

# Oceania Care Company Limited - Meadowbank Village - Care Centre

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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:** Meadowbank Village - Care Centre

**Services audited:** Hospital services - Geriatric services (excl. psychogeriatric)

**Dates of audit:** Start date: 12 December 2017 End date: 12 December 2017

**Proposed changes to current services (if any):** Open a new facility that will have 30 dual purpose beds to provide services for Hospital Geriatric- excluding psychogeriatric,

Hospital Service Medical and Rest Home - excluding dementia care.

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

# 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 was undertaken to establish the level of preparedness of provide services at a new build facility that has 30 dual purpose beds for residents at hospital and rest home levels of care.

The audit process included the review of policies, procedures, staff files, interviews with management and observations of the environment.

The business and care manager is responsible for the overall management of the facility and is supported by a clinical manager.

There are areas identified as requiring implementation prior to occupancy relating to human resource management; service provider availability; medication management; food services management and the external environment.

## **Consumer rights**

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## **Organisational management**

The business and care manager and the clinical manager will provide operational and clinical oversight of the new service. They are supported by the Oceania regional operations manager and clinical quality manager.

There are policies and procedures on human resources management and the validation of current annual practising certificates for personnel who have been employed were sighted. Staff orientation and in-service education plans are documented.

The business and care manager has developed a staff roster that will be implemented in stages as residents are admitted to the proposed new services.

## **Continuum of service delivery**

There are policies, guidelines and procedures available to guide staff on all aspects of medicine management. Treatment rooms have been built with adequate and appropriate storage for pharmaceuticals supplies and medication. A system has been developed for monitoring the medication fridges. Registered nurses will be responsible for administering the medications. Training is to be provided as reviewed on the orientation programme.

The layout of the kitchen is functional where safety is promoted. Emergency equipment and resources are readily available and/or installed in the kitchen as required. The menu plans have been reviewed by a dietitian. The organisation is working towards the Food Management Plan requirements. Provision has been planned for meeting the nutritional needs of the residents and special dietary needs will be able to be catered for.

## **Safe and appropriate environment**

The new facility has a current certificate of public use and an approved fire evacuation plan. An appropriate call bell system is available and security systems are in place.

The preventative maintenance programme includes equipment and electrical checks. Fixtures, fittings, floor and wall surfaces are made of accepted materials for this environment. All residents' care suites provide single accommodation and are of an appropriate size to allow for care to be provided and for the safe use and manoeuvring of mobility aids. There are policies and procedures for waste management, environmental, cleaning, laundry, emergency and security management. The staff orientation programme to the new physical environment is planned and due for implementation in January 2018. Visual inspection provided evidence of sluice facilities in all areas and safe storage of chemicals and equipment. There is availability of protective equipment and clothing.

The laundry service will be contracted out. The cleaning services will be provided seven days a week.

## **Restraint minimisation and safe practice**

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## **Infection prevention and control**

The infection prevention and control programme will be led by an experienced and trained infection control nurse who is responsible for preventing and managing infections. The programme is current. A manual reviewed is available to guide staff with current policies and procedures on infection prevention and control. Specialist infection prevention and control advice can be accessed when needed.

## 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	10	4	1	0	0	0
<b>Criteria</b>	0	27	7	1	0	0	0

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

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Meadowbank Village is part of the Oceania Healthcare Limited (Oceania) who is the governing body responsible for the services to be provided at this facility. The Oceania management staff provided support during the audit.</p> <p>Oceania's purpose; scope; direction; goals; vision; values and mission statement are recorded in policies, procedures and the resident information packs that will be provided to residents prior to admission, as per Oceania's policies.</p> <p>Interviews with the Oceania management staff and the business and care manager (BCM) confirmed the company-wide systems for monitoring the services that are maintained at other Oceania facilities, will be implemented at the new service at Meadowbank Village. The BCM will provide business status reports to the Oceania executive team on a monthly basis that will be linked to the organisation's business plan.</p> <p>The BCM is supported in their role by a clinical manager (CM). Both the BCM and the CM were appointed to their positions in November 2017. The BCM has 11 years' experience in aged care in both clinical and management roles. The CM has had six years aged care experience prior to their appointment to this role. The appointment of the CM has been communicated to HealthCERT via completion of Section 31.</p>

