

# Presbyterian Support Services Otago Incorporated - Iona

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## Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Presbyterian Support Otago Incorporated
<b>Premises audited:</b>	Iona Home and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 24 June 2015    End date: 24 June 2015
<b>Proposed changes to current services (if any):</b>	Reconfigure of current services to include conversion of a 14 bed hospital unit to a 14 bed dementia unit.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	65

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

## General overview of the audit

Iona Home and Hospital is part of the Services for Older People, a division of the Presbyterian Support Otago. Iona is managed by a registered nurse who reports to the director of services for older people, and is also supported by an operations support manager, quality advisor and a clinical nurse advisor. The service is currently certified to provide hospital and rest home level care for up to 79 residents. On the day of audit there were 65 residents. PSO Iona continues to implement a comprehensive quality and risk management system.

This partial provisional audit was conducted to assess the service's ability to provide dementia level care within an existing wing of the facility. The proposed dementia unit has 14 beds and is currently unoccupied. The reconfigured service will be provided within the existing certified bed numbers. The wing has previously been used as a hospital unit. This audit verified that the service has appropriate processes, facilities and staffing to provide dementia specific level care. Audit processes included a tour of the new unit, review of documentation, medication management and food service, and interviews with management and staff.

Three improvements are required prior to occupancy around ensuring the dementia unit is secure, the completion of one resident room and obtaining an approved and amended fire evacuation scheme.

## **Consumer rights**

Not audited.

## **Organisational management**

The director and management team of PSO services for older people provide governance and support to the nurse manager. The nurse manager at Iona is also supported by two unit nurse managers, registered nurses and care staff. One unit manager acts as manager in her absence. Human resources processes are managed in accordance with good employment practice, meeting legislative requirements. The induction and education and training programmes for the staff ensure staff are competent to provide care for dementia residents. Staff for the new dementia unit will be sourced internally with the hospital unit manager and nurse manager to oversee the dementia unit in the first instance. Both registered nurses are experienced in aged care. Existing care staff that have completed aged care and dementia unit standards will be employed in the dementia unit. A roster has been developed for staff cover in the dementia unit and will be increased in line with occupancy.

## **Continuum of service delivery**

Medication policies and procedures align with current standards and guidelines. Staff responsible for medicine administration are trained and have current medication competencies. Food service is provided on site by experienced kitchen staff. The service is equipped to manage the provision of dementia level care. Kitchen staff have completed food safety training. Residents' individual needs are identified, documented and reviewed on a regular basis.

## **Safe and appropriate environment**

PSO Iona has documented processes for waste management. The service has a policy for investigating, recording and reporting incidents involving infectious material or hazardous substances. Chemical safety training has been provided to staff. There is a current building warrant of fitness. An existing wing has been designated as a secure 14 bed unit to provide dementia care. The maintenance role entails checks for safety of the facility and implementing requests from the maintenance book. Annual testing and tagging of electrical equipment and calibration and service of medical equipment has been conducted. The new unit is to be secured. There is a large lounge and dining area. There are sufficient shared and communal toilet and shower facilities within the unit. The service has implemented policies and procedures for fire, civil defence and other emergencies. There are staff on duty with a current first aid certificate. General living areas and resident rooms are appropriately heated and ventilated. The dementia residents will have access to communal areas for entertainment, recreation and dining. There is a large internal secure courtyard and garden area with seating which the dementia residents can safely access. Residents are being provided with safe and hygienic cleaning and laundry services, which are appropriate to the setting.

