: 38</b>	<b>CI: 0</b>	<b>FA: 12</b>	<b>PA Neg: 0</b>	<b>PA Low: 0</b>	<b>PA Mod: 0</b>	<b>PA High: 0</b>	<b>PA Crit: 0</b>	<b>UA</b>
<b>Neg: 0</b>	<b>UA Low: 0</b>	<b>UA Mod: 0</b>	<b>UA High: 0</b>	<b>UA Crit: 0</b>					
<b>Total Criteria (of 219)</b>	<b>CI: 0</b>	<b>FA: 24</b>	<b>PA: 0</b>	<b>UA: 0</b>	<b>N/A: 0</b>				

## Corrective Action Requests (CAR) Report

Provider Name: Oceania Care Group Ltd

Type of Audit: Verification audit

Date(s) of Audit Report: Start Date:22-Aug-13 End Date: 22-Aug-13

DAA: Health Audit (NZ) Limited

Lead Auditor: XXXXXXX

## Continuous Improvement (CI) Report

Provider Name: Oceania Care Group Ltd

Type of Audit: Verification audit

Date(s) of Audit Report: Start Date:22-Aug-13 End Date: 22-Aug-13

DAA: Health Audit (NZ) Limited

Lead Auditor: XXXXXXXX

# 1. HEALTH AND DISABILITY SERVICES (CORE) STANDARDS

## OUTCOME 1.2 ORGANISATIONAL MANAGEMENT

Consumers receive services that comply with legislation and are managed in a safe, efficient, and effective manner.

### STANDARD 1.2.1 Governance

The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.

ARC A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.3d; D17.4b; D17.5; E1.1; E2.1 ARHSS A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.5

Evaluation methods used: D  SI  STI  MI  CI  Mal  V  CQ  SQ  STQ  Ma  L

#### How is achievement of this standard met or not met?

**Attainment: FA**

Policies and procedures are reviewed annually through the support office for Oceania Care Group Ltd. The organisation appointed a business and care manager, to manage both Melrose and Elmswood. The organisation also appointed a clinical manager that works across both services with a clinical leader for each service. The clinical quality manager for the region is also new to the organisation having been appointed at the beginning of July 2013. The clinical leader has been promoted to clinical manager, working across both sites in the role and a new clinical leader was appointed.

The business and care manager was appointed on 5 August 2013, and has a post graduate diploma in health management and worked for nearly five years as the facility manager at a rest home and hospital in Auckland. Prior to that she was seven years with Price Waterhouse Coopers as a manager providing services in internal audits within the health sector.

ARC requirements are fully met.

#### Criterion 1.2.1.1 The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.1.3 The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.**

<b>Audit Evidence</b>	<b>Attainment: FA</b>	<b>Risk level for PA/UA:</b>
<b>Finding Statement</b>		
<b>Corrective Action Required:</b>		
<b>Timeframe:</b>		

**STANDARD 1.2.8 Service Provider Availability**

Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.

ARC D17.1; D17.3a; D17.3 b; D17.3c; D17.3e; D17.3f; D17.3g; D17.4a; D17.4c; D17.4d; E4.5 a; E4.5 b; E4.5c ARHSS D17.1; D17.3; D17.4; D17.6; D17.8

Evaluation methods used: D  SI  STI  MI  CI  Mal  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: FA**

The service is currently reviewing the rosters and staff mix, sighted rosters and confirmed at the clinical manager and business and care manager interviews. Current staffing levels comply with the minimum standard for service delivery. The service is currently actively recruiting and appointed two new RN's. All staff that are identified to work in the dementia unit (ten staff members) have completed dementia training which included unit standards 23920 (demonstrate knowledge of dementia, person -centered care and communication for a person living with dementia); 23921 (provide person-centered care when supporting a person living with dementia); 23922 (demonstrate knowledge of effects of dementia and how to manage them, for those caring for a person with dementia) and 23923 (demonstrate knowledge of support for people living with dementia when their behaviour presents challenges) sighted and confirmed at the clinical and quality manager interview.

Challenging behaviour management training occurred in April and July 2013. dementia care training occurred in January 2013, Infection control training occurred in January 2013, Restraint training occurred in February 2013, Behaviours that challenge and Dementia training occurred in February 2013, Dementia and Dementia care training occurred in February, Communicating with someone with Dementia occurred in February 2013, Nutrition in Dementia occurred in February 2013, Code of Rights training occurred in February 2013, Activities and dementia training occurred in March 2013, Clinical restraint and challenging behaviour training occurred in May 2013, challenging behaviour for non-clinical staff training occurred in May and June 2013, Cultural safety and values training occurred in May 2013, Privacy and Dignity training occurred in May 2013, infection control systems training occurred in July and August 2013 and preventing abuse and neglect training occurred in August 2013, sighted and confirmed at the business and care manager interview.

