

Be Rawhiti Holdings Limited - Rawhiti Estate

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: Be Rawhiti Holdings Limited

Premises audited: Rawhiti Estate

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

Dates of audit: Start date: 12 October 2018 End date: 12 October 2018

Proposed changes to current services (if any): A partial provisional audit was completed to assess the preparedness of the provider and the new building to provide rest home, hospital and dementia care for up to 68 residents (48 dual purpose beds and 20 dementia care beds). The proposed opening date is the 5th November 2018.

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.

General overview of the audit

Rawhiti Estate is a new building which has been designed to reflect small neighbourhoods within a village community where residents can receive 24-hour nursing care. There is a total of 68 beds (48 dual purpose beds and 20 dementia care beds).

This partial provisional audit was conducted to assess the facility for preparedness for rest home, hospital and dementia level of care. The care centre is within a village. The service plans to open the new building on 5 November 2015.

Rawhiti Estate is privately owned and governed by four directors. The directors appointed a general manager/registered nurse who has been involved in the design and development of the service including recruitment of staff. The general manager is supported by an experienced clinical manager.

The improvements required by the service are all related to the orientation of staff prior to occupancy.

Consumer rights

NA

Organisational management

Be Rawhiti Holdings Limited have a strategic business plan including the company philosophy of care and transitional plan for the service. The company have engaged an aged care consultant for the provision of policies, procedures and quality management system. The general manager oversees health and safety for the service.

Job descriptions have been developed for all positions, which detail each position's responsibilities, accountabilities and authorities. Human resource policies are implemented for recruitment, selection and appointment of staff. There is an induction/orientation programme, which includes packages specifically tailored to the position such as care supports, registered nurses, food services, lifestyle supports and cleaners. Recruitment for staff to fulfil the initial roster has been completed with draft rosters to increase staff numbers as occupancy increases. There is a documented orientation plan in place that current employees have completed.

Continuum of service delivery

The medication management system includes medication management policies and associated procedures that follow recognised standards and guidelines for safe medicine management practice in accordance with the 2011 guideline: Each neighbourhood has a locked medication room. Registered nurses have completed medication competencies. The service has a pharmacy contract.

Lifestyle supports commence orientation 23 October 2018. One is a qualified diversional therapist who will complete activity assessments and oversee the activity programme for residents in the memory loss neighbourhood.

The service has a large well-equipped modern kitchen located on the ground floor adjacent to the independent living apartments. An executive chef has been employed to prepare and provide meals and nutritious snacks in line with the new menu plan which has been reviewed by a dietitian. Scan boxes have been purchased for the delivery of meals to the neighbourhood kitchens.

Safe and appropriate environment

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. Sufficient supplies of appropriate protective equipment and clothing for staff was sighted. A certificate for public use has been issued. The provider has purchased all necessary furniture and equipment. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment. All care suites have full ensuites and are of sufficient space to ensure safe care and support can be provided to all residents. Communal areas are well designed and spacious. All laundry is contracted out. Cleaners have been recruited. The facility has secure areas for the storage of cleaning chemicals. The emergency and disaster management policies include (but not limited to) dealing with emergencies, fire, flood, civil defence and disasters. Registered nurses have current first aid certificates. Communal areas and care suites are appropriately heated and ventilated with adequate natural light.

Restraint minimisation and safe practice

The service has a restraint free philosophy. The clinical manger is the restraint coordinator with a job description. There are policies and procedures to guide staff should a restraint or enabler be required. Education around restraint minimisation is included in the education plan.

Infection prevention and control

There are clear lines of accountability that are recorded in the infection control policy. The clinical manager is the infection control coordinator for the service. Policies and procedures have been developed by an aged care consultant. The infection control coordinator has completed external training. Infection control education is included in the orientation pack.

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	15	0	2	0	0	0
Criteria	0	34	0	2	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](#).