		<p>The BCM and CM hold current annual practising certificates and are supported by the regional clinical and quality manager (CQM).</p> <p>The facility can provide care for up to 30 residents in rest home and hospital levels of care. There are 30 dual care suites at the facility, all with en-suites. The 30 care suites consist of 18 studio rooms and 12 one bedroom suites. There are 29 basement parking spaces for staff and residents.</p> <p>Interviews with Oceania management and the BCM confirmed the plan is to open the facility on 30 January 2018. Staff orientation will commence 15 January 2018.</p>
<p><b>Standard 1.2.2: Service Management</b></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>During a temporary absence of the BCM, the CM and the guest services manager will be responsible for the day to day operation of the service. The appointment of the guest services manager had not been finalised at this audit (refer to 1.2.7.3). In the absence of the CM, the BCM with the support of the regional clinical quality manager, will ensure continuity of clinical services are provided. Additional support and assistance is provided by other personnel from Oceania support office as required. Job descriptions and interviews of the BCM and CMs confirm their responsibility and authority for their roles. Twenty-four hour registered nurse (RN) cover will be provided, as confirmed by the proposed staff roster (refer to 1.2.7.3).</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	PA Negligible	<p>The human resource management policies, procedures and systems are in place and will be implemented when new staff are appointed.</p> <p>Current annual practising certificates (APC) for three registered nurses (RNs) who are in process of completing their employment documentation were sighted. An agreement was sighted between Oceania and a pharmacy for provision of pharmaceutical and medication services. The pharmacists' APCs were current. Other practitioners' practising certificates could not be sighted as those personnel were not employed at the time of this audit.</p> <p>The review of the management team's files evidenced position descriptions for their roles, including for the roles of infection control nurse and the restraint coordinator in the CM's file. The orientation programme was sighted and included all the required components of the service. The management team have completed appropriate inductions and orientations to their roles. The orientation programme for staff is planned to commence on 15 January 2018. All new staff that will be allocated to work in the new facility will complete the required training and competencies prior to starting care for residents. This plan was confirmed by management interviews, however, completion could not be verified as orientation was yet to occur.</p>

		<p>The BCM and the CM are trained in interRAI assessments. The BCM has applied for training in interRAI assessments for the newly appointed registered nurses. An application has also been made for staff training for the electronic medication management system to be implemented and includes a plan for competencies in medication management with verification unable to occur at the time of the audit. Mandatory training for staff is identified on the Oceania-wide training schedule. Management interviews confirmed staff will attend the compulsory Oceania education sessions, however, completion was unable to be verified at the time of the audit.</p> <p>Oceania-wide policies and procedures on human resource management are documented and being implemented. Interviews with the BCM and CQM confirmed the employment process for new staff has commenced, however, not all positions had been filled at time of the audit.</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>PA Negligible</p>	<p>The Meadowbank Village organisational chart records the lines of communication (e.g. the BCM; the administrator/receptionist; the maintenance person; the guest services manager; the food services manager and the CM). The guest services manager's position is a new position within the Oceania wide organisation. This person will have responsibility for the activities services and the housekeeping service. The food services manager responsibilities will include the food services. The CM's responsibility will be the clinical team comprising of RNs and healthcare assistants (HCA). In addition, there will be a designated diversional therapist, additional activities staff and a driver for residents' outings.</p> <p>The Oceania-wide staffing policy and procedures are the foundation for workforce planning. The BCM stated staffing levels will be 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. The staffing levels in the proposed roster comply with the specifications outlined in the Aged Related Residential Care Services Agreement, however, implementation of the roster could not be verified at the time of the audit as not all staff were employed to validate an appropriate skill mix for the acuity of the residents yet to be admitted into the facility.</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 Negligible</p>	<p>The organisation has a suite of policies and procedures on medication management which are current and in line with current legislative requirements and guidelines for residential aged care.</p> <p>The treatment/medication rooms were sighted. Adequate provision has been made for storage of pharmaceutical supplies, pre-packaged medications and medicines to</p>