## **Restraint minimisation and safe practice**

Not audited

## **Infection prevention and control**

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. These reflect the needs of the service and are readily available for staff access. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and also as part of the on-going in-service education programme.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	12	0	3	0	0	0
<b>Criteria</b>	0	32	0	3	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Iona is one of seven aged care facilities under residential services for older people (SOP) - a division of Presbyterian Support Otago (PSO). The director and management team of SOP provide governance and support to the nurse manager. The nurse manager of PSO Iona is a registered nurse with experience in management and aged care and is also supported by two unit nurse managers, registered nurses and care workers. The manager has been in the role at Iona for the past two and a half years and has experience within the aged residential environment including previous clinical and management roles for PSO. The home is certified to provide rest home, hospital and medical care to up to 79 residents with a total of 65 residents on the days of audit – 37 hospital and 28 rest home. There were no residents under the medical contract and no respite residents. All rest home and hospital rooms are dual purpose. The rest home wing (Argyll) has 28 beds with 28 residents on the day of audit – 27 rest home and one hospital. The Kirkness hospital wing has 37 beds with 37 residents on the day of audit – 36 hospital and one rest home resident. The newly appointed dementia unit (MacKay) had 14 beds and is unoccupied.</p> <p>The organisation has a current strategic plan for 2012 - 2015, a business plan 2014 - 2015 and a current quality plan for 2014 - 2015. The organisational quality</p>

		<p>programme is managed by the manager, quality advisor and the director of SOP. The manager is responsible for the implementation of the quality programme at Iona. Quality improvement activities are identified from audits, meetings, staff and resident feedback and incidents/accidents. There are clearly defined and measurable goals developed for the strategic plan and quality plan. The strategic plan, business plan and quality plan all include the philosophy of support for PSO. The service has documented a quality plan around the provision of dementia level care and includes engagement of stakeholders, physical environment, recruitment of staff, staff education, a marketing plan, and movement of residents and management of a waiting list.</p> <p>PSO Iona continues to implement an organisational wide project called "Valuing the lives of Older People". This has a major focus on the way they provide care, and staff are involved in this quality project (which includes specific training) and a focus to making a difference to the lives of people using their services is apparent.</p> <p>Iona has embraced this vision and it is evident in service delivery and feedback. Valuing Lives is incorporated into all aspects of service e.g. regular agenda item at quality meetings and is embedded in all staff training. The service has a mission statement and values listed to fulfil that vision. Valuing Lives action plan is regularly reviewed and communicated to all staff.</p> <p>The manager has maintained at least eight hours annually of professional development activities related to managing the facility including attendance at regular managers' forums, attending two aged care conferences and attending in-house clinical related sessions.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>In the manager's absence, the rest home unit manager is responsible for the running of the facility with additional RN staffing put into place. The nurse manager and SOP quality manager are responsible for the oversight of the quality and risk management programme, oversight of the diversional therapy programme and education and training for staff.</p> <p>D19.1a; A review of the documentation, policies and procedures and from discussions with staff, identifies the service's operational management strategies, and quality and risk programme are in place to minimise the risk of unwanted events and enhance quality.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates including the registered nurses, general practitioners, physiotherapist and pharmacist is kept. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Reference checks are completed before employment is offered. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. The orientation package for staff includes information on diversional therapies for staff working in the dementia unit.</p> <p>Discussion with the nurse manager, two unit managers, and quality manager confirm that a comprehensive in-service training programme is in place that covers relevant aspects of care and support and meets requirements. There is a completed in-service calendar for 2014 and one in progress for 2015. The annual training programme exceeds eight hours annually. Care workers complete the career force limited credits programme. Nine care workers have completed the course which includes the required dementia care unit standards. The nurse manager, unit managers and registered nursing staff attend external training including conferences, seminars and sessions provided by the local DHB and PSO. Registered nurses (RN's) and senior care givers complete medication competencies and RN's also completed two yearly syringe driver training and competencies.</p> <p>The dementia unit will be staffed by existing care workers/givers that have completed dementia unit standards. The activities coordinator has also completed dementia training. A training day for all staff working in the dementia unit is planned for July 2015 and includes types of dementia, managing challenging behaviours, de-escalation techniques, and advocacy for people with dementia, person centred care, supporting families and relationships, person focused activities, intimacy and sexuality and documentation.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Human resource management policies include a staff rationale and skill mix policy. Sufficient staff are rostered on to manage the care requirements of the rest home and hospital residents. The service also employs laundry staff, cleaning staff, food services manager, cooks and kitchen hands and a maintenance person and gardener. Interviews with the nurse manager identify that staffing is currently adequate to meet the needs of residents</p>

