**Oceania Care Company Limited - Eden Lifestyle Care & Village**

**Current Status:** **23-Aug-13**

**The following summary has been accepted by the Ministry of Health as being an accurate reflection of the** **Partial provisional 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**

An audit was conducted to assess the level of preparedness to provide new rest home and hospital level care. Eden Village have been contracted to provide services for up to 10 rest home and 60 hospital residents.

The intended day of opening Eden Lifestyle Care and Village is in September 2013. There were no residents using the service on the day of the audit, however there were several key staff members in employment.

Eden Lifestyle Care and Village is part of Oceania Care Company Ltd, an established provider of health and disability services to older adults.

The service has well documented organisational policies and procedures to support and guide their quality and risk management system.

The large two-level building is connected by corridor to the independent living apartments. Oceania extensive renovations and refurbishment to ensure they meet and exceed environmental requirements.

A suitably qualified person is appointed as a clinical manager, to support the business and care manager who is leading the team and reports to the regional clinical and quality manager who feeds back to the Oceania support office.

Human resource processes are in place including the provision of orientation, training, supervision and performance reviews. There is a documented staffing rationale to ensure safe and appropriate staffing levels at all times.

The medicines management policy and procedures are in line with legislative requirements and guidelines and the service has systems in place to ensure safe and appropriate self-administration of medicines.

The service has a system in place to ensure they meet legislative requirements regarding the provision of adequate nutritional needs and that services to prospective residents are planned and documented.

Eden Lifestyle Care and Village

Oceania Care Company Ltd.

Partial provisional audit - Audit Report

Audit Date: 23-Aug-13

Audit Report

To: HealthCERT, Ministry of Health

|  |  |
| --- | --- |
| **Provider Name** | Oceania Care Company Ltd. |

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| --- | --- | --- | --- |
| **Premise Name** | **Street Address** | **Suburb** | **City** |
| Eden Lifestyle Care and Village | 28-32 View Road | Mount Eden  | Auckland |

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| **Proposed changes of current services** (*e.g. reconfiguration*)**:** |
| New service applying for certification |

|  |  |
| --- | --- |
| **Type of Audit** | Partial provisional audit and (*if applicable*)  |
| **Date(s) of Audit** | **Start Date:** 23-Aug-13 **End Date:** 23-Aug-13 |
| **Designated Auditing Agency** | Health Audit (NZ) Limited |

# Audit Team

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Audit Team | Name | Qualification | Auditor Hours on site | Auditor Hours off site | Auditor Dates on site |
| Lead Auditor | XXXXXXX | RN, LA, RABQSA | 8.00 | 4.00 | 23-Aug-13 |
| Auditor 1 | XXXXXXX | RN, Auditor 8086 | 8.00 | 4.00 | 23-Aug-13 |
| Auditor 2 |       |       |       |       |       |
| Auditor 3 |       |       |       |       |       |
| Auditor 4 |       |       |       |       |       |
| Auditor 5 |       |       |       |       |       |
| Auditor 6 |       |       |       |       |       |
| Clinical Expert |       |       |       |       |       |
| Technical Expert |       |       |       |       |       |
| Consumer Auditor |       |       |       |       |       |
| Peer Review Auditor | XXXXXXX | RN, BN, Lead Auditor |       | 1.50 |       |

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| --- | --- | --- | --- | --- | --- |
| **Total Audit Hours on site** | 16.00 | **Total Audit Hours off site** *(system generated)* | 9.50 | **Total Audit Hours** | 25.50 |
| **Staff Records Reviewed** | 2 of 2 | **Client Records Reviewed** *(numeric)* | 0 of 0 | **Number of Client Records Reviewed using Tracer Methodology** | 0of 0 |
| **Staff Interviewed** | 2 of 2 | **Management Interviewed** *(numeric)* | 3 of 3 | **Relatives Interviewed** *(numeric)* | 0 |
| **Consumers Interviewed** | 0 of 0 | **Number of Medication Records Reviewed** | 0 of 0 | **GP’s Interviewed (aged residential care and residential disability)** *(numeric)* | 0 |

# Declaration

I, (full name of agent or employee of the company) XXXXXXX (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 ofHealth Audit (NZ) Limited, an auditing agency designated under section 32 of the Act.

