

# Oceania Care Company Limited - Everill Orr Village

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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 Central Region's Technical Advisory Services Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

**Legal entity:** Oceania Care Company Limited

**Premises audited:** Everill Orr Village

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

**Dates of audit:** Start date: 10 July 2015 End date: 10 July 2015

**Proposed changes to current services (if any):** HealthCERT have requested a partial provisional audit following a request from Everill Orr to reduce the total beds from 106 to 67 (a loss of 39 beds). This is to be achieved by reducing rest home beds from from 35 to 13 and increasing dual service beds from 17 to 54.

**Total beds occupied across all premises included in the audit on the first day of the audit: 72**

# 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

This partial provisional audit has been undertaken to establish the level of preparedness of the provider to provide a reconfigured health and disability service that would reduce rest home beds from 35 to 13 and increasing dual service beds from 17 to 54.

The audit process included the review of policies, procedures and residents and staff files, observations and interviews with residents, family, management, staff and a medical officer. The audit also reviewed four recommendations required at the previous audit to the performance appraisal process, continuity of care for residents in one building, the activities programme and to one laundry room with no further actions required.

The business and care manager is responsible for the overall management of the facility and is supported by the clinical manager. Staffing levels are reviewed for anticipated workloads and acuity and there is a rationale documented to increase staffing as per the needs and acuity of residents.

There are no changes required to service delivery or to the facility should the certification to reconfigure beds be approved because of this audit.

Improvements are required to the unpleasant smell, curtains and heating.

## **Organisational management**

The business and care manager and the clinical manager (both registered nurses) provide operational and clinical oversight of the service. They are supported by the regional operations manager and clinical and quality manager.

Staffing levels are adequate and the policy describes how staffing will be increased if the reconfiguration of beds is approved. Interviews with residents and relatives demonstrated that they have adequate access to staff to support residents when needed.

The current management team, training programme and staffing rationale are appropriate should the beds identified be reconfigured and no changes are required.

## **Continuum of service delivery**

The service has a medicine management system to manage the safe and appropriate prescribing, administration, storage, disposal and medicines reconciliation to comply with legislation, protocols and guidelines. Visual inspection of the facility confirmed medicines are kept in a heat and moisture free, securely locked area. The medicines room built in the new area is secure, and provides safe and secure storage of drugs.

Medicines management in-service training occurs. All staff members responsible for medicines administration have annual competencies completed. The service had no residents who self-administer medicines.

During the onsite audit the recreational activities were appropriate to the age, needs and culture of the residents and supported their interests and strengths. The residents and families interviewed expressed satisfaction with the activities provided by the activities coordinator.

Food, fluid and nutritional needs of residents are identified through assessment. The kitchen is located next to a large dining room. Residents with special dietary needs are catered for. Food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines.

This service is able to provide medicines and food services to the suggested changed areas within the service.

## **Safe and appropriate environment**

There is a current building warrant of fitness in place. There is a preventative and reactive maintenance programme including equipment and electrical checks. The facility is designed to meet the needs of residents with access to lounges, dining areas and external areas. One wing not in use at the last audit has been refurbished with residents ready to move into this.

## **Infection prevention and control**

The infection control programme is reviewed annually for its continuing effectiveness and appropriateness. There is a managed environment, which minimises the risk of infection to residents, service providers, and visitors. This is appropriate to the size and scope of the service.

The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters.

Service providers and/or residents and visitors suffering from, or exposed to infectious diseases are prevented from exposing others while infectious. Staff members were able to explain how to break the chain of infection.

## 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	14	0	2	1	0	0
<b>Criteria</b>	0	36	0	2	1	0	0

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

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Everill Orr Village is part of the Oceania group with the executive management team including the chief executive officer, general manager, regional operational manager and clinical and quality manager providing support to the service. Communication between the service and managers takes place at least on a monthly basis.</p> <p>Oceania has a clear mission, values and goals and these are displayed in the facility and provided to family, residents and staff as part of an orientation to the facility.</p> <p>Current occupancy. The facility can provide care for up to 106 residents requiring hospital or rest home level of care. During the audit there were 72 residents living at the facility including 26 residents at rest home level of care and 46 residents at hospital level of care. The intended date of the demolition of one of the buildings and move of residents is scheduled for October 2015. Numbers of residents will have dropped by that stage as currently there are four residents using respite or long term carer support services that will have completed their use of services by then. The business and care manager (BCM) stated that the move will not be made until the number of residents requiring beds is at 67 or less.</p>