		<p>The dementia unit will initially be staffed by one caregiver on each shift for up to four residents. Registered nursing oversight will be provided by the hospital unit manager and nurse manager. A registered nurse will be rostered on in the unit for 20 hours per week when occupancy reaches eight residents. A cleaner will be employed to work in the dementia unit. The activities coordinator will provide activities in the dementia unit appropriate to resident requirements and assessed needs. Staffing levels will be adjusted according to resident numbers. Initially, this will increase in increments of two - four residents. With full occupancy, the unit will be staffed by one long and one short shift on the morning shift, along with one activities person; one long and one short shift in the afternoon shift and one caregiver overnight. Activities are to be provided Monday to Sunday and a proposed activity programme has been drawn up.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are comprehensive medication management policies and procedures in place. 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. The service uses four weekly blister dose medication packs for all residents at PSO Iona. Medication charts for 12 residents were reviewed and evidence that photo identification and allergies were recorded.</p> <p>There is a signed agreement with the supplying pharmacy. Medication packs are checked and reconciled against medication charts upon arrival to the facility. Medication fridge temperatures are monitored daily.</p> <p>Registered nurses administer medications in the hospital unit, and senior care workers administer medications in the rest home unit. Care workers will administer medications in the dementia unit. Medication competencies were current in the staff files reviewed. The service records all medication errors as incidents/accidents and these are followed up on a monthly basis, and where appropriate, corrective action is discussed at the staff meetings and registered nurse meetings.</p> <p>The service has a policy and procedure on residents who wish to self-medicate that eludes three monthly assessments by GP of the resident's on-going ability to safely self-medicate and a resident competency review form.</p> <p>There is a locked treatment room and a medication trolley for the dementia unit.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The service has a food service manager who works full time. The food service manager is a cook with many years of experience and is responsible for menu planning (alongside the dietitian), training of staff and all cleaning and audits. One other qualified cook is employed full time and there are two part time cooks. Four weekly summer and winter menus are in place that have been reviewed by the dietitian. Food service managers from all PSO homes meet annually. All staff working in the kitchen have food safety qualifications. Fridge and freezer temperatures are monitored daily in the kitchen and in kitchen units in each wing. Food temperatures are recorded and also food on delivery to the service is recorded. Meals are served directly from the kitchen to the rest home dining room. Meals to residents in the hospital wing are served on to hot plates from the main kitchen and then delivered to the dining rooms. The dementia unit residents will also have this tray service. A registered dietitian is employed by Presbyterian Support Otago (PSO) and attends Iona every two months and as required. She has input into the provision of special menus and diets where required and completes a full dietary assessment on all residents at the time they are admitted. Residents with weight loss are reviewed by the dietitian every one to two months. Residents with special dietary needs have these needs identified in their care plans and these needs reviewed periodically as part of the care planning review process. A memo is sent to the kitchen alerting the food service manager of any special diets likes and dislikes, or meal texture required. Residents' food preferences are identified at admission. Resident meetings discuss food as part of their meetings.</p> <p>Special equipment is available such as lipped plates/assist cups/grip and built up spoons. Internal audits are undertaken and the food service manager was able to describe the audit processes undertaken. Food services audits have been conducted. The service has achieved full compliance from the HACCP audit in May 2015. Additional food and snacks will be available for residents in the dementia unit.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service</p>	<p>FA</p>	<p>Waste management procedures are addressed in the housekeeping and health and safety manuals. The staff orientation process addresses chemical usage, hazard management and the use of material safety data sheets. All hazardous chemicals (used for cleaning and those used by the maintenance staff) are stored in secured areas. Appropriate sharps bins are used. Kitchen and cleaning staff wear protective equipment - gloves and aprons worn by the cleaners and hats by</p>

