

Summerset Care Limited - Summerset at Karaka

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:

Legal entity: Summerset Care Limited

Premises audited: Summerset at Karaka

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

Dates of audit: Start date: 10 April 2017 End date: 10 April 2017

Proposed changes to current services (if any): The service has added a new serviced apartment block. The block is three floors and is connected to the current care centre via a covered walkway on ground floor and an enclosed walkway on the 1st floor. The block includes 39 serviced apartments. Twenty across the three floors were verified as suitable to provide rest home level care.

Total beds occupied across all premises included in the audit on the first day of the audit: 53

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.

General overview of the audit

Summerset Karaka currently provides rest home and hospital (medical and geriatric) level care for up to 49 residents in the care centre. They also provide rest home level care across 20 serviced apartments. There were 53 residents on the day of audit including 6 rest home residents in serviced apartments.

This partial provisional audit was completed to verify a newly purpose built three-storied building that includes 39 serviced apartments. Twenty apartments were verified as suitable to provide rest home level care. The new wing is connected to the current building via an air bridge on the first floor and a covered walk way on the ground floor. With the increase in serviced apartments suitable to provide rest home level care, the service will be able to provide care across 49 dual-purpose beds in the care centre and 40 rest home beds in the serviced apartments.

The village manager is appropriately qualified and experienced and is supported by a relieving care centre manager (registered nurse) who oversees the care centre and has been in the role since August 2016. A newly appointed care centre manager is due to commence. The care centre manager is supported by a clinical nurse leader who has been in the role since October 2016.

The village management team is supported by the Summerset clinical quality assurance manager.

The audit identified the new apartments, draft roster and equipment are all appropriate for providing rest home level care.

One of two previous findings around service delivery has been addressed. Further improvements are required around care planning interventions.

The improvements required by the service are all related to the completion of the building project, implementation of care, staffing, medication management and fire evacuation.

Consumer rights

N/A

Organisational management

The Summerset Karaka business plan includes a transitional plan for the provision of care in the additional apartments verified as suitable for rest home level of care. Summerset has a relieving village manager and relieving nurse manager to cover planned leave for the village manager and care centre manager. There are human resources policies to support recruitment practices. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists. There is an annual education plan that is outlined on the 'clinical audit, training and compliance calendar'. This includes all required education as part of these standards. There is a safe staffing policy and safe staffing procedure, which describes staffing and is based on benchmarking information.

Continuum of service delivery

The service's electronic medication management system follows recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care 2011. There is one locked medication room for the care centre and current ground floor serviced apartments. There is a medication room in the new serviced apartment block.

There is a large kitchen and all food is cooked on-site by external contractors. Each serviced apartment has a kitchenette. A communal dining and lounge room is set up on the first floor of the serviced apartment block for rest home residents.

Safe and appropriate environment

Documented processes for the management of waste and hazardous substances are in place. Material Safety Datasheets are available. The three floors are near completion and include a sluice on the ground and second floor. A code of compliance is yet to be issued. Planned and reactive maintenance systems are in place and maintenance requests are generated. There is a lift and stair access between each floor. Equipment has been purchased for each floor. The apartments are spacious with a lounge area, bedroom and large bathroom in each unit that is large enough for mobility equipment. There is a communal toilet near the lounge area. Communal areas include an open plan lounge and dining area for the rest home residents on the 1st floor. There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. The laundry is designed to demonstrate a dirty to clean flow. Appropriate training, information and equipment for responding to emergencies is provided. There is an evacuation plan yet to be approved for the new block. There is a civil defence and emergency plan in place. The call bell system is available in all areas with indicator panels on each floor. Call bell pendants are available for rest home residents and staff have pages. There are staff on 24/7 with a current first aid certificate.

Restraint minimisation and safe practice

N/A

Infection prevention and control

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control (IC) programme is implemented. The IC programme meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and the ongoing in-service education programme. There have been no outbreaks since previous audit.

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	13	0	5	1	0	0
Criteria	0	30	0	8	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)
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](#).