		<p>be supplied by the contracted pharmacy.</p> <p>The service has signed a contract with a service provider to provide an electronic medication system which is yet to be implemented. Computers and trollies have been purchased for the two service areas. Currently the CM and a general practitioner are trained in the electronic medication system to be implemented. In interviews, the CM stated that only RNs will be administering medications. Medication management training dates have been confirmed to implement the electronic medication system and other relevant competencies to ensure competency to perform the roles as needed, however, this was not completed at the time of the audit (refer to 1.2.7.4).</p> <p>A stock imprest medicine system and a return to pharmacy process has been developed and will be implemented once the facility opens.</p> <p>Provision has been made for the safe storage of drugs and a register is available in readiness. A folder with an appropriate form has been developed for recording the temperatures of the medication room and the medication fridge (refer to 1.3.12.1). The medication room can be accessed by authorised personnel only.</p> <p>There is a documented policy for residents wanting to self-administer medications. Processes are in place to ensure this would be managed in a safe manner. In addition, there is a process developed for comprehensive analysis to occur of any medication errors.</p> <p>There is an area of improvement identified in relation to the implementation of the medication electronic system as this could not be verified. No medication or supplies were able to be sighted and safe storage of medicines will need to be reviewed prior to occupancy.</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 Negligible</p>	<p>The food service will be provided on site by a qualified chef and kitchen staff (not yet appointed) with oversight provided by the food services manager. The food service will be provided in line with recognised nutritional guidelines for older people. The current Oceania-wide menu plans were available and had been reviewed by a dietitian in the last two years. The plans reviewed are based on a four week cycle summer/winter seasonal pattern. The residents will have choices of foods and a daily menu will be provided.</p> <p>There is a café on site which residents will be able to access as another option. Oceania management staff on audit stated that RNs will be responsible for completing the initial dietary requirement form for each resident on admission and</p>

		<p>the form will be forwarded to the kitchen staff (this was unable to be verified at the time of the audit). Documented processes are in place to identify residents who may have additional or modified requirements and/or special diets.</p> <p>The organisation has been working towards the food management plan requirements and an external audit is scheduled March 2018 for this. The kitchen is designed to enable clean and dirty working areas. The kitchen is in close proximity to the largest dining room on level one. Food will be transported to level two in heated trollies. A servery is available in both dining rooms, with hot plates built into the servery that can be used for heating food.</p> <p>Temperature monitoring of food and all fridges, freezers and coolers will be maintained and systems are in place in readiness for implementation, although unable to be verified at the time of the audit. The training plan verified food safety training forms part of the training programme the organisation offers all kitchen staff (refer to 1.2.7.4).</p> <p>Areas identified for improvement are in relation to implementation verification.</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>	<p>FA</p>	<p>During the tour of the new facility, the audit team established that the service has equipment as required for the rest home and hospital level of care. There are sluice rooms on both levels of the facility, with safe chemical storage. Material safety data sheets have been supplied by the external contractor and are available throughout the facility.</p> <p>The service has designated areas for removal of waste by a contractor and by the council. There are policies and procedures to guide practice for waste management including: medical waste; food waste; soiled disposable waste; sharps; body fluids/waste and equipment cleaning.</p> <p>Interviews with management and during the tour of the facility it was evidenced that personal protective equipment is available.</p> <p>Staff orientation is planned to commence in January 2018 and includes management of waste and hazardous substances and the use of personal protective equipment (refer to 1.2.7.4).</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</p>	<p>PA Low</p>	<p>The service has a certificate for public use. There are two lifts that have been certified as compliant for use. This was issued by the council on 30 November 2017 and expires 31 May 2018.</p> <p>Interview with management and the Oceania area maintenance supervisor</p>