		<p>Reconfiguration of services. HealthCERT have requested a partial provisional audit prior to utilisation of the reconfiguration of beds following a request from Everill Orr to reduce the total beds from 106 to 67 (a loss of 39 beds). This is to be achieved by reducing rest home beds from 35 to 13 and increasing dual service beds from 17 to 54.</p> <p>The business and care manager has been in the role for six weeks, is a registered nurse and has a background in working in intensive care, of over 17 years in aged care and in management roles. The business and care manager is supported by the clinical manager who has been in the service for eight years. If the reconfiguration of beds were approved, then there would be no requirement to change the existing management structure.</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>	FA	<p>There are systems in place to ensure that the day-to-day operations of the service would continue should the business and care manager (BCM) be absent. The clinical manager relieves the BCM if they are absent and the BCM (registered nurse) is able to relieve for the clinical manager in their absence.</p> <p>The clinical manager has over 20 years' experience in aged care as a clinical manager.</p> <p>Additional support and assistance is provided by other personnel from Oceania support office as required. Services provided meet the specific needs of the resident group within the facility. Job descriptions and interviews of the business and care manager, regional operations manager (Oceania), clinical and quality manager (Oceania) and the clinical manager confirmed their responsibility and authority for their roles.</p> <p>If the reconfiguration of beds were approved, then there would be no requirement to change the existing management structure.</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>	FA	<p>All registered nurses, the clinical manager and the business and care manager hold current annual practising certificates. Other practitioner's practising certificates include the general practitioner, dietitian, podiatrist and physiotherapist.</p> <p>The staff education planner for 2015 was reviewed and monthly in-service education is provided. Education and training hours exceed eight hours a year for</p>

		<p>all staff with relevant training according to each role. The clinical manager is responsible for oversight of the in-service education programme. Individual records of education are maintained for each staff member in their staff files, sighted. The skills and knowledge required for each position is documented in job descriptions and contained in the staff files reviewed, including reference checks and interviews. Orientation checklists sighted include relevant components of the service.</p> <p>There is an annual appraisal process in place with all staff having a current performance appraisal. First aid certificates are held in staff files along with other training records and a list retained in the nurses' station. Criminal vetting is completed – sighted in employee files reviewed.</p> <p>Health care assistants are paired with a senior health care assistant for shifts until they demonstrate competency on a number of tasks including personal cares. Annual medication competencies are completed for all registered nursing staff who administer medicines to residents. Mandatory training is identified on an Oceania wide training schedule. There are folders of attendance records and training with a spreadsheet maintained by the business and care manager with all training included.</p> <p>The previous requirements for improvement relating to the business and care manager's performance appraisal is fully implemented as the current business and care manager has only been in the role for the past six weeks.</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>The staffing policy is the foundation for workforce planning. Staffing levels are reviewed for anticipated workloads, identified numbers and appropriate skill mix, or as required due to changes in the services provided and the number of residents. Rosters sighted reflect staffing levels that meet resident acuity and bed occupancy. Currently there is a registered nurse on 24-hours a day in Astley which is a standalone house (to be demolished) and at least one registered nurse on 24-hours a day in the other building.</p> <p>The business and care manager and clinical manager work full-time Monday to Friday and share the on call component.</p> <p>There are staff rostered to provide support to each resident according to their needs. Residents and family interviewed confirmed staffing was adequate to meet the residents' needs.</p>

