# Clare House Care Limited - Clare House

## 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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Clare House Care Limited

**Premises audited:** Clare House

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

**Dates of audit:** Start date: 24 August 2016 End date: 24 August 2016

**Proposed changes to current services (if any):** An almost completed new building for the provision of 28 hospital level care beds is under construction. Within the complex, 12 one bedroom apartments, two of two bedroom apartments and four studio apartments have also been built. Rest home level care may be provided from these. Although there are no plans for changes in bed numbers, the current rest home and dementia service is also undergoing significant renovation. The service provider is requesting hospital – medical certification.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 0

# Executive summary of the audit

## Introduction

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

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

As well as auditors’ written summary, indicators are included that highlight the provider’s attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

## General overview of the audit

A partial provisional audit was undertaken at the Clare House Retirement Village (previously known as Clare House Rest Home) where the owner is planning to provide a continuing care option to residents. This audit was intended to assess the level of preparedness of the organisation to provide hospital level care for 28 residents in a newly constructed purpose built building. An assessment was also made regarding the suitability of rest home care being provided in 12 apartments (one bedroom) and two (two bedroom) apartments as well as four studio units that have been built within the complex.

The currently operating rest home and dementia care facility was undergoing significant renovation at the time of audit. Although there is no change in bed numbers planned in this project, the progress with this and the current and potential impact on the residents’ safety was checked during the audit.

There is a planned transition process for staff and the admission of new hospital level care residents. Documentation has been amended to reflect the introduction of hospital level care, all required safety and environmental considerations have been taken into account and staff training has been addressed.

A certificate of public use has been issued for a section of the new build; however the Code of Compliance and the checking of hot water temperatures are required prior to occupancy. Other evidence required prior to occupancy is that the furniture and equipment for the hospital is in place, that the sluice room is completed and has suitable equipment in place, the courtyard has been completed and the menu re-reviewed to reflect the additional nutritional requirements. This service is otherwise meeting the requirements to provide hospital-medical services.

## Consumer rights

Not applicable to this audit.

## Organisational management

Entry to service and organisational documents describe the philosophy and values of this service. The Clare House Retirement Village has a qualified and experienced general manager and a registered nurse clinical manager relieves in the general manager’s absence. The owner has involved this team closely in the development of the building of the hospital and apartment/studio unit complex. A business plan reflects the planned changes in service delivery and all organisational policies and procedures have been reviewed to ensure they cover the requirements of hospital level care.

New services will be integrated into the well-established quality and risk management system that is currently in place at the Clare House rest home and dementia service.

Recruitment and employment processes have been reviewed to ensure they cover the future requirements of the new services to be offered. Likewise position descriptions have been revised. Plans are in place for the recruitment of additional staff and include progressively increasing staff numbers as resident numbers increase. A staff training calendar remains in place and sits alongside scheduled training under way specifically for staff in the new hospital services.

Rosters have been re-developed to enable current and planned services to have adequate and suitably experienced staff, as per a reviewed policy on service provider and skill mixes. At least one registered nurse is rostered over 24 hours a day on 7 days of the week. There are sufficient staff already employed and orientated for the opening of the hospital.

## Continuum of service delivery

Registered nurses are to be responsible for all assessment, planning and evaluation and review systems of service delivery. Trained caregivers will provide most of the care and support under the direction of registered nurses. There are established links with a range of external services that can provide additional information and expertise.

A documented medicine management system is established in the current rest home and dementia services. It will transfer across to the hospital system when this wing opens. Safety around the storage of medicines has been considered and facility for this has been built into a spacious nurses’ station. All staff administering medicines are required to have a current competency that is renewed annually and/or following an error. Plans are in place to commence an electronic medicine management system as soon as practicable following the opening of the hospital wing.

A five-week rotational winter and summer option menu that has been reviewed by a dietitian is currently in use. All residents have a nutritional assessment completed on admission and this includes recording personal food preferences and any special or modified dietary requirements. Safe food handling practices are in place in the kitchen and staff have completed training on how to meet these expectations.

## Safe and appropriate environment

There will be no changes in the current management of waste and hazardous substances at Clare House. The requirements are documented and include the availability and use of personal protective equipment.