<p>fit for their purpose.</p>		<p>confirmed a maintenance manager has been appointed. The Oceania area maintenance supervisor will provide orientation/induction and support for the new maintenance person, confirmed at management interviews.</p> <p>There is a preventative maintenance plan that has been implemented. Hot water temperature testing evidenced temperatures were within safe levels. All electrical equipment has been checked by an external contractor. The medical equipment had been checked and calibrated for safe use.</p> <p>Oceania hold an Accident Compensation Corporation (ACC) workplace safety management practices tertiary level certification and there is a current company-wide health and safety policy in place. There has a facility contractor and supplier induction process in place including: signing in and out requirements; emergencies; workplace layout; first aid; hazards specific to the site; smoking policy; protective equipment: hazard notice board and contractor review. The contractors are required to sign the awareness of these processes prior to going in site.</p> <p>The facilities and equipment, including but not limited to, air mattresses; ceiling hoists; electric beds; oxygen concentrators; oximeters; stethoscopes; sphygmomanometers; pulse oximeters; scales; syringe pumps and thermometers have been purchased and performance verification completed in December 2017. Although the lounges that did not have televisions installed, the auditors sighted televisions plugs and the BCM stated televisions have been purchased.</p> <p>There is an approved traffic management plan for the Meadowbank continuation of the staged redevelopment of the site.</p> <p>The internal environment has been completed and is ready for residents to move in. The external environment was incomplete on audit days. There is one area requiring improvement around the entrance to the facility to be fully completed prior to occupancy.</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 toilets provided close to the dining and lounge areas. Separate toilets are provided for visitors and the staff room has its own bathroom/toilet facility.</p> <p>The bathroom facilities are of an appropriate design to meet the needs of the residents. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. All toilets have appropriate access for residents and are clearly identified. All residents' care suites have full bathroom facilities including toilets.</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 30 dual purpose care suites are fully completed and operational. There is a mix of one bedroom and studio care suites, all with full en-suite facilities. There is adequate space in both the one bedroom and the studio care suites for resident, staff and mobility equipment. All bedrooms are fitted with ceiling hoists.</p>
<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>	<p>FA</p>	<p>There is a lounge attached to the reception lobby. On the ground level there is a lounge and dining room off the kitchen that can be closed off to provide space for resident activities, if required. A café is located close to the kitchen, with tables and chairs for residents' to have coffee. On level one, there are two lounge areas and a dining room with a kitchenette. All lounge areas and dining areas are large enough to accommodate 30 residents.</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>Management interviews confirmed the laundry services will be outsourced. The laundry processes are prepared for staff to ensure linen and residents' personal clothing is delivered to the external provider and delivered back to the facility in timely manner. Linen trolleys and bags were sighted.</p> <p>The housekeeping staff will be on site during the day, seven days a week, confirmed at management interviews (refer to 1.2.7.3).</p> <p>There are safe areas for chemicals and cleaning trolleys. The chemicals are administered through a closed system which is managed by a chemical contractor company.</p> <p>The Oceania internal audit schedule includes laundry and cleaning audits and these will be conducted as per Oceania policies and procedures.</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>The notification of approval of the evacuation scheme was issued on 31 October 2017 by the New Zealand Fire Service.</p> <p>The entrance to the new facility has a security system in place. The BCM confirmed the reception will be operational seven days a week. Clinical staff are able to identify visitors after hours when the security system is activated by being able to identify the visitors on camera in the nurses' stations. The contractors and visitors are required to sign in and this process is already implemented, as observed on audit.</p> <p>There is information in relation to emergency and security situations available and displayed for service providers and residents. The emergency equipment is accessible, stored appropriately and stocked to a level appropriate to the service setting. There is emergency lighting, torches, gas for cooking and emergency water</p>