ARC requirements are fully met.

**Criterion 1.2.8.1 There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**OUTCOME 1.3 CONTINUUM OF SERVICE DELIVERY**

Consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.

**STANDARD 1.3.13 Nutrition, Safe Food, And Fluid Management**

A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.

ARC D1.1a; D15.2b; D19.2c; E3.3f ARHSS D1.1a; D15.2b; D15.2f; D19.2c

Evaluation methods used: D  SI  STI  MI  CI  Mal  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: FA**

The service has a system for providing food, fluid and nutritional services to residents, the menus were last reviewed in March 2013. The kitchen assistant working at Elmswood confirms that food is prepared and transferred in a cambrook hot and cold box , as applicable, from Melrose to Elmswood in a food services vehicle. The kitchen assistant confirms they have dietary assessment forms completed for each resident with the dietary needs and wants identified, food is then provided according to the information on record. Food temperatures are checked prior to leaving Melrose and the temperatures are checked again on arrival prior to service at Elmswood, sighted the temperature records and confirmed during the clinical manager interview.

ARC requirements are fully met.

**Criterion 1.3.13.1 Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.3.13.2 Consumers who have additional or modified nutritional requirements or special diets have these needs met.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

Timeframe:

**Criterion 1.3.13.5 All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

Timeframe:

## **OUTCOME 1.4 SAFE AND APPROPRIATE ENVIRONMENT**

Services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensures physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

These requirements are superseded, when a consumer is in seclusion as provided for by of NZS 8134.2.3.

### **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.

ARC D19.3c.v; ARHSS D19.3c.v

Evaluation methods used: D  SI  STI  MI  CI  MaI  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: FA**

Staff comply with documented safe waste and hazardous substances processes. Observation during the audit confirms that processes for the collection, storage and disposal of biomedical waste, household rubbish and recyclables is in accord with infection control principles and comply with local body requirements, confirmed at the business and care manager. All chemical containers are clearly labelled, sighted.

Cleaning staff have received training in the handling of chemicals and hazardous waste. Chemicals are delivered to users via an Oasis dispensing system. Secure storage and dispensing systems are provided for chemicals. Location of cleaning chemicals and other hazardous substances is registered in a hazardous substance list . Material Safety data Sheets are available in each cleaner's room. Personal protective equipment is provided and observed to be used by staff. Minutes of monthly quality and safety meetings confirm that any issues related to chemicals or waste are reviewed and resolved. ARC requirements are met.

**Criterion 1.4.1.1 Service 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.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.1.6 Protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used by service providers.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

## **STANDARD 1.4.2 Facility Specifications**

Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.

ARC D4.1b; D15.1; D15.2a; D15.2e; D15.3; D20.2; D20.3; D20.4; E3.2; E3.3e; E3.4a; E3.4c; E3.4d ARHSS D4.1c; D15.1; D15.2a; D15.2e; D15.2g; D15.3a; D15.3b; D15.3c; D15.3e; D15.3f; D15.3g; D15.3h; D15.3i; D20.2; D20.3; D20.4

Evaluation methods used: D  SI  STI  MI  CI  Mal  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: FA**

The building warrant of fitness (BWOFF) expires on 3 May 2014, sighted the certificate. Sighted the certificate for public use (CPU), dated 20 August 2013 declaring the area fit for occupation. The corridors are fitted with hand rails for residents to hold onto whilst mobilising and exits allow for residents using mobility aids through having ramps at all exiting doors where needed. The corridors are wide and light enough for residents to mobilise safely and to pass one-another in a safe way. The living areas are large and specious enough for the number of potential residents. The service is providing a very large fully enclosed external area with opportunities for residents to mobilise safely, verified. There are raised gardens for residents to participate in gardening, shaded areas where residents can sit on benches and individual chairs. The service built a make believe 'bus stop' and other opportunities for residents to do meaningful activities externally.

ARC requirements are fully met.

**Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.**

<b>Audit Evidence</b>	<b>Attainment: FA</b>	<b>Risk level for PA/UA:</b>
<b>Finding Statement</b>		
<b>Corrective Action Required:</b>		
<b>Timeframe:</b>		

**Criterion 1.4.2.4 The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.**

<b>Audit Evidence</b>	<b>Attainment: FA</b>	<b>Risk level for PA/UA:</b>
<b>Finding Statement</b>		
<b>Corrective Action Required:</b>		

Timeframe:

**Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.3 Toilet, Shower, And Bathing Facilities**

Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.

ARC E3.3d ARHSS D15.3c

Evaluation methods used: D  SI  STI  MI  CI  MaI  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: FA**

The dementia unit consists of two corridors with central communal areas, verified. The one corridor has five bedrooms serviced by one shower and two toilets. The second corridor has 13 rooms of which one room has its own toilet, one room has a full ensuite with toilet and shower and the remainder of the rooms are serviced by four toilets and three showers. All rooms have their own hand basins, sighted and confirmed at the clinical manager and business and care manager interviews.

ARC requirements are fully met.

**Criterion 1.4.3.1 There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.4 Personal Space/Bed Areas**

Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.

ARC E3.3b; E3.3c ARHSS D15.2e; D16.6b.ii

Evaluation methods used: D  SI  STI  MI  CI  MaI  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: FA**

The rooms vary in size, sighted all the rooms. All rooms are spacious enough for residents to safely mobilise around their beds and in the room using mobility aids, sighted all rooms and confirmed at the clinical manager and business and care manager interviews.

ARC requirements are fully met.

**Criterion 1.4.4.1 Adequate 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.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.5 Communal Areas For Entertainment, Recreation, And Dining**

Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.

ARC E3.4b ARHSS D15.3d

Evaluation methods used: D  SI  STI  MI  CI  Mal  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: FA**

The service provides a large dining area, with a large lounge and a smaller lounge where families can meet with residents in private, verified. There is a games corner in the main lounge where residents can sit and do activities, sighted and confirmed at the clinical manager interview. The service also have a special cupboard with items of interest that will provide residents with the opportunity to access things that would keep them occupied, confirmed at the activities coordinator interview.

ARC requirements are fully met.

**Criterion 1.4.5.1 Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**STANDARD 1.4.6 Cleaning And Laundry Services**

Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.

ARC D15.2c; D15.2d; D19.2e ARHSS D15.2c; D15.2d; D19.2e

Evaluation methods used: D  SI  STI  MI  CI  Mal  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: FA**

Laundry services are provided on the Melrose site in an area that is fit for purpose. The service collects the laundry and it is sorted as the staff workers and the bags are then stored in the sluice rooms where it exits the service and is then transported by the maintenance man to the Melrose site in a dedicated laundry transport vehicle. The laundry room at Melrose has separate clean and dirty areas and laundry processes meet good practice guidelines.

The maintenance man completes testing and temperatures for hot water within the dementia unit and the rest home, sighted the records for 19, 21 and 22 of August 2013 and confirmed at the maintenance man interview.

Cleaning services are provided by employed staff who completed challenging behaviour training, sighted training records and confirmed at the business and care manager interview. Suitable documented cleaning protocols and schedules are provided and available in the cleaner's storage areas. The cleaner is aware of the need to store the trolley securely when it is unattended and this was observed throughout the audit. Cleaners are trained by Ecolab in the use of equipment and chemicals. Documented guidelines are available in the respective work areas. ARC requirements are fully met.

**Criterion 1.4.6.2 The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness.**

<b>Audit Evidence</b>	<b>Attainment: FA</b>	<b>Risk level for PA/UA:</b>
<b>Finding Statement</b>		
<b>Corrective Action Required:</b>		
<b>Timeframe:</b>		

**Criterion 1.4.6.3 Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.**

<b>Audit Evidence</b>	<b>Attainment: FA</b>	<b>Risk level for PA/UA:</b>
<b>Finding Statement</b>		
<b>Corrective Action Required:</b>		
<b>Timeframe:</b>		

**STANDARD 1.4.7 Essential, Emergency, And Security Systems**

Consumers receive an appropriate and timely response during emergency and security situations.

ARC D15.3e; D19.6 ARHSS D15.3i; D19.6

Evaluation methods used: D  SI  STI  MI  CI  Mal  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: FA**

Appropriate processes are in place to maintain the safety and security of residents over the 24 hours and during an emergency.

A designated fire exit in the dementia unit lounge have identifying signs. Staff have current first aid and CPR skills and receive training in handling medical and civil emergencies during August 2013. There is evidence in training records that fire and evacuation training is provided six monthly, the last evacuation occurred in July 2013, sighted and confirmed at the business and care manager interview.