A Building Warrant of Fitness or Code of Compliance is not yet available and hot water temperatures have yet to be tested to ensure residents’ safety. Since the audit visit, the fire service has approved the evacuation plan and staff have been trained in its implementation. Equipment checks have been undertaken; although a range of new furniture and equipment is not due to arrive until closer to the opening date.

The last stages of construction are underway and there is evidence of planning that takes into account the safety and needs of the different levels of care of the intended residents. Spacious open plan lounge and dining areas, smaller sitting areas, ensuite bathrooms to all residents’ rooms and additional facilities of a physiotherapy room, a hair salon and a bathroom suitable for a bath trolley are some examples. Handrails are being installed throughout the facility.

An open internal courtyard is almost completed and provides a variety of planting with safe paved areas and pathways. Considerations have been given for managing services in the event of emergency and suitable equipment and supplies are available. A digital call bell system has been installed and is in working order. The sprinkler system connects to the fire service and smoke alarms to the call bell system. External doors lock automatically and are alarmed at pre-determined times.

All residents’ rooms and communal areas have openable windows and the interior is heated via a ducted heat pump system.

## Restraint minimisation and safe practice

Not applicable to this audit.

## Infection prevention and control

An infection control programme is in place and is described in an infection control manual. The infection control manual includes policies and procedures intended to reduce the incidence of infections and control any such event. This document has been reviewed and reflects the planned changes within this service. Infection control reports, including information on revision of the related documents are provided to the monthly quality meetings and in quarterly reports to the owner and subsequently the Board.

## 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)** |
| **Standards** | 0 | 12 | 0 | 3 | 0 | 0 | 0 |
| **Criteria** | 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)** |
| **Standards** | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 |

# Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.2.1: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Clare House Retirement Village (Clare House) is owned by The Greenvale Group. An interview with the owner and the general manager of Clare House was undertaken. The Board of the Greenvale Group that has an independent director operates as the governing body. Clare House’s general manager meets informally with the owner on a monthly basis and provides formal quarterly reports to the owner on key issues such as occupancy, finances and staffing, for example. The owner who accepts overall responsibility for Clare House then reports through to the Board. The business plan has been updated and reflects the changes for Clare House to include hospital level care and to provide retirement living options that will offer residents a continuing care package. The transition plan includes progressive staff increases as resident numbers increase and a suitable training to prepare staff for the additional care requirements. A long standing quality and risk management system is already in place at Clare House rest home and dementia service, which was confirmed in the quality meeting minutes. This is being further developed to cover the additional risks associated with hospital level care. All policies and procedures have been reviewed (June 2016) with hospital services in mind and additional policies such as use of a syringe driver, pressure injury, palliative care and oxygen therapy have been added. The general manager advised that the quality and risk management system will be implemented according to current practices.The service provider’s philosophy of care states Clare House will provide an environment that allows self-identity, a personal powerbase, privacy, security and a sense of belonging. This is intended to be achieved through five features that focus on promoting the individual and their health, emphasising their capabilities, fostering self-respect and self-control, valuing lifelong contributions and creating opportunities for growth and fun. A quality and risk management plan describes the systems that are used to review implementation of the organisational goals.A general (regional) manager oversees the management of two aged care complexes in Invercargill and is suitably qualified and experienced for her role. Assistance is provided by a clinical manager. The general manager has a degree in health science and has been in a management role in rest homes for eight years, with the last three as the regional manager. Professional development is being maintained with recent attendance at a Coach Approach course, first aid update, various in-service training options and liaising with other aged care managers at quarterly meetings. A performance appraisal has just been completed for the last calendar year. |
| Standard 1.2.2: Service Management The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.  | FA | The clinical manager who is a registered nurse with previous management experience will perform the manager’s role during a temporary absence of the manager. This has reportedly worked well previously for the dementia and rest home services at Clare House. Additional support is accessible from the manager of another local Greenvale Group rest home and another facility in another town. The owner informed she also makes every effort not to be absent at the same time as any of the facility managers.  |
| 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.  | FA | Recruitment and employment policies and procedures include the need for professional qualifications to be validated and this process is already in place for current employees. Revised position descriptions for registered nurses and for caregivers in all areas were viewed. Current employment practices include police and referee checks, presentation of a current curriculum vitae and a pre-employment interview. The general manger explained her preference to employ people already known to her, or to current employees. An orientation and induction process is already in place. Plans for a specific hospital service orientation for mid-September are intended to ensure that all new employees, including current employees from other areas of Clare House, are familiar with expectations. They will have completed the required competencies as per a planned list prior to occupancy of the new wing. A current training schedule (staff education calendar 2016) was sighted and details when specific mandatory training and competencies are to be made available to and completed by staff. A registered nurse informed that they all have access to local District Health Board training courses and that topics such as use of syringe driver technique, oxygen therapy updates and wound care, especially pressure injury care, has already been made available to registered and for some topics enrolled nurses. The general manager and the registered nurse discussed during interview about some of the links with the wider community that they have and with whom they are able to request additional expertise (as required for standard 3.6). These included the local hospice, local DHB personnel including wound care specialists, public health and infection control experts and nurse educators from the DHB. They also have access to organisations such as the Alzheimer’s Society and Stroke Society that are able to provide additional information and support, especially to families. |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | A service provider and skill mix policy and procedure informs of the factors to be considered for ensuring suitable and sufficient staff are rostered on each shift for the different types of care being provided at the Clare House Retirement Village. The general manger advised that advertising for new staff in local media will occur the week after the audit. However, there is already a number of prospective staff who have approached the facility looking for work and these curriculum vitae have been, or are being processed. An orientation week for new employees in the hospital wing is planned for the second week of September 2016. The owner and manager described that staff numbers will progressively be increased as occupancy increases. Meantime there are sufficient registered nurses already employed and caregivers who have completed their orientation to the hospital service to cover all shifts in the hospital as on the proposed roster. A mock roster for use in all areas of the facility was sighted. The roster covers all areas of rest home, dementia and hospital level care, includes activities, cleaning and laundry staff and covers 24 hours a day over seven days a week. Busier times of the day have additional staff cover. There is evidence that registered nurses are to be rostered on each shift on every day of the week. Additional on-call expertise will be accessible. The facility has been built with hallways following in a circular format with the apartments sitting between the rest home and hospital areas. Once the facility is open, a continuing care model will be available. Any resident in an apartment who is assessed as requiring rest home level care will receive their main care and support from rest home staff. The owner and general manager informed that ongoing assessment will occur and if, or when, indicated a dedicated rest home carer will be allocated to the apartment residents. Call bells will be attended to by hospital staff as this is the system they connect to.The general manager informed that registered nurses will be responsible for each stage of service provision of all residents, including hospital level residents. This includes assessment, planning, provision, evaluation, review and exit as is required for standard 3.3 of this standard. A registered nurse (clinical manger) confirmed she was aware of this expectation.  |
| 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. | FA | A medicine management system is currently in place in the Clare House rest home and dementia service. These are supported by a full suite of medicine management policies and procedures that have been adapted to be inclusive of the hospital environment and meet requirements. Fourteen rest home residents’ medicine records were reviewed during the audit and demonstrated that all medicines have been signed and dated, as have discontinued medicines. Pro re nata (PRN) medicines are recorded as required with intentions of their use clearly documented, and allergies are being recorded. Faxed medicine records are being signed as required, administration records are being completed and sample signatures are in place. The same doctors who currently attend rest home and dementia care residents are expected to be attending hospital level care residents in the new building. Reconciliation processes are in place for new residents and for the fortnightly arrival of roller packaged medicines and blister packaged PRN medicines.Any staff person administering medicines is required to undertake a medicine administration competency in the middle of the year (June) when all are reassessed. Any person who makes a medicine related error is required to redo their competency assessment in addition to the annual assessment. The usual medicine storage area is currently under renovation. A creative solution to this problem has been implemented in a temporary nurses’ room in the entrance to the new building until the new storage area is operational. The planned area for medicine storage in the hospital wing was sighted in the nurses’ station. Both areas are lockable. The owner and general manager informed that fibre broadband is just being installed and that electronic medicine systems will be implemented as soon as practicable after staff and the first residents become settled into the new environment and the required training is completed. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid ManagementA consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  | PA Low | A five weekly rotating menu with winter and summer variations is in use for the Clare House rest home and dementia services. This was last reviewed in May 2015. Records of nutritional assessments are being made on admission and when amendments are required. These are passed on to kitchen staff via one of the registered nurses. Personal likes and dislikes are recorded on this form as are the requirements for any special or modified diets or foods. It is planned that these processes will continue when hospital level care commences, although there is an awareness of the probability of an increase in modified nutritional requirements. During discussion it was recommended that the dietitian re-review the menu to ensure it will still adequately meet hospital level care nutritional requirements. All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines. Temperatures of meats and chicken for example are taken on arrival and temperatures of fridge and freezer units are checked daily. Staff demonstrated an awareness of basic food safety by dating leftovers and disposing them within 24 hours, keeping packaging of dried goods to ensure expiry and best before dates are available and good storage techniques such as stock rotation is occurring. Food waste is disposed of via the usual waste collection processes in this facility. Staff spoken with have undertaken food safety training.  |
| Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | PA Low | There is a documented process within the policy and procedure documents for the current disposal of a range of different types of waste and hazardous substances in Clare House. Private contractors manage the removal of everyday waste and recyclables from the facility. Filled sharps containers are picked up and swapped for an empty one. The general manager advised that the staff in the new buildings will be required to operate under the same terms as those currently in use. The new sluice room is large enough to hold all necessary equipment, although is not yet fully equipped. A face shield, face masks, gloves and plastic aprons are all available in Clare House and staff confirmed these will all be available in the new sluice room and throughout the new building.  |
| Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | PA Low | A current building warrant of fitness is on display alongside a certificate of public use with an expiry date of 20 November 2016. A Code of Compliance is expected to be issued for the newly constructed building by 24 September 2016 when the building is scheduled to be fully handed over. Hot water temperatures also need checking prior to occupation. All equipment checks in the rest home such as the calibration of weighing scales and medical equipment have been made according to legislative requirements and are current. Equipment for hospital level care including hospital beds, additional hoists, oxygen bottles, oxygen concentrators and nebulisers has been ordered and are due for delivery to the facility 19 September 2016 when the remaining furniture is also due. Workmen are currently progressing with the installation of hand rails. External areas in the front of the building have been landscaped and are complete. These are safe and accessible. An area around one side of the current rest home is out of bounds due to renovations being underway. An internal courtyard between the buildings is under development. |
| Standard 1.4.3: Toilet, Shower, And Bathing FacilitiesConsumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements. | FA | There are adequate numbers of toilet, shower and bathing facilities. All apartments and studio apartments where rest home level care is likely to be provided have their own shower and toilet that has sufficient space for use of a shower stool/chair and wheel in entry. A shower room of sufficient size for a shower trolley has been constructed in the hospital wing. All personal rooms have an ensuite with a walk-in shower installed in the toilet and washroom. An additional two toilets are available in public areas.  |
| Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.  | FA | Apartments and studio apartments in which residents may also receive rest home level care are spacious. Personal rooms in the hospital area are large enough to easily manage hospital beds, personal belongings and any other additional mobility equipment the person may require.  |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And DiningConsumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | The new apartments and studio apartments have access to a spacious well-appointed communal lounge and dining area. A separate communal dining area that includes a servery sits alongside a communal lounge area for hospital residents. There is a whanau/family room for use by relatives, especially for residents receiving palliative care. A hairdressing salon, a physiotherapy room, and two other small sitting areas are also available.  |
| Standard 1.4.6: Cleaning And Laundry ServicesConsumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | Laundry and cleaning processes have been developed and sit within the organisational documents. Monitoring of these processes occurs at Clare House through the internal audit system and this process will be extended to include the hospital and apartment and studio apartments. There is a large room allocated for the storage of cleaning products/hazardous chemicals in the new buildings. Most laundry chemicals are in auto-dispenser units in an on-site laundry with others being in a locked cupboard, which was sighted. There is a separate residents’ laundry facility for the studio and apartment residents, for those who do not have their own washing machine.  |
| Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations. | FA | Fire doors are installed and will close automatically in the event of a fire and can also be manually released. Smoke alarms are linked to the display unit in the nurses’ station and to the alarm system. The sprinkler system links to the local fire service. A copy of emergency procedures that covers the hospital facility was sighted. On the day of audit, documents and copies of email trails showed that the fire service was processing the evacuation plan with the expected date of approval being the end of 16 September 2016. A copy of the fire service approval of the fire evacuation plan has since been provided. Evidence of staff training on emergency management and evacuation specifically for the newly constructed building was also provided following completion of the audit. Substantial quantities of emergency supplies including food, water, continence supplies and food for example are available and there is evidence that these are being checked and signed. Consideration of the needs of future hospital residents has already been taken into account with a specific hospital area emergency kit also having been developed. This means there are now three emergency kits in the facility. Additional water is also available elsewhere on site and off site. There is back up in the event of the loss of power.Call bells with digital hallway displays and nurses’ station alerts have been installed and were being tested by the installation company on the day of audit. Floor level nightlights were working on the day of audit. The security systems are described in policy and procedure documents and are in place for the Clare House rest home and dementia service. Staff are trained about the expectations around their responsibilities. These systems will be maintained for the new building. In addition, all doors are alarmed and these are set to alarm between and 9pm and 6am. The front door automatically locks at 6am and is opened manually in the morning. Residents in apartment and studio apartments will have swipe discs they can use to enter the building and this process was viewed in practise.  |
| 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. | FA | All bedrooms and residents’ areas in the newly constructed apartments and hospital wings have openable windows that allow lights and ventilation. Because some of these open quite wide there was discussion with the general manager and the owner about the need for additional security awareness. A ducted heat pump system has been installed in the apartments and the hospital wings, although this was only operational in the reception and one apartment area on the day of audit. The current use of heat pump units in the rest home and dementia services will continue when the renovations are completed. |
| Standard 3.1: Infection control managementThere is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.  | FA | A registered nurse is the infection control officer and along with an enrolled nurse and a caregiver oversee implementation of the infection control programme. All three of these staff have undertaken training provided by the local District Health Board specifically for this purpose. The infection control committee meets monthly and also includes representation from kitchen, cleaning and laundry staff. The infection control programme describes these roles and responsibilities in the infection control manual, which was updated in July 2016 in preparation for the opening of the hospital beds. Quality improvement committee meetings are held monthly and three sets of minutes include infection control and surveillance reports. The general manager includes infection reports in the quarterly reports to the owner who presents these at the Board meetings. There is no intention to change this routine. Infection control policies and procedures detail the management of the prevention of the spread of infection. These include managing unwell visitors and staff. |