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 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Files reviewed identified advance directives were being utilised. Resuscitation orders had been appropriately signed by the resident and general practitioner. The service acknowledges the resident is for resuscitation in the absence of a signed directive by the resident. The general practitioner (GP) had discussed resuscitation with families/EPOA where the resident was deemed incompetent to make a decision. There was one resident with an advanced care plan for end of life care.</p>
<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>Summerset at Karaka currently provides rest home and hospital (geriatric and medical) level care for up to 49 residents in the care centre and rest home level care across 20 certified serviced apartments. On the day of the audit, there were 53 residents. There were 47 residents in the care centre [dual purpose beds], including 20 residents at rest home level care and 27 residents at hospital level care (including 1 hospital respite). There were six residents at rest home level of care in the ground floor serviced apartments.</p> <p>As part of the staged development, a further three-storied block has been built that accommodates 39 serviced apartments. Twenty apartments across the three floors were assessed as part of this partial provisional audit as suitable to provide rest</p>

		<p>home level care. The new block is connected to the current building via a covered walkway on the ground floor and an enclosed bridge walkway on the 1st floor. With the increase in numbers, the service will be able to provide rest home care across a total of 40 serviced apartments. The total bed numbers at Karaka being 89 beds. The service intends to occupy the serviced apartments as soon as approval has been received.</p> <p>There is a current Summerset at Karaka operations business plan. The business plan includes business goals and transition plan for the new building including staffing and equipment/furnishings.</p> <p>The village manager (non-clinical) has been in the role since the village opened in 2014. The village manager has a background in home and community management. The village manager is currently supported by the Summerset relieving care centre manager (RN) who has been in the role since August 2016. The vacant care centre manager position has now been filled and the new manager will start 8th May 2017. The newly appointed care centre manager (RN) is an experienced village manager in aged care. The care centre manager is supported by a clinical nurse leader who has been in the role since October 2016.</p> <p>The village manager reports to and receives support from the regional operations manager and other head office staff, as required. The village manager, relieving care centre manager and clinical nurse leader has attended at least eight hours of leadership professional development relevant to their role.</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>During a temporary absence of the village manager, the Summerset roving village manager will cover the village manager's role. During an absence of the care centre manager, a Summerset roving nurse manager will cover the role with support by the clinical nurse leader. The regional operations manager and the head office clinical quality management team provide regular oversight and support.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Advised that key personnel changes such as relieving care centre manager has been reported to HealthCERT. Discussions with the relieving care centre manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. Advised there have been no adverse events since the last audit that would have triggered a section 31 notification.</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>PA Low</p>	<p>There are human resources policies to support recruitment practices. A list of practising certificates is maintained. Five staff files were reviewed (clinical nurse leader, one registered nurse and three caregivers). Documentation was complete on-site including orientations and appraisals (where required).</p> <p>The orientation programme includes documented competencies and induction checklists. There is an annual education plan that is outlined on the 'clinical audit, training and compliance calendar'. This includes all required education as part of these standards. The plan is being implemented. A competency programme is in place with different requirements according to work type (eg, caregiver, registered nurse, and kitchen). Core competencies are completed and a record of completion is maintained on staff files, as well as being scanned into 'sway' (sighted).</p> <p>There is an annual education plan that is outlined on the 'clinical audit, training and compliance calendar'. Training has been provided on a regular basis since opening. In 2017, further training has been provided to caregivers around assessments and RNs around care planning and assessments.</p> <p>The service now has four of six RNs trained in interRAI (including clinical leader). The service is in the process of employing more RN's including (but not limited to) one part time, one new graduate and two causals. Management has also advertised for nine more caregivers to cover the roster with increase in resident numbers. Laundry continues to be completed by caregiving staff which takes them away from caregiving duties.</p> <p>A Careerforce education officer is available and Careerforce training is available for those staff without a qualification.</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>There is a safe staffing policy and safe staffing procedure, which describes staffing and is based on benchmarking information. There are clear guidelines for increase in staffing depending on acuity of residents.</p> <p>In the care centre (rest home/hospital) there are currently two RNs rostered on a morning (including the clinical nurse leader) and afternoon shift and one RN at night. There are sufficient caregivers across all shifts to support the RNs.</p> <p>Currently in the serviced apartments (ground floor with six rest home residents) there is a caregiver or enrolled nurse per shift. There is a nursing station/desk with</p>