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

Dated this 30 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*): 🗷

# Services and Capacity

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **Kinds of services certified** |
|  |  |  | Hospital Care | Rest Home Care | Residential Disability Care |
| **Premise Name** | **Total Number of Beds** | **Number of Beds Occupied on Day of Audit** | **Number of Swing Beds for Aged Residen-tial Care** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eden Lifestyle Care and Village | 70 | 0 | 60 | 🞏 | 🗷 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🗷 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Executive Summary of Audit

General Overview

An audit was conducted to assess the level of preparedness to provide new rest home and hospital level care. Eden Village have been contracted to provide services for up to 10 rest home and 60 hospital residents. The intended day of opening Eden Lifestyle Care and Village at the end of September 2013. There were no residents using the service on the day of the audit, however there were several key staff members in employment.

Eden Lifestyle Care and Village is part of Oceania Care Company Ltd, an established provider of health and disability services to older adults. The service has well documented organisational policies and procedures to support and guide their quality and risk management system. The large two-level building is connected by corridor to the independent living apartments. Oceania extensive renovations and refurbishment to ensure they meet and exceed environmental requirements.

A suitably qualified person is appointed as a clinical manager, to support the business and care manager who is leading the team and reports to the regional clinical and quality manager who feeds back to the Oceania support office. Human resource processes are in place including the provision of orientation, training, supervision and performance reviews. There is a documented staffing rationale to ensure safe and appropriate staffing levels at all times. The medicines management policy and procedures are in line with legislative requirements and guidelines and the service has systems in place to ensure safe and appropriate self-administration of medicines. The service has a system in place to ensure they meet legislative requirements regarding the provision of adequate nutritional needs and that services to prospective residents are planned and documented.

1.1 Consumer Rights

Not applicable for this audit.

1.2 Organisational Management

The service is managed by the business and care manager with an extensive nursing background who managed another aged care facility for five years and previously had her own business supporting health organisations in meeting the health care standards. The manager is assisted by a clinical manager ( registered nurse / RN) who has been with the Oceania Group for approximately four years.During a temporary absence of the business and care manager, the clinical manager and or the regional clinical and quality manager stands in to perform the role of the manager.

Professional qualifications are validated, including registration with professional bodies and scope of practice where it applies, sighted the registered nurse (RN), the business and care manager (BCM), the administrator and the food and beverage manager's (F&B) personnel files and confirmed during the staff and manager interviews.

The service is currently recruiting to employ to hospital level of care e.g. 24-hour RN cover, seven days a week. The service is recruiting health care assistants (HCA) in order to deliver safe levels of care. The aim of the organisation is to employ one HCA to 10 rest home residents, one HCA to six hospital residents and one RN to 30 residents as recorded in the roster methodology document.

1.3 Continuum of Service Delivery

The medicine management system is ready for implementation as the service has a process to guide facilitation of safe prescribing, dispensing, administration, review, storage, and reconciliation. The service has a policy and procedure with supporting forms for safe self-administration of medicines, sighted. The Clinical Manager completed medicines management competencies, sighted. During interview the clinical manager confirms that all staff responsible for medicines management will be required to also complete the medicines management competencies, which include a questionnaire and practical testing. This will occur prior to staff being able to administer medication.

The service had a system to ensure that medicine management information is recorded to a level of detail and communicated to the resident's in order to comply with legislation and guidelines.

The service has processes in place to ensure food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines. The regional clinical and quality manager, the Oceania dietitian and the food and beverage manager work closely together to ensure residents who may have additional or modified nutritional requirements or special diets will have their needs met. The kitchen was operational on the day of the audit. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines.