		<p>supply. There is motion activated lighting throughout the facility. There is a planned orientation/induction programme for January 2018 that includes training on emergency and security situations (refer to 1.2.7.4).</p> <p>There is a certificate of compliance for the facility awarded to the nurse call system, with the next review due in November 2018.</p> <p>There is a security contract with an external company for after-hours security. Any security issues are communicated by the security firm to the BCM. External lighting and car parking lighting have motion sensors, are solar powered and linked to security cameras.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>The heating is provided by a centralised air conditioning system and heat pumps at entrance to the facility, in each of the care suites and in the common areas. Each care suite has at least one external window for natural light. The staff offices and the care suites have heat pumps installed. This new build has a one year warranty on the heating system and the contractors will monitor the environmental temperatures quarterly, confirmed by the BCM and the area maintenance supervisor.</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 service has a documented infection prevention and control programme to minimise the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive and current infection control manual. The infection control programme is reviewed annually.</p> <p>The infection control nurse appointed to this role is the CM. The role and responsibilities of this position are defined in a sighted job description. Infection control matters, including consultation sought during the construction of the new facility and follow through with ordering the personal protective equipment and resources prior to the opening of the facility has been the responsibility of the infection control nurse.</p> <p>Any additional support and/or information is able to be accessed through: the infection control team at the district health board; the community laboratory; the GP and/or the public health unit as required. The infection control nurse will have the required access to residents' records and diagnostic results when the service is operating. The CM and the CQM were interviewed. The CM will be reporting to the CQM on a monthly basis regarding infection control issues.</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)
Criterion 1.2.7.2 Professional qualifications are validated, including evidence of registration and scope of practice for service providers.	PA Negligible	The BCM and the CM have current APCs. Three RNs who are in process of employment documentation completion have current APCs. The employment of new staff who require APCs has not been fully completed and not all the APCs required were able to be evidenced.	Not all required APCs of staff that will be employed were able to be sighted.	Ensure professional qualifications are validated for staff who require these to practice.  Prior to occupancy days
Criterion 1.2.7.3 The appointment of appropriate service providers to safely meet the needs of consumers.	PA Negligible	Oceania wide policies and procedures on human resource management are documented and being implemented. Interviews with BCM and the Oceania clinical quality manager confirmed the employment process for new staff have commenced, however, not all positions were filled at time of the audit.	Appropriate employment of staff to provide safe services was not able to be evidenced at the time of audit as not all positions have been appointed.	Ensure appropriate staff are appointed to the advertised positions at the new facility.  Prior to occupancy days
Criterion 1.2.7.4	PA	There are documented processes for orientation/ induction of new staff. The	The orientation/induction programme could not be	Ensure all new staff complete the required

New service providers receive an orientation/induction programme that covers the essential components of the service provided.	Negligible	orientation programme sighted recorded the required areas of the services at this new facility. The programme evidenced the planned orientation programme to commence on 15 January 2018. The BCM confirmed applications have been made to interRAI and to the electronic medication system provider for staff training in these areas.	verified as completed, as not all staff have been appointed.	orientation/induction programme.  Prior to occupancy days
Criterion 1.2.8.1 There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.	PA Negligible	The proposed roster and transition plan roster for staffing of the new 30 bed rest home and hospital facility was sighted and reflected staffing levels will include at least one RN on 24 hours a day, 7 days a week. It also includes four HCAs on duty on a morning shift, four HCAs on afternoon and two HCAs at night. As staff were not all employed at the time of the audit, verification of the appropriate skill set on the roster could not be evidenced.	Proposed roster skill set mix suitability could not be validated as not all staff had been employed at the time of the audit.	Ensure staff employed are rostered to meet skill mix requirements suitable to safely meet the needs of the residents.  Prior to occupancy days
Criterion 1.3.12.1 A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.	PA Negligible	The organisation has medication policies, guidelines and procedures that are current to cover all aspects of medication management. The treatment rooms are well designed. All resources and equipment were in place such as: the medication fridges; computers and trollies as needed. No medication was on site at the time of the audit. An electronic medication management system is yet to be implemented.	The medication system is documented and planned, including a contract for an electronic medication management system, however, this is yet to be implemented.	To ensure that all aspects of medication management are implemented in order to comply with legislation, protocols and guidelines.  Prior to occupancy days
Criterion 1.3.13.2 Consumers who have additional or modified nutritional requirements or	PA Negligible	Processes are in place for residents who have additional or modified requirements or special diets.	Implementation of processes was not able to be verified during the on-site audit.	Provide evidence that residents with dietary requirements have these

special diets have these needs met.				needs met. Prior to occupancy days
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	PA Negligible	<p>The kitchen design observed is adequate for the services to be provided. All appropriate equipment is installed and other resources are on order to be delivered to the facility. Policies and procedures are in place for all aspects of food procurement, production, preparation, storage, transportation, delivery and disposal that complies with legislation and guidelines. Implementation of these processes were unable to be verified at the time of the audit.</p>	<p>Implementation of the safe food service management were unable to be verified at the time of the audit.</p>	<p>Provide evidence that the food service requirements are implemented to meet the required compliance with legislation and guidelines.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	<p>The internal environment is fully completed and fitted out. The external environment was under construction at the time of audit. Processes were in place for visitors to the facility to ensure safety was maintained. The entrance to the facility at the time of audit was not completed.</p>	<p>The floor area at the main entrance to the facility requires completion.</p>	<p>Provide evidence the floor surface in the facility's main entrance is fully completed.</p> <p>Prior to occupancy days</p>

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

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

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

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

No data to display
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End of the report.