		<p>secure drawers situated in the serviced apartments. Currently medications are still transported from the upstairs treatment room (link 1.3.12.1).</p> <p>There is a draft roster for the new apartment block that includes two caregivers per shift to cover the certified apartments across the three floors. There is a nurse's station on the ground floor and one on the 1st floor (link 1.2.4.1). Staff numbers can be increased as resident numbers increase. RNs from the care centre will be responsible for the rest home residents in serviced apartments. Further RNs are in the process of being employed (link 1.2.7.3). If a RN is required to see a resident in the serviced apartments, there is another RN rostered in the care centre (except at night).</p> <p>The relieving care centre manager is also rostered Monday to Friday on a morning shift. The on-call is shared by the relieving care centre manager and village manager. There are sufficient numbers of caregivers on each shift in the care centre.</p> <p>A diversional therapist and recreational therapist provide a seven-day activity programme in the care centre. An activity person is based in the serviced apartments.</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>PA Low</p>	<p>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care 2011. RNs are responsible for the administration of medications in the care centre. Senior care assistant's complete competencies for the checking and witnessing of medications as required. Registered nurse medication competencies and education has been completed annually. The controlled drug register included weekly checks. This previous finding has been closed out. The medication fridge is monitored daily. The treatment room was observed to be in an untidy state with medication not all stored away including medication and containers on the bench, medication stained sink and bench and boxes of medications due for pharmacy return. The service uses an electronic medication system. Self-medicating procedures are in place.</p> <p>There is one existing medication room for the care facility. This treatment room services the care centre and the serviced apartments downstairs. Medications for rest home residents in serviced apartments are transported downstairs for medication administration. At regular medication administration times these are taken on trays and checked against the electronic chart in the treatment room.</p>

		<p>There is no medication trolley specific to the downstairs serviced apartment area. Residents on controlled drugs in the service apartments have these administered by the RN in the care centre.</p> <p>In the new serviced apartment block, there is a secure treatment room next to the nurses' station on the first floor for the storage of medication. This room was locked and unable to be accessed at the time of audit. Advised that the room includes a fridge, hand basin and medication trolley.</p> <p>The service has changed medical centres and the new GP visits three days a week, as needed and is on call out of hours.</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>PA Low</p>	<p>An external contractor is responsible for the provision of meals on-site. There is an eight-week rotating menu approved by the dietitian. The menu includes resident preferences. Resident likes/dislikes and preferences are known and accommodated with alternative meal options. The fridge, freezer and end cooked food temperatures are recorded twice daily. All foods are stored correctly and date labelled. Cleaning schedules are maintained. Chemicals are stored safely within the kitchen. The chemical provider completes a functional test on the dishwasher monthly. Staff working in the kitchen have food handling certificates and chemical safety training. The cook receives a dietary profile for each resident.</p> <p>Meals are delivered in a bain marie to the care centre and hot box to the serviced apartments on the ground floor. The new apartment block has a combined dining and lounge room on level one. There is a kitchenette in the dining area. A bain marie is available in the kitchenette for serving of meals. All rest home residents in the serviced apartments will be able to have meals in the dining room or in their room as they choose. There is a boiling water urn on the wall in the open kitchenette. This will need to be managed as part of the hazard register to minimise risk to confused residents.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Moderate</p>	<p>Three of five resident's care plans reviewed described all the individual support and interventions required to meet the resident goals. This previous certification finding remains an area for improvement. The care plans reviewed overall reflected the outcomes of interRAI and risk assessment tools. Care plans demonstrate service integration and include input from allied health practitioners.</p>