1.4 Safe and Appropriate Environment

The organisation's health care waste policy includes medical waste, soiled disposable waste, wet linen, sharps, body fluids / waste, equipment cleaning and who approves policy. The infection control policy is comprehensive and complies with requirements to ensure appropriate infection control services.

The service has personal protective equipment (PPE) available and displayed in the four (two upstairs and two downstairs) sluice rooms, in the cleaners rooms (two upstairs and two downstairs) and in the chemical storage room (upstairs). The service has a separate chemical room for the safe and appropriate storage of chemicals.

The service has a Certificate for Public Use (CPU) dated 19 August 2013 expiring on 19 August 2014, which includes the automatic sprinkler system, emergency warning system for fire and other dangers, automatic doors, controlled doors, interfaced fire and smoke doors and windows, emergency lighting and systems, mains for the fire system, automatic back-flow prevention for water supply, passenger lifts, mechanical ventilation and air conditioning, emergency power signs and systems, fire escapes, exits, fire separation, signs for communicating information relating to building evacuations and smoke separation.

The service completed a fire evacuation training day for current staff members on 19 August 2013 and is planning to complete another training day for new staff on the 10 September 2013, sighted records, documents and confirmed at the clinical manager interview.

The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of rest home and hospital level of care. The residents are provided with a safe and accessible external environment with bowling greens, raised plant boxes, a 'bloke's shed', a potting shed, and ramps at exit doors which are flush and easy to use.

There are 67 bedrooms with full ensuites, this include toilet, shower and hand basin, verified. There are also three shower rooms (two downstairs and one upstairs) with a bath trolley for residents that may need full personal cares. The service has six toilets for visitors and staff (three down stairs and three upstairs) with one staff shower upstairs, connected to the staff room.

There are two types of apartments at Eden; the apartments for independent living at the back of the facility where residents live totally independently and the apartments, which are called ‘suites’ which are in the care facility building (rooms with their own ensuite, kitchenette, balconies and dining / lounge areas) some are as small as a regular studio and others with individual rooms for different areas. All the suites are spacious and allow for personal mobility aids, additional chairs and furniture,. The service has 20 different configurations of rooms for residents, allowing a variety of choices in terms of layout and presentation of suites.

The service provides adequate and appropriate access to lounge, activities, visitors and dining facilities, verified during the walk through the facility. There are Gilroy lounge, the Club lounge, the Kennedy are downstairs and the Chaplin lounge, the sunroom, the library and five alcoves where residents can meet with visitors and family. Each suite has an additional lounge area for residents to meet with their visitors and family in private

The service has the restaurant as main dining area and the satellite Kennedy dining room downstairs with the Chaplin dining room upstairs. Residents also have the opportunity to order room service.

The methods, frequency and materials used for cleaning and laundry processes are in place to ensure effective management of the services. Cleaning trolleys include a lockable area where chemicals are being stored, verified, and each trolley has a copy of the duties and the required tasks, sighted and confirmed during the business and care manager and the clinical manager interviews. The cleaner rooms and the chemical storage room have material safety data sheets (MSDS) with guidelines for interventions when needed.

Employees receive appropriate information, training and equipment to respond and identify emergency and security situations, sighted records confirming the trial evacuation training that occurred on 19 August 2013 and sighted the training programme for new employees including another evacuation training day scheduled for 10 September 2013.

Security of the facility includes a security guard from seven at night to seven in the morning, Monday to Friday and Saturday and Sunday the security guard works from four in the afternoon till the seven the following morning. The service has closed circuit television (CCTV), with nine cameras and the footage shows on the computers throughout the service. The business and care manager can also log into the footage via telephone. Doors are swipe card and key entry accept through specific doors that are opened for use during business hours. The service has an intercom service to allow access to the facility after hours. The service has an approved fire evacuation plan dated 16 August 2013. The service has emergency lighting with provision for a generator (to plug in) and there is battery backup for all systems.