# 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)** |
| Criterion 1.3.13.1Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group. | PA Low | The current menu has been reviewed by a dietitian within the last two years and is in use for the rest home and dementia service residents. This requires further review to ensure it reflects the needs for residents receiving hospital level care.  | The menu has not been re-reviewed to ensure it meets the additional nutritional requirements of hospital residents. | The menu is re-reviewed to ensure the needs of hospital level care residents will be met. Prior to occupancy days |
| Criterion 1.4.1.1Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements. | PA Low | A sluice room has been constructed as part of the new facility. Personal protective equipment is available.  | The equipment for the sluice room has not yet been installed.  | Sluice room equipment in the new facility has been installed and there is evidence of all other necessary equipment and supplies being available. Prior to occupancy days |
| Criterion 1.4.2.1All buildings, plant, and equipment comply with legislation. | PA Low | A Certificate of Public Use has been issued for a section of the new building and is valid until 26 November 2016. A Code of Compliance is required prior to occupation. As the hot water system has not yet been turned on in the area to be used for hospital level care, there is no available evidence that the temperature of the hot water is safe. A courtyard in the middle of the new buildings is not yet complete, although is well underway. The contractors provided an assurance this would be finished and safe for use prior to the hand- over date. The manager and owner advised that the remaining equipment and furniture is due to arrive on 19 September 2016. | There is no Building Warrant of Fitness or Code of Compliance available and nor is there evidence that hot water temperatures are safe.Although well underway, the courtyard in the middle of the new buildings is not yet complete and at the time of audit the equipment and furniture had not yet arrived. | A Code of Compliance is provided and a record of hot water temperatures is provided to demonstrate the building, plant and equipment meet legislative requirements.There is evidence that the internal courtyard has been completed and that the furniture and equipment is in place. Prior to occupancy days |

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

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

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

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

|  |
| --- |
| No data to display |

End of the report.