		Short-term care plans are used for changes in health status, but these were not all kept with long-term care plans. There is documented evidence of resident/family/involvement in the care planning process.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>There are a number of monitoring forms in use including (but not limited to): pain monitoring, restraint, blood sugar levels, weight, neurological observation, behaviour monitoring, wound evaluations, food and fluid intake and repositioning charts. RNs review the forms/charts and completed risk assessments for any changes to health status.</p> <p>Adequate dressing supplies were sighted. Initial wound assessments with ongoing wound evaluations and treatment plans were in place for the eight current wounds (five skin tears, one grade II sacral pressure injury and one ulcer). Wounds are re-assessed and evaluation comments were documented at each dressing change to monitor the healing progress. The RN and relieving care centre manager confirmed there was a wound nurse specialist available as required. Wound care training last completed May and October 2017. PI prevention training is yet to formally occur. A dietitian is available by referral and is accessed as needed as evident in the file of one resident with identified weight loss. Two files were reviewed of residents that had a fall and hit their head. Neurological observations were complete. The previous certification finding has been closed out.</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 delivery.</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety data sheets are readily accessible for staff. Personal protective clothing is available for staff and seen to be worn by staff when carrying out their duties on the day of audit. The chemical supplier provides chemical safety training.</p> <p>There are designated cleaners' cupboards located in the care facility and serviced apartments. These are kept locked. There is a secure sluice room located on the ground floor and second floor of the new serviced apartment block.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate,</p>	PA Low	<p>There is a building warrant of fitness for the main building dated October 2016. There is a full-time property manager who oversees the property, property assistant duties and gardening. The property manager is responsible for the care centre and</p>

<p>accessible physical environment and facilities that are fit for their purpose.</p>		<p>village and available on call for facility matters. Planned and reactive maintenance systems are in place and maintenance requests are generated through the Sway (Summerset way) online system (property services requests). Hot water temperatures are tested monthly. Preferred contractors for essential services are available 24/7.</p> <p>As part of the staged development a further three-storied block has been built that accommodates 39 serviced apartments. Twenty apartments across the three floors were assessed as part of this partial provisional audit as suitable to provide rest home level care. The new block is connected to the current building via a covered walkway on the ground floor and an enclosed bridge walkway on the 1st floor. There is a lift and stairs between the floors. A nurse's station is situated on the ground floor and on level one.</p> <p>Equipment has been purchased for the new block. There is sufficient space for storage of mobility equipment. The external areas of the facility have been landscaped. Paths and stairs from the exit doors are still being completed.</p> <p>Corridors are wide enough in all areas to allow residents to pass each other safely with safe access to communal areas and outdoor areas. Handrails have been installed in the serviced apartment bathrooms.</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>	<p>FA</p>	<p>There are full ensuites in all serviced apartments with handrails. There is a communal mobility toilet near the lounge area on level one. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. Communal toilet facilities have a system that indicates if it is engaged or vacant.</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>	<p>FA</p>	<p>All residents' rooms are spacious with full ensuites, separate bedrooms and lounge areas. There is adequate space to safely manoeuvre mobility aids and transferring equipment such as hoists and wheelchairs. The doors are wide enough for ambulance access and the lift between floors is large enough for ambulance trolleys. Residents and families are encouraged to personalise their rooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment,</p>	<p>FA</p>	<p>The new serviced apartment block has a communal lounge and dining area on the</p>