<p>delivery.</p>		<p>food service staff. Maintenance and laundry staff have access to protective equipment which is stored in the laundry. Safe chemical handling training was provided in 2014. No chemicals will be stored in the dementia unit. A locked cleaner's room is located outside the dementia unit.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>PSO Iona is a large facility divided into three wings. One wing is for rest home residents, one wing for hospital and one wing has been designated for a secure unit for the proposed dementia unit. The new dementia unit was previously a 14 bed hospital unit. There is one large lounge and dining area in the proposed dementia unit. Hallways are sufficiently wide enough to allow residents to mobilise in all areas. Activities will take place in either the dining room, lounge or outside in the large courtyard. Residents will be encouraged to bring in their own possessions and adorn their rooms as they wish. Fixtures and fittings are appropriate and meet the needs of the residents. The service displays a current building warrant of fitness which is due to expire on 1 July 2015. Hazard registers are in place for all areas. These are reviewed annually. The buildings are well maintained.</p> <p>Medical equipment including hoists and scales, are serviced and calibrated annually. Hot water temperatures are monitored and recorded monthly by the maintenance person and these were noted to be 45 degrees Celsius or below. The building has sufficiently wide corridors with handrails. Flooring surfaces are well maintained and are made of non-slip materials. Registered nurses and senior care workers are trained in first aid. The policy on transportation and vehicle usage describes transportation requirements. The service has a van which is used to transport residents on outings. External areas are maintained by a gardener. There is adequate equipment available for care staff to assist residents.</p> <p>The dementia unit has a large internal garden area with seating and shade. The locked door system for the dementia unit is yet to be completed. It will have key pad exit. The system will be linked to the emergency door release system so that in the event of a fire, the doors are automatically unlocked</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured</p>	<p>FA</p>	<p>The dementia unit at Iona has 14 bedrooms. Two have full ensuite and 12 have shared ensuite. A bathroom has been converted in to a bedroom, however, is not yet completed (link #1.4.4.1). There is one visitor toilet which is identifiable and</p>

<p>privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		<p>locked. There are two communal resident toilets in the dementia unit in close proximity to the lounge and dining areas. All bedrooms have hand washing facilities.</p>
<p><b>Standard 1.4.4: Personal Space/Bed Areas</b> Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>PA Low</p>	<p>All the bedrooms in the dementia unit are spacious enough to allow residents to safely move about the furnishings with their mobility aids and for the use of a standing or lifting hoist. There is adequate space to allow residents to personalize their rooms. Residents were observed safely moving around the facility in the rest home and hospital areas. Thirteen of 14 rooms in the dementia unit are completed. The 14 rooms will be of sufficient size to allow staff and residents to move safely and freely.</p>
<p><b>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</b> Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>PSO Iona has large lounge/dining areas in all three wings of the facility. The majority of activities occur in any of these areas. The proposed dementia unit quiet areas for residents and families to access. Residents are able to use alternate areas if communal activities are being run in one of these areas and they do not want to participate in them. There is adequate space to store mobility aids while residents are having their meals. Seating and space is arranged to allow both individual and group activities to occur.</p>
<p><b>Standard 1.4.6: Cleaning And Laundry Services</b> Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>The service has in place policies and procedures for management of laundry and cleaning practices. Product user charts, chemical safety data sheets for chemicals used in the facility, and cleaning and laundry manuals and task sheets were reviewed. Visual inspection evidences the implementation of cleaning and laundry processes. The laundry area is adjacent to the rest home unit and is not accessible to residents. All laundry is processed on site and advised that the service will be able to manage the washing generated by dementia residents. The service has two large commercial washing machines and one large commercial drier. There are colour coded linen bags and all linen and personal clothing items are sorted prior to washing. Staff have been provided with chemical safety training in 2014.</p> <p>The environment, lounges, dining room, bedrooms and utility areas are clean and tidy. The cleaner's trolleys are well equipped. Chemicals are on the trolleys and</p>