The service has a call bell system which includes call bells at all toilets, showers, beds, and kitchen / lounge areas, verified. The communal lounge and dining areas have call bells for use during emergencies and corridors have at least three calls bells, verified. There is also a call bell reception area and the four shower rooms, the nurses stations, the salon spa, the kitchen, and visitors and staff toilets and the chapel have call bells for emergency use.

All areas are ventilated and heated through the use of heat pumps and a central air conditioning system. All windows are double glazed and tinted to reduce noise and glare from the sun. Room windows have venting systems to allow natural air flow and circulation. Showers have vents and extraction fans. The front door at reception has an air curtain to prevent wind blowing into the building. All bedrooms, communal areas and corridors have large external windows allowing natural light into the building.

2 Restraint Minimisation and Safe Practice

Not applicable for this audit.

3. Infection Prevention and Control

The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters in the facility. The CM is the infection control co-ordinator. The facility has a clearly defined infection control program that is reviewed annually as per policy. Infection control is part of health and safety meeting every month. Hand sanitizer is in the main reception area as well as in every corridor.

Summary of Attainment

* 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 1.1.5 | Recognition of Pacific values and beliefs |   | 0 | 0 | 0 | 0 | 0 | 2 |
| 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 |

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| 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: 0Criteria (of 48): CI:0 FA:0 PA:0 UA:0 NA: 0 |

* 1. Organisational Management

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|  |  | **Attainment** | **CI** | **FA** | **PA** | **UA** | **NA** | **of** |
| Standard 1.2.1 | Governance | FA | 0 | 1 | 0 | 0 | 1 | 3 |
| Standard 1.2.2 | Service Management | FA | 0 | 1 | 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 1.2.5 | Consumer participation |   | 0 | 0 | 0 | 0 | 0 | 5 |
| Standard 1.2.6 | Family/whānau participation |   | 0 | 0 | 0 | 0 | 0 | 3 |
| Standard 1.2.7 | Human resource management | FA | 0 | 4 | 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 |

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| Organisational Management Standards (of 7): N/A:3 CI:0 FA: 4 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: 0Criteria (of 34): CI:0 FA:7 PA:0 UA:0 NA: 1 |

* 1. Continuum of Service Delivery

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **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 1.3.11 | Use of electroconvulsive therapy (ECT) |   | 0 | 0 | 0 | 0 | 0 | 4 |
| Standard 1.3.12 | Medicine management | FA | 0 | 4 | 0 | 0 | 0 | 7 |
| Standard 1.3.13 | Nutrition, safe food, and fluid management | FA | 0 | 3 | 0 | 0 | 0 | 5 |

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| Continuum of Service Delivery Standards (of 12): N/A:10 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: 0Criteria (of 51): CI:0 FA:7 PA:0 UA:0 NA: 0 |

* 1. Safe and Appropriate Environment

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|  |  | **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 |

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| 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: 0Criteria (of 36): CI:0 FA:17 PA:0 UA:0 NA: 0 |

1. Restraint Minimisation and Safe Practice

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|  |  | **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 |
| Standard 2.3.1 | Safe seclusion use |   | 0 | 0 | 0 | 0 | 0 | 5 |
| Standard 2.3.2 | Approved seclusion rooms |   | 0 | 0 | 0 | 0 | 0 | 4 |

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| 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: 0Criteria (of 21): CI:0 FA:0 PA:0 UA:0 NA: 0 |

1. Infection Prevention and Control

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Attainment** | **CI** | **FA** | **PA** | **UA** | **NA** | **of** |
| Standard 3.1 | Infection control management | FA | 0 | 3 | 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 | Not Applicable | 0 | 0 | 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 |
| Standard 3.6 | Antimicrobial usage |   | 0 | 0 | 0 | 0 | 0 | 5 |

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| 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: 0Criteria (of 29): CI:0 FA:3 PA:0 UA:0 NA: 0 |

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| **Total Standards (of 50) N/A:** 35 **CI:** 0 **FA:** 15 **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**Total Criteria (of 219) CI:** 0 **FA:** 34 **PA:** 0 **UA:** 0 **N/A:** 1 |

# Corrective Action Requests (CAR) Report

Provider Name: Oceania Care Company Ltd.