<p>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>		<p>1st floor. Residents may also access the village communal lounge area in the main building. There are seating alcoves within the serviced apartment block. There is a covered walk-way on the ground floor and an enclosed walkway between the main building and the serviced apartment block (link 1.4.2.1). Residents will be assisted to access activities in other areas of the facility and village.</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>	<p>FA</p>	<p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All linen and personal clothing is laundered on-site. The serviced apartment and care centre caregivers on all shifts complete laundry duties seven days a week. The relieving care centre manager reported that as the care facility grows, dedicated laundry staff will be employed (link 1.2.7.3). The laundry is well equipped. The laundry has defined clean/dirty areas and an entry and exit door with adequate ventilation. There is a sluice on the ground floor of the serviced apartment block and a personal laundry that can be used by residents as they wish.</p> <p>Cleaning trolleys sighted were well equipped and are kept in designated locked cupboards when not in use. External (chemical provider) monitors the effectiveness of laundry and cleaning processes.</p> <p>There are currently two dedicated housekeeping staff available 7 days a week (5.5 hours per day). The staffing matrix plan reflects an increase in the number of housekeeping staffing hours as resident numbers increase.</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>PA Low</p>	<p>There are emergency and civil defence plans to guide staff in managing emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-service programme. There is a first aid trained staff member on every shift. Summerset at Karaka has an approved fire evacuation plan and fire drills occur six-monthly (last completed 31/3/17). The fire evacuation scheme for the main building was approved 22 March 2017. Smoke alarms, sprinkler system and exit signs are in place. The service has alternative cooking facilities available in the event of a power failure. There are civil defence kits in the facility and stored water. Call bells were evident in residents' rooms, lounge areas and toilets/bathrooms. The facility is secured at night.</p> <p>A call bell system is available with indicator panels on each floor. There are four call bell points in the serviced apartments (dining area, bedroom, shower and toilet).</p>

		Call bell pendants are available for rest home residents in the serviced apartments. The call bell system is not yet operational.
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 residents' rooms have large external windows with ample natural light. Heating is thermostatically controlled in each resident room. There are scope heaters in resident rooms.
Standard 3.1: Infection control management There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.	FA	The infection control programme is appropriate for the size and complexity of the service. There is an infection control responsibility policy that includes responsibilities for the infection control officer. The infection control officer (registered nurse) has a signed job description. The infection control programme is linked into the quality management system and reviewed annually at head office in consultation with infection control officers. The facility meetings include a discussion of infection control matters. Spot audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. Visitors are asked not to visit if they are unwell. Influenza vaccines are offered to residents and staff. Hand sanitizers are available throughout the facility. There have been no reported outbreaks.

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 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	<p>The service now has four of six RNs trained in interRAI (including clinical leader). The service is in the process of employing more RN's including (but not limited to) one part time, one new graduate and two causals. Management has also advertised for nine more caregivers to cover the roster. Laundry continues to be completed by caregiving staff which takes them away from caregiving duties.</p>	<p>(i)The service is in the process of employing more RN's including (but not limited to) one part time, one new graduate and two causals. Management has also advertised for nine more caregivers to ensure sufficient staff to cover the roster. (ii) Laundry continues to be completed by caregiving staff which takes them away from caregiving duties.</p>	<p>(i)Ensure sufficient staff are employed to cover the roster. (ii) With the increase in resident numbers, ensure laundry staff are employed so that caregivers can always be available for resident needs.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing,</p>	PA Low	<p>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice in</p>	<p>(i)The treatment room was observed to be in an untidy state with medication not all stored away including (but not limited to) medication and containers on</p>	<p>(i) Ensure the medication room is kept tidy and medication/equipment stored away; (ii) Provide evidence of the serviced apartment treatment room prior to occupancy; (iii) Ensure a medication</p>

<p>dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>		<p>accordance with the Medicines Care Guide for Residential Aged Care 2011. The service uses an electronic medication system and robotics. The treatment room was observed to be in an untidy state with medication not all stored away including medication and containers on the bench, medication stained sink and bench and boxes of medications due for pharmacy return. There is one existing medication room for the care facility. This treatment room services the care centre and the serviced apartments downstairs. Medications for rest home residents in serviced apartments are transported downstairs for medication administration. At regular medication administration times these are taken on trays and checked against the electronic chart in the treatment room. There is no medication trolley specific to the downstairs serviced apartment area.</p>	<p>the bench, medication stained sink and bench and a large box of medications on the bench due for pharmacy return; (ii) The medication room in the serviced apartments was unable to be viewed; (iii) At regular medication administration times, medication to the rest home residents in serviced apartments is transported on a tray from the treatment room in the care centre and checked against the electronic chart in the treatment room. There is no medication trolley specific to the downstairs serviced apartment area to safely transport medication and electronic medication iPad.</p>	<p>trolley and system is set up for the administration of medication in the downstairs serviced apartments currently being utilised by six rest home residents.</p> <p>30 days</p>
<p>Criterion 1.3.13.5 All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and</p>	<p>PA Low</p>	<p>The new apartment block has a combined dining and lounge room on level one. There is a kitchenette in the dining area. A bain marie is available in the kitchenette for serving of meals. All rest home residents in the serviced apartments will be able</p>	<p>There is a boiling water urn on the wall in the open kitchenette that could potentially be a hazard for confused residents.</p>	<p>The service will need to ensure the boiling water tap is managed as part of the hazard register.</p> <p>Prior to occupancy days</p>