The service has documented protocols for managing medical emergencies. Bottled oxygen, portable suction, and a portable defibrillator are available. All bed spaces, bathrooms and toilets have a nurse call bell and these were seen to be within easy reach of the resident. The location of the call shows on an electronic light board in the corridors. A suitable security policy and lock down process is in place and interviews with eight staff indicates it is implemented.

A 10-seater van with a wheel chair hoist is provided to take residents on outings. There is a fold down step for ease of access and all seats have seat belts. The van has current a warrant of fitness and the designated drivers have current clean driving licenses. A first aid kit is provided and a mobile phone is taken when out. There are safe processes in place for selection of suitable residents for outings, and for providing adequate escorts.

There are civil emergency supplies on site. Emergency supplies in case of loss of services include sufficient water stored in a 2000 litre tank and bottled water to last at least three days, changed three times a year. The service received a letter from the an Active Fire consultant confirming the Fire Evacuation Scheme application was lodged on 14 August 2013, and will be approved by the Fire Service within 30 working days from the day it was lodged, sighted the letter and confirmed at the business and care manager interview.

Emergency lighting is provided through a capacitor that powers halogen lights in the ceiling with a capacity to provide lighting for six hours.

There are torches and a supply of extra batteries, a battery radio, sufficient food for at least three days and a gas barbecue for cooking, sighted the emergency supplies and confirmed at the clinical manager interview. There is a large supply of extra blankets for warmth.

ARC requirements are fully met.

**Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.**

<b>Audit Evidence</b>	<b>Attainment: FA</b>	<b>Risk level for PA/UA:</b>
<b>Finding Statement</b>		
<b>Corrective Action Required:</b>		
<b>Timeframe:</b>		

**Criterion 1.4.7.3** Where required by legislation there is an approved evacuation plan.

<b>Audit Evidence</b>	<b>Attainment: FA</b>	<b>Risk level for PA/UA:</b>
<b>Finding Statement</b>		
<b>Corrective Action Required:</b>		
<b>Timeframe:</b>		

**Criterion 1.4.7.4** Alternative energy and utility sources are available in the event of the main supplies failing.

<b>Audit Evidence</b>	<b>Attainment: FA</b>	<b>Risk level for PA/UA:</b>
<b>Finding Statement</b>		
<b>Corrective Action Required:</b>		
<b>Timeframe:</b>		

**Criterion 1.4.7.5** An appropriate 'call system' is available to summon assistance when required.

<b>Audit Evidence</b>	<b>Attainment: FA</b>	<b>Risk level for PA/UA:</b>
<b>Finding Statement</b>		
<b>Corrective Action Required:</b>		
<b>Timeframe:</b>		

**Criterion 1.4.7.6 The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**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.

ARC D15.2f ARHSS D15.2g

Evaluation methods used: D  SI  STI  MI  CI  MaI  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment: FA**

The facility has ample natural light. Each bedroom and communal area have external windows, verified during the audit and confirmed at the business and care manager interview. The unit is heated with ceiling mounted heat pumps throughout the areas. There is plenty of natural ventilation, verified and confirmed at the clinical manager interview.

Observation during the audit and interviews confirm the environment is maintained at a comfortable temperature. The facility is smoke free. A gazebo in the garden is provided with fire proof receptacles for the use of smokers.

ARC requirement is fully met.

**Criterion 1.4.8.1 Areas used by consumers and service providers are ventilated and heated appropriately.**

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.4.8.2** All consumer-designated rooms (personal/living areas) have at least one external window of normal proportions to provide natural light.

**Audit Evidence**

**Attainment:** FA

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

### **3. HEALTH AND DISABILITY SERVICES (INFECTION PREVENTION AND CONTROL) STANDARDS**

#### **STANDARD 3.3 Policies and procedures**

Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.

ARC D5.4e, D19.2a ARHSS D5.4e, D19.2a

Evaluation methods used: D  SI  STI  MI  CI  MaI  V  CQ  SQ  STQ  Ma  L

**How is achievement of this standard met or not met?**

**Attainment:** FA

Policies and procedures for the prevention and control of infection which comply with relevant legislation and current accepted good practice are supplied by the Oceania group and have been reviewed as part of the documentation review. ARC requirements are fully met.

**Criterion 3.3.1** There are written policies and procedures for the prevention and control of infection which comply with relevant legislation and current accepted good practice.

**Audit Evidence**

**Attainment: FA**

**Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**