		<p>There are currently 76 staff including the business and care manager, clinical manager, 10 registered nurses and 46 health care assistants. There is a matrix for staffing developed for Oceania that details an increase in registered nurse hours as the acuity increases. There is also a focus on responding to resident needs and increasing the number of health care assistants and activity coordinator hours as required.</p> <p>New rosters have been documented which will include a focus on staffing one building instead of two. The matrix addresses the staffing requirements for the proposed increase of dual purpose beds and decrease in rest home beds.</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>	FA	<p>There is a medicine management system to manage the safe and appropriate prescribing, administration, storage, disposal and medicines reconciliation to comply with legislation, protocols and guidelines.</p> <p>The service has 10 registered nurses not including the clinical manager who are responsible for medicines management and maintain their medicines management competencies, verified.</p> <p>The service had no residents who self-administered medicines on audit day. Medicines are kept in heat and moisture free, securely locked areas. Controlled drugs are kept in a double locked secure safe. The service has controlled drug registers and the entries to the registers were legible, no white-out used, and all entries were signed and dated. Two registered nurses complete weekly checks of controlled drugs, verified. The pharmacist completes six monthly stock takes of the controlled drugs. The service conducts medicines management in-service training as part of their annual training programme.</p> <p>The new hospital has an additional medicines room with provision for locking controlled drugs in a secure safe. The medicines room has a newly purchased fridge which is already monitored for maintaining the required temperature to ensure safe storage of medicines.</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</p>	FA	<p>Food, fluid and nutritional needs of residents are being provided in line with recognised nutritional guidelines. Registered nurses complete resident's dietary assessment on admission and the chef receives a copy of the dietary assessment with identified special needs of the resident.</p>

<p>delivery.</p>		<p>Residents with unexplained weight loss are referred to the dietician for assessment. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines.</p> <p>Additional snacks are available for residents when the kitchen is closed. Residents' nutritional needs and interventions are identified and documented in the person centred care plan. Residents and family members interviewed were satisfied with the food service provided.</p> <p>The chef completed food safety certification. Fridge and freezer temperatures are monitored daily. Food temperature monitoring is completed three times per day. A kitchen cleaning schedule was sighted. The service has emergency food stock.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The facility did not have an activities coordinator (AC) at the time of the on-site audit; however the task was delegated to health care assistants (HCA's) to ensure continuity of service. The AC resigned two weeks prior to the audit and the facility was in the process of interviewing for the position.</p> <p>The programmes confirmed that independence was encouraged and choices were offered to residents. Staff members provide different activities addressing the abilities and needs of residents in the hospital and rest home, including additional activities for the resident who was younger than 65. All residents under 65 have 'Social and Recreational Care Plans' developed with a focus on their additional needs for social interaction.</p> <p>Sufficient equipment is provided. Activities attendance records are maintained and resource materials are accessible for the staff to utilise.</p> <p>Activities include: physical; mental; spiritual and social aspects of life to improve and maintain residents' wellbeing. During the onsite visit, activities included residents and one-on-one activities. Residents and family confirmed they were satisfied with the activities programme. Each resident has their own copy of the programme.</p> <p>On admission the AC completes a recreation assessment for each resident. The recreation assessments are comprehensive. The AC provides the RNs with the recorded assessments to ensure it is included in the person centred long term care plans. Review of activity plans are completed every six months, as part of the multi-disciplinary review, or when the condition of the resident changes. All</p>

		<p>resident files reviewed during the onsite audit had current activity assessments in place.</p> <p>The previous requirements for improvement relating to activities with a focus on the needs of people under 65 is fully implemented.</p>
<p><b>Standard 1.4.1: Management Of Waste And Hazardous Substances</b></p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are documented processes for the management of waste and hazardous substances in place. Policies and procedures specify labelling requirements including the requirement for labels to be clear, accessible to read and are free from damage. Material safety data sheets are available and were sighted in the sluice rooms located within easy access of all rooms. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances.</p> <p>Protective clothing and equipment is appropriate to the risks associated with the waste or hazardous substance being handled e.g. gloves, aprons, footwear and masks.</p> <p>If the reconfiguration of beds were approved, then there would be no requirement to change the existing waste management processes.</p>
<p><b>Standard 1.4.2: Facility Specifications</b></p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>A current building warrant of fitness is posted in a visible location at the entrance to the facility (expiry date 30 April 2016). There have been no building modifications since the last audit, however there has been significant refurbishment of the facility that has included refurbishment of a wing that used to be used for storage. Residents from Astley house (currently a separate building) are to move into the refurbished wing with adjustments in other areas to accommodate acuity and needs of residents. Astley house is identified as 'for demolition' with the transition plan detailing the move to the main building for residents. Residents have been consulted and the refurbished wing has the names on doors of residents who will move over.</p> <p>There is adequate equipment if the reconfiguration of beds is certified. This includes: hoists; seated scales and hospital beds. Equipment from Astley house will be brought over to the main building.</p> <p>There is a planned maintenance schedule implemented. The demolition of Astley house will be completed by an independent contractor. The business and care</p>