guidelines.		to have meals in the dining room or in their room as they choose. There is a boiling water urn on the wall in the open kitchenette. This will need to be managed as part of the hazard register to minimise risk to confused residents.		
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	PA Moderate	<p>Five files were reviewed, three hospital (including one respite) and two rest home (including a rest home resident in serviced apartments). Three of five care plans had interventions clearly documented for current needs. Resident on insulin had a diabetic management plan in place. One resident with weight loss had input from a dietitian and implemented management plan. Two further hospital files were reviewed around restraint use and these include interventions to manage restraint risks.</p>	<p>(i) Respite resident rehabilitating following fractured ankle did not have any interventions around care of the cast; (ii) hospital resident with sacral PI Grade II, did not have interventions to manage the PI; (iii) STCPs for the rest home resident in serviced apartment to cover current needs was kept in the care centre and not with the residents file. (iv) STCPs were kept in a separate folder in the care centre and therefore not integrated with the LTCPs.</p>	<p>(i)- (ii) Ensure all interventions are documented to cover all current needs; (iii) – (iv) Ensure STCPs are kept with LTCPs.</p> <p>90 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>Planned and reactive maintenance systems are in place and maintenance requests are generated through the online system using the Sway programme. There is a lift and stairs between floors. The building is near completion. A code of compliance has yet to be</p>	<p>(i) A code of compliance has not yet been issued; (ii) The nurses' station areas are yet to be fully completed; (iii) The lift is not yet operational and the connecting walkway is not yet open.</p>	<p>(i) Ensure a building code of compliance is issued; (ii) Ensure the nurses' station areas are fully completed; (iii) Ensure the lift is fully operational and walkways between buildings are open.</p> <p>Prior to occupancy days</p>

		obtained. Handrails are installed. The nurses' stations on the ground floor and the 1st floor are yet to be fully completed.		
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	The external areas of the facility have been landscaped. Paths and stairs from the exit doors are still being completed.	Paths and stairs from the exit doors are still being completed.	<p>Ensure paths are completed for safe exits and areas still being landscaped are fenced off.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	Summerset at Karaka has an approved fire evacuation plan for the main building and fire drills have occurred six-monthly. A fire drill is scheduled for the opening of the new serviced apartment block.	A fire evacuation drill is scheduled for the new serviced apartment block.	<p>Ensure a fire drill is completed prior to occupancy.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	Summerset at Karaka has an approved fire evacuation plan for the main building 22 March 2017. An application for an approved updated evacuation plan has been submitted to include the serviced apartment block. Emergency exit signs are in place.	An approved updated evacuation plan has not been received that includes the new serviced apartment block.	<p>Ensure the updated fire evacuation plan is approved.</p> <p>90 days</p>
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system'</p>	PA Low	A call bell system is available with indicator panels on each floor. There are four call bell points in	The call bell system is not yet operational.	Ensure the call bell system is signed off as fully operational.

<p>is available to summon assistance when required.</p>		<p>the serviced apartments (dining area, bedroom, shower and toilet). The call bell system is not yet operational. Call bell pendants are available for rest home residents in the serviced apartments. Call bells from the serviced apartment block also register in the care centre.</p>		<p>Prior to occupancy days</p>
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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, 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

End of the report.