Type of Audit: Partial provisional audit

Date(s) of Audit Report: Start Date:23-Aug-13 End Date: 23-Aug-13

DAA: Health Audit (NZ) Limited

Lead Auditor: XXXXXXX

# Continuous Improvement (CI) Report

Provider Name: Oceania Care Company Ltd.

Type of Audit: Partial provisional audit

Date(s) of Audit Report: Start Date:23-Aug-13 End Date: 23-Aug-13

DAA: Health Audit (NZ) Limited

Lead Auditor: XXXXXXX

**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 🞏 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

The organisation is managed by a suitable qualified and experienced people with the accountability, authority, and responsibility to provide the services. The service is managed by the business and care manager with an extensive nursing background who managed another aged care facility for five years and previously had her own business supporting health organisations in meeting the health care standards. The manager is assisted by a clinical manager (registered nurse / RN) who has been with the Oceania Group for approximately four years, confirmed during interview. The service is also supported by the regional clinical quality manager, sighted supporting documentation and confirmed during interview.

ARC requirements are met.

**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.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**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.

ARC D3.1; D19.1a; E3.3a ARHSS D3.1; D4.1a; D19.1a

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

During a temporary absence of the business and care manager, the clinical manager and or the regional clinical and quality manager stands in to perform the role of the manager, confirmed during the clinical manager, business and care manager, and the clinical and quality manager interviews.

ARC requirements are met.

**Criterion 1.2.2.1 During a temporary absence a suitably qualified and/or experienced person performs the manager's role.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**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.

ARC D17.6; D17.7; D17.8; E4.5d; E4.5e; E4.5f; E4.5g; E4.5h ARHSS D17.7, D17.9, D17.10, D17.11

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

Professional qualifications are validated, including registration and scope of practice where it applies, sighted the RN, the business and care manager, the administration person and the food and beverage manager's personnel files and confirmed during the staff and manager interviews.

The service is currently completing orientation and induction for all newly employed staff, and able to render 24 hour level care, seven days a week in the hospital and the rest home. Due to the new roster methodology document that is currently in draft form the service is recruiting to employ another RN. As there are not currently any residents in the service the clinical team is capable to start rendering services, however as the number of residents increase the service will have to increase their staff numbers.

The service plans to align their staff numbers (HCA) with the new roster methodology document which requires one HCA to ten rest home residents, one HCA to six hospital residents one RN to 30 residents, confirmed during the business and care manager and the regional clinical and quality manager interviews.

The service has a programme in place to ensure all new staff receive orientation and induction to the service delivery, processes, policies and the building.

The staff currently working in the service (the administration officer, clinical manager, business and care manager and the food and beverage manager) all completed or are in the process of completing induction and orientation to the service.

The service has a system to identify, plan, facilitate and record on-going education and training to all staff, sighted the organisational education and training programme as displayed in the staff room. The organisation has a service specific education and training programme starting in September 2013 to the end of 2014 sighted and confirmed during the clinical manager interview.

ARC requirements are met.

**Criterion 1.2.7.2 Professional qualifications are validated, including evidence of registration and scope of practice for service providers.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.7.3 The appointment of appropriate service providers to safely meet the needs of consumers.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.7.4 New service providers receive an orientation/induction programme that covers the essential components of the service provided.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.2.7.5 A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**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 🞏 MaI 🞏 V 🞏 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

The service is currently completing orientation and training for the newly recruited staff in order to render 24-hour care, seven days a week. The service is currently able to render 24 hour care, seven days a week, should they open with their first residents today. The services is recruiting health care assistants (HCA) in order to align their numbers with the new roster methodology document which allows for one HCA to ten rest home residents in the rest home, one HCA to six hospital residents one RN to 30 residents, confirmed during the business and care manager and the regional clinical and quality manager interviews.