		<p>manager and other managers were able to describe their responsibilities in terms of moving the residents into the main building and of securing the site. The process is detailed in the transition plan.</p> <p>The lounge areas are designed so that space and seating arrangements provide for individual and group activities with the activity programme offered in the lounges on the day of the audit. The areas are suitable for residents with mobility aids.</p> <p>There are external areas for use by hospital and rest home residents with shade available including a garden, paved and seating area to the front of the facility that has recently been developed.</p> <p>All bedrooms identified as dual purpose in the facility are large enough to cater for equipment that may be required for hospital level care and all can fit extra staff if required. The rooms make them accessible to emergency equipment, beds and another resources required.</p> <p>The refurbished wing is linked by an enclosed ramp to other areas in the building including dining and lounge areas with easy access for residents.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	PA Low	<p>There are some bedrooms with ensuites throughout the hospital and rest home with adequate showers and toilet facilities in all areas. The refurbished wing has shared ensuite facilities and communal toilets and showers.</p> <p>If the reconfiguration of beds were approved, then there would be sufficient shower and toilet facilities for all residents.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>The service provides adequate space to allow residents and staff to move safely around their personal space and bed. All rooms are large enough for staff to comfortably use hoists and allow for personal mobility aids, additional chairs and furniture in the residents' rooms. Doors to the rooms are wide enough for mobility aids, emergency equipment, extra staff when required and hoists to enter the rooms. Hallways are wide and residents using mobility aids, visitors and staff easily move pass one another. Residents are encouraged to personalise their rooms.</p> <p>If the reconfiguration of beds were approved, then there would be no change</p>

		required to personal spaces.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The service provides adequate access to lounge, activities and dining facilities. There are a number of separate lounge and dining areas throughout the building. Other smaller and quieter areas are available for people to meet.</p> <p>If the reconfiguration of beds were approved, then there would be no requirement to alter existing communal areas although the service is discussing the refurbishment of a large lounge area to accommodate a lounge and dining area. One dining area has been made into two bedrooms however all residents have access to another dining room in close proximity.</p> <p>One wing in the main building has two lounges at the end of the wing. One resident has a bedroom off the lounge with a full ensuite. The lounges are both designated as being able to be used by any resident however the resident with the bedroom off one of the lounges is the only one that uses that lounge currently. There is discussion around the use of the two lounge areas with one possibly being made into a dining area. Any use of the rooms would not deviate far from how they are currently being used.</p> <p>Furniture is already adequately placed and available for the residents who would use the rest home/hospital part of the facility if approved.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Cleaning and laundry policy and procedures are available as well as policies and procedures for the safe storage and use of chemicals.</p> <p>Main laundry is washed off site and there is an adequate dirty / clean flow available in the laundry. Personal laundry is washed and dried in separate laundry rooms in each wing with one of the laundry rooms now having external ventilation. The requirement identified at the last audit has been addressed.</p> <p>Staff interviewed on the day of audit described the management of laundry including transportation, sorting, storage, laundering and return to residents. Clean linen is stored in the linen rooms with a new linen room created in the refurbished wing. The effectiveness of the cleaning and laundry services is audited via the internal audit programme. Cleaning and laundry staff were observed to be using protective clothing. The facility is observed to be cleaned to</p>