		these were not left unobserved. The trollies are stored in a locked cleaner's cupboard when not in use. There are monthly quality control checks, safety data sheets available and wall charts for chemical use. Internal audits are carried out with corrective actions completed.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	PA Low	<p>Emergency management plans are in place to ensure health, civil defence and other emergencies are covered. Fire and evacuation training is conducted six monthly. Civil defence resources are available. Appropriate training, information, and equipment for responding to emergencies is provided. There is an emergency management manual, and a fire and evacuation manual. External providers conduct system checks on alarms, sprinklers, fire reels and extinguishers.</p> <p>The service provides annual compulsory fire and evacuation training for all staff. Registered nurses, senior care workers and activities staff have completed first aid training.</p> <p>The New Zealand Fire Service approved the most recent fire evacuation scheme on 22 June 2013. Further approval is required in relation to planned evacuation of the secure dementia unit.</p> <p>The emergency lighting is provided. Extra blankets, torches and supplies are available. There is sufficient food in the pantry to last for seven days in an emergency and there are sufficient emergency supplies of stored water (10,000 litre tank). There is a BBQ and gas bottle on site. Call bells were adequately situated in all communal areas, toilets, bathrooms and personal bedrooms. The call bell system in the 14 bed dementia unit is functioning with exception of one bedroom (link #1.4.4.1).</p> <p>The service has a visitor's book at reception for all visitors including contractors to sign in and out. Access by public is limited to main entrance. Door checks are made by staff on afternoon and night shifts.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained</p>	FA	<p>General living areas and resident rooms are appropriately heated and ventilated (link #1.4.4.1). Living areas and bedrooms in the hospital and rest home areas are controlled centrally to allow areas to be suitably heated. Room temperatures can be individually adjusted. Residents have access to natural light in their rooms</p>

at a safe and comfortable temperature.		and there is adequate external light in communal areas. Smoking is only permitted in designated areas.
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>PSO Iona has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The rest home unit nurse manager (registered nurse) is the designated infection control nurse with support from the manager (at facility level) and the clinical nurse advisor (at an organisational level). The infection control programme is linked into the incident reporting system. The infection control is part of the nursing/clinical team meeting and is also linked to the quality meeting and includes discussion and reporting of infection control matters. The infection control programme was reviewed in June 2014 and is due for review in July 2015. The infection control nurse is also on the infection prevention and control CQI work group for PSO. Minutes of meetings are available for staff. Regular audits take place that include hand hygiene, infection control practices, laundry and cleaning. Education is provided for staff.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	PA Low	The dementia unit is located in a pre-existing area of the service. The unit was previously used as a hospital unit. The area will have two secure doors – one at each end with key pad entry and exit.	The doors at each end of the unit are not yet completed; therefore, the unit is not yet secure. The frame work is in place, as are the key pads and wiring for entering and exiting.	<p>Ensure that the dementia unit is secure, including both doors in and out of the unit with functioning entry and exit systems.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.4.1</p> <p>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</p>	PA Low	The dementia unit has 14 designated bedrooms which are all single rooms with either full ensuite or shared full ensuites. The rooms are large and will allow staff and residents to mobilize freely. Thirteen rooms are prepared for occupancy.	One room is in the process of being converted from a bathroom into a resident room with full ensuite. This room is not yet completed – including heating system and call	Ensure that all rooms are completed and ready to be occupied including heating, lighting and call bell system.

area.			bell system.	Prior to occupancy days
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	<p>The fire evacuation scheme was amended and approved following major refurbishment at PSO Iona in 2013. Advised by the nurse manager that a structural and fire engineer has assessed the dementia unit and recommended specific changes to the fire evacuation plan. The report from the engineers was sited. The service has commenced the process of having the fire evacuation scheme approved by the NZFS.</p>	<p>The facility's current fire evacuation scheme, which was amended and approved in June 2013, does not incorporate the secure dementia unit.</p>	<p>Provide evidence that the NZFS has approved an amended fire evacuation scheme which includes the reconfigured 14 bed secure dementia unit.</p> <p>Prior to occupancy days</p>

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.