The service currently have 5 full time health care assistants, 3 full time RN’s, clinical manager, food & beverage manager, 2 cleaners, 1 activities coordinator, 1 physic assistant, 3 administration staff. The service has access to the different agencies, should they, on short notice, need to replace a staff member, confirmed by the clinical and quality manger.

ARC requirements are 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 1.3.12 Medicine Management**

Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.

ARC D1.1g; D15.3c; D16.5e.i.2; D18.2; D19.2d ARHSS D1.1g; D15.3g; D16.5i..i.2; D18.2; D19.2d

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 medicine management system is ready for implementation by the service that facilitates safe prescribing, dispensing, administration, review, storage, and reconciliation. The treatment room is unlocked by RN using a swipe card. Two sets of keys are in place to be used by RN and clinical manager. The facility will use the robotics system for their medications, they currently have everything in place to implement the system. Sharps bins are in place sighted in both the treatment rooms.

The controlled drug cupboard is lockable and is located in a locked cupboard in the second floor treatment room, verified. Controlled drug register sighted. The GP will sign the drug charts on admission which will then be sent to the pharmacy. The pharmacy will then generate a medication sheet which will be signed by the GP, process in place. Medicines will be reviewed every three months. Medication folder divider s are designed with a bold resident name, suite number, special instructions and allergies, sighted. Medication returns register is in place which will be signed by the RN and pharmacy staff. Verbal and telephone medication order forms are sighted. Fridge monitoring is already implemented and completed every week by the RN.

The Clinical Manager (CM) is competent to give medication, sighted her competency testing records which is signed off by the Regional Clinical & Quality Manager. The CM's Annual Practising certificate is current, sighted. The staff administration competency register is sighted.

The policy and procedure for self-administration of medicines is sighted. The CM is able to explain the procedure during the interview process e.g. the RN will assess the resident for competency and will be signed off by the GP. The service has a process in place to ensure the GP will review the resident every three months. Medicines for self-administration will be stored in a locked cupboard in the resident's room, verified. The GP will sign the medication chart and will be faxed to the pharmacy.

ARC requirements are met.

**Criterion 1.3.12.1 A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.3.12.3 Service providers responsible for medicine management are competent to perform the function for each stage they manage.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.3.12.5 The facilitation of safe self-administration of medicines by consumers where appropriate.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 1.3.12.6 Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**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 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

Food, fluid and nutritional needs of residents will be provided in line with recognised nutritional guidelines, the service is currently fully functional and already provides meals to staff as verified during the audit. The RN will be completing the Dietary Assessment on admission and the Food and Beverage (F&B) manager will be signing the form, sighted the system for implementation. The (F&B) manager will create a Diet Code for all residents, sighted process in place. The service has a process for when residents have excessive weight loss. The process will include the RN commencing a short term care plan, food & fluid monitoring charts and referring the resident to the GP for possible food supplement, confirmed during interview. The CM will refer the resident to the dietician when the resident continues losing weight, confirmed during interview. The process currently includes the dietician providing guidelines to the RN and F&B manager, confirmed during interview.

All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines, verified during the on-site audit.

The F&B Manager holds a National Diploma in Food service Management and holds a current Food Safety Certificate. She is currently in the Induction process for Health and Safety. The kitchen maintains a First In, First Out system for food preparation. The foods are labelled and dated properly as sighted. Food Production Temperature Sheet, Food Service Sheet as well as Receiving Food Checklists, sighted. Fridge and Freezer Temperature Monitoring is done three times per day, sighted. Temperature variances are reported to the maintenance for immediate action, sighted. A kitchen cleaning schedule is sighted. An Emergency Menu Plan is in place as well as Emergency Stock, verified. The F&B manager states that a chef is employed to coordinate the kitchen with kitchen assistants. The kitchen has a state of the art system that maintains food temperature when serving meals even for the second floor residents, verified.