		<p>a high standard.</p> <p>There are safe and secure storage areas available for chemicals and staff have access to these areas as required. Chemicals are labelled and stored safely within these areas. Convenient hand washing facilities are available.</p> <p>Residents and family members state they are satisfied with the cleaning and laundry service.</p> <p>If the reconfiguration of beds were approved, then there would be sufficient cleaning and laundry services for all residents.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Documented systems are in place for essential, emergency and security services. Policy and procedures documenting service provider/contractor identification requirements are tailored to the resident group and setting along with policy/procedures for visitor identification are sighted There are also policies/procedures for the safe and appropriate management of unwanted and/or restricted visitors.</p> <p>The fire evacuation scheme was approved in 2003 and trial evacuations are held six monthly. There are no required changes to the evacuation scheme.</p> <p>There is always at least one staff member on each shift with appropriate first aid training.</p> <p>Health and safety including emergency and security training is provided to staff during their orientation phase and at appropriate intervals. Staff records confirmed training. Information in relation to emergency and security situations is readily available/displayed for staff. Emergency equipment is accessible, stored correctly, not expired, and stocked to a level appropriate to the service setting. Oxygen is maintained in a state of readiness for use in emergency situations.</p> <p>There are civil defence supplies in the event of an emergency including other lighting, gas and BBQ for cooking, emergency food supplies and an emergency water supply. There is a generator and emergency lighting.</p> <p>A call bell system is in place with display monitors throughout the facility displaying all calls until answered. The refurbished area has call bells installed and all are operational.</p> <p>If the reconfiguration of beds were approved, then there would be no further</p>

		requirement to modify emergency or security systems or to change the call bell system.
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	PA Moderate	<p>All areas are ventilated and heated to provide a comfortable environment for residents and others. All rooms have external windows and can be opened to allow natural airflow and circulation. Showers have vents and extraction fans.</p> <p>Residents and family confirmed that the facility is warm in winter, cooled in summer and maintained at a safe and comfortable temperature however, some radiators throughout the two buildings were very hot on the day of the audit with staff unable to hold their hands on the heaters. The maintenance staff addressed this on the day by stopping the temperature control from being able to be adjusted however a long term solution should be implemented. The boiler that heats the radiators is checked daily by maintenance staff and six to twelve monthly by an external contractor.</p> <p>If the reconfiguration of beds were approved, then there would be no requirement to change heating, lighting or ventilation.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control program is maintained and updated by the organisation; the current programme is for the 2014-2016 period. The infection control coordinator (ICC) was interviewed and reported that their responsibilities include monitoring and surveillance of infections on a monthly basis, collating the information and reporting to management. The infection control coordinator has a defined role description identifying the responsibilities of the ICC role.</p> <p>Policies and procedures for the prevention and control of infection comply with relevant legislation and current accepted good practice. The service has access to microbiologists at the laboratory and the infection control nurse specialist at the Auckland District Health Board (ADHB), if required.</p> <p>Staff members, residents and visitors suffering from, or exposed to and susceptible to, infectious diseases are prevented from exposing others while infectious through the use of signage and by encouraging the use of alcohol hand gels.</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	<p>All rooms and communal areas are cleaned daily and as the need arises. Two residents were identified by the clinical manager as having continence issues which is stated as being addressed by the staff. The designated room for one resident with ongoing continence issues in the refurbished wing (the residents will move from the current building which will be demolished to the new area) has lino on the floor and the clinical manager states that the registered nurses are working with any residents to address continence issues.</p>	<p>In Astley house (the building intended for demolition), there is a strong smell of urine. One other area in the main building also has a strong smell of urine. The management team state that the urine is embedded in the concrete floor and carpet and that while they have tried deep cleaning the area, they have not been able to get the smell out.</p>	<p>Manage the smell of urine in Astley and the continence issues of any residents requiring this.</p> <p>90 days</p>

<p>Criterion 1.4.3.1</p> <p>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.</p>	<p>PA Low</p>	<p>Curtains in refurbished rooms are purchased and the intention is to hang these prior to occupancy.</p>	<p>The curtains for the refurbished bedrooms have not yet been put up.</p>	<p>Put the curtains up in bedrooms prior to residents moving in.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.8.1</p> <p>Areas used by consumers and service providers are ventilated and heated appropriately.</p>	<p>PA Moderate</p>	<p>There are radiator heaters throughout the buildings. Some can be adjusted by staff manually to a heat of up to 65 degrees Celsius. Some heaters were very hot to touch on the day of the audit. These were for heaters that had manually been adjusted. The maintenance staff put a screw into the heater to stop the temperature control from being able to be moved beyond a certain point on the day of the audit. This solution was identified as a possible temporary fix as room temperatures were not checked on the day of the audit.</p>	<p>Some heaters in the facility were too hot to keep a hand on them.</p>	<p>Develop a long term solution to the heating problem.</p> <p>30 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.