ARC requirements are 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

The organisation's health care waste policy includes medical waste, soiled disposable waste, wet linen, sharps, body fluids / waste, equipment cleaning and who approves policy. The infection control policy includes; standard precautions policy, hand hygiene policy, use of gloves policy, respiratory etiquette, isolation precautions, outbreak management, outbreak register, notifiable diseases, single use items, safe management of sharps, accidental exposure to blood / body fluids, blood and body fluid accident notification, soiled linen, spills of blood / body fluids, cleaning the environment, health care waste, renovations and construction, staff with infections guidelines, guidelines for immunisation of staff and residents, flue vaccination consents, staff vaccination records, anti-microbial usage, infection control surveillance and anti-microbial resistance organisms, sighted and confirmed during interviews with the clinical manager and business and care manager. The service has personal protective equipment (PPE) available and displayed in the four (two upstairs and two downstairs) sluice rooms, in the cleaners rooms (two upstairs and two downstairs) and in the chemical storage room (upstairs), sighted and confirmed at the business and care manager interview. The cleaner’s rooms and chemical storage room are locked and the house keeper, the clinical manager and the business and care manager have keys to these rooms.

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 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

The service has a CPU dated 19 August 2013 expiring on 19 August 2014, which includes the automatic sprinkler system, emergency warning system for fire and other dangers, automatic doors, controlled doors, interfaced fire and smoke doors and windows, emergency lighting and systems, mains for the fire system, automatic back-flow prevention for water supply, passenger lifts, mechanical ventilation and air conditioning, emergency power signs and systems, fire escapes, exits, fire separation, signs for communicating information relating to building evacuations and smoke separation.

The service completed a fire evacuation training day for current staff members on 19 August 2013 and is planning to complete another training day for new staff on the 10 September 2013, sighted records, documents and confirmed at the clinical manager interview.

The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of rest home and hospital level of care refer 1.4.3; 1.4.4 and 1.4.5.

The residents are provided with a safe and accessible external environment with bowling greens; raised plant boxes, a 'bloke's shed', a potting shed, and ramps at exit doors which are flush and easy to use. The service has eight doors exiting the facility, verified, and confirmed during the business and care manager interview.

ARC requirements are met.

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

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**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.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**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

There are 67 bedrooms with full ensuites, this include toilet, shower and hand basin, verified. The service has three very large units that can also be used as double rooms (for when they admit two people who choose to share). There are also three shower rooms (two downstairs and one upstairs) with a bath trolley for residents that may need full personal cares, verified and confirmed at the clinical manager and the business and care manager interviews. The service has six toilets for visitors and staff (three down-stairs and three upstairs) with one staff shower upstairs, connected to the staff room, verified.

ARC requirements are 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

There are two types of ‘apartments’:

1. Apartments for independent living- where residents are totally independent and

2. ‘Apartments’ which are actually suites in the care facility building (rooms with their own ensuite, kitchenette, balconies and dining/lounge areas) some are as small as a regular studio and others with individual rooms for different areas. All the suites are spacious and allow for personal mobility aids, additional chairs and furniture,. The service has 20 different configurations of rooms for residents, allowing a variety of choices in terms of layout and presentation of suites, verified during the walk through the service, sighted the floor plans and confirmed during the business and care manager interview. The partial provisional only relates to apartments type 2.

ARC requirements are 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 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🗷

**How is achievement of this standard met or not met? Attainment:** FA

The service provides adequate and appropriate access to lounge, activities, visitors and dining facilities, verified during the walk through the facility. There are Gilroy lounge, the Club lounge, the Kennedy are downstairs and the Chaplin lounge, the sunroom, the library and five alcoves where residents can meet with visitors and family, verified and confirmed during the business and care manager interview. Each suite has an additional lounge area for residents to meet with their visitors and family in private, verified. The service has the restaurant as main dining area and the satellite Kennedy dining room downstairs with the Chaplin dining room upstairs verified and confirmed during the clinical manager interview. Residents also have the opportunity to order room service, confirmed during the food and beverage manager interview.

ARC requirements are 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 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

The methods, frequency and materials used for cleaning and laundry processes are in place to ensure effective management of the services. Cleaning trolleys include a lockable area where chemicals are being stored, verified, and each trolley has a copy of the duties and the required tasks, sighted and confirmed during the business and care manager and the clinical manager interviews. The cleaner rooms and the chemical storage room have material safety data sheets (MSDS) with guidelines for interventions when needed, sighted.

The facility has a designated chemical storage room for the safe and hygienic storage of cleaning, laundry equipment and chemical products, verified.

ARC requirements are met.

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

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

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

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**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 🞏 MaI 🞏 V 🗷 CQ 🞏 SQ 🞏 STQ 🞏 Ma 🞏 L 🞏

**How is achievement of this standard met or not met? Attainment:** FA

Employees receive appropriate information, training and equipment to respond and identify emergency and security situations, sighted records confirming the trial evacuation training that occurred on 19 August 2013 and sighted the training programme for new employees including another evacuation training day scheduled for 10 September 2013, sighted and confirmed at the interview with the business and care manager interview. Security of the facility includes a security guard from seven at night to seven in the morning, Monday to Friday and Saturday and Sunday the security guard works from four in the afternoon till the seven the following morning, confirmed during the administrator interview.

The service has closed circuit television (CCTV), with nine cameras and the footage show on the computers throughout the service. The business and care manager can also log into the footage via telephone. Doors are swipe card entry only accept through specific doors that are opened for use during business hours. The service has an intercom service to allow access to the facility after hours, verified.

The service has an approved fire evacuation plan dated 16 August 2013, sighted.

The service has emergency lighting with provision for a generator (to plug in) and there is battery backup for all systems, confirmed during the business and care manager interview.

The service has a call bell system which includes call bells at all toilets, showers, beds, and kitchen / lounge areas, verified. The communal lounge and dining areas have call bells for use during emergencies and corridors have at least three calls bells, verified. There is also a call bell reception area and the four shower rooms, the nurse’s stations, the salon spa, the kitchen, and visitors and staff toilets and the chapel have call bells for emergency use, verified and tested.

ARC requirements are 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.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

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

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

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

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

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

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**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

All areas are ventilated and heated through the use of heat pumps and a central air conditioning system, verified and confirmed at the business and care manager interview. All windows are double glazed and tinted to reduce noise and glare from the sun. Room windows have venting systems to allow natural air flow and circulation. Showers have vents and extraction fans. The front door at reception has an air curtain to prevent wind blowing into the building. All bedrooms, communal areas and corridors have large external windows allowing natural light into the building, verified and confirmed at the administrators interview.

ARC requirements are 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 3.1 Infection control management**

There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.

ARC D5.4e ARHSS D5.4e

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 responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters in the facility. The CM is the infection control co-ordinator and is signed off by the General Manager for Clinical & Quality Manager as sighted in the CM file.

The facility has a clearly defined infection control program that is reviewed annually, sighted. Infection control is part of health and safety meeting every month. The use of antibiotics is monitored in the Infection Log which includes the date the infection is identified, type, signs & symptoms, treatment and the date resolved. The RN commences a short term care plan and is signed off when the infection is resolved. It is also reflected in the progress notes. The organisation added the service to their Oceania Intranet system for benchmarking, verified.

Infectious diseases prevention policy is in place to prevent visitors suffering from, or exposed to and susceptible to, from exposing others while still infectious. Hand sanitizers are in the main reception area as well as in each corridor.

**Criterion 3.1.1 The 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.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 3.1.3 The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**

**Criterion 3.1.9 Service providers and/or consumers and visitors suffering from, or exposed to and susceptible to, infectious diseases should be prevented from exposing others while infectious.**

**Audit Evidence** **Attainment:** FA **Risk level for PA/UA:**

**Finding Statement**

**Corrective Action Required:**

**Timeframe:**