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>Rawhiti Estate is a new build that has been designed to provide care in “neighbourhoods” within a village community. There is a total of 68 resident rooms with 48 dual purpose rest home/hospital and 20 dementia care. There are 44 ‘one room care suites’ and 24 ‘care suites with a bedroom and a separate living area’. The building is divided into four neighbourhoods: Ranui memory loss unit (20 studios within a secure dementia unit), and Rakau dual-purpose wing (six studios and eight suites) on the first level and Orakei dual-purpose wing (12 one room care suites and eight care suites) and Upland dual-purpose wing (six one room care suites and eight care suites) on the second level. Residents are assessed by the need’s assessment coordinator prior to their purchase of the care suite to ensure they meet either rest home, hospital or dementia level of care. Care suites are chosen for purchase in any of the dual-purpose neighbourhoods for rest home/hospital level of care and in the memory loss unit for dementia level of care. The resident retains all the rights to the occupation of the care suite under the occupation rights agreement.</p> <p>Rawhiti Estate is privately owned by Be Rawhiti Holdings Limited which is a subsidiary of the ‘Be Group’. The chief executive officer (CEO)/director of Be Rawhiti Estate has been involved in the aged care and retirement village industry</p>

		<p>for over 20 years in various business/management roles and is the owner of a rest home/hospital and dementia care facility in the Manawatu. The Rawhiti Estate is governed by four directors being the CEO, Head of Property manager, finance manager and a long-serving shareholder who has connections with the shareholders. The directors meet weekly and provide reports to the Be Group board. There is a specific business plan which includes the philosophy of care and goals. The transition plan includes service development, building requirements, organisational structure, recruitment and orientation of staff. Rawhiti Estate is scheduled for opening the 5th of November 2018. There have been discussions with DHB portfolio manager around contracts and a draft application for funding has been submitted for rest home, hospital and dementia level of care. The service has contracted an aged care consultant to provide policies and procedures that reflect best practice across all services and levels of care. The quality management data base and care plan tool will be utilised. A hazard register is being developed in consultation with the GM and staff currently employed.</p> <p>A general manager (GM) was appointed full time in August 2017 to work in consultation with the CEO and directors on the design and build of Rawhiti Estate. The GM is a registered nurse with a current annual practicing certificate and experience in aged care facility management, regional management, aged care consultant and previously an aged care auditor. She has attended mediation training, electronic resident data systems, altura learning systems, infection control health and safety, safe manual handling, fire safety, privacy and confidentiality in-service sessions over the last year.</p> <p>The general manager is supported by a clinical manager/registered nurse with considerable experience in aged care clinical and management roles. The clinical manager was appointed eight weeks ago. The clinical manager has attended a study day on enhancing clinical skills and a leadership study day to date for 2018.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>During a temporary absence, the clinical manager will cover the general manager's role with support from the CEO. Two RNs employed have experienced as previous clinical coordinators and are able to cover for the clinical manager leave as required. The audit confirmed the service has operational management strategies to minimise risk of unwanted events.</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>	PA Low	<p>Rawhiti Estate management have developed documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Additional role descriptions are in place for infection control coordinator and restraint coordinator. There are human resources policies to support recruitment practices.</p> <p>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 including fire safety, emergency management, health and safety and infection control. Tasks list are currently being developed for the care support staff and RNs.</p> <p>Staff recruited include a GM, clinical manager, three RNs (one of whom has been a dementia care coordinator) a chef manager, two care support workers (one level 6) and administrator who have all completed orientations. Three staff files reviewed (one care support, one clinical manager and one RN) contained police checks, references, job descriptions and contracts for employment. Practicing certificates were sighted for qualified staff. Further staff have been recruited and commence 23 October 2018 including seven care support workers, three lifestyle supports (one is a diversional therapist), one RN, two cleaners and a maintenance person. There are sufficient staff to cover the roster on opening. The orientation programme scheduled over the next two weeks includes manual handling by the physiotherapist, chemical safety training, disaster planning, fire drill, medication competences (for relevant staff) and first aid. The education planner for the first year includes mandatory training as well as dementia and challenging behaviour management.</p> <p>Of the seven care support workers commencing on the 23 October 2018, one has level 5 (diploma in healthcare studies), one level 4, two foreign RNs and three care support workers without dementia care qualifications. Five of the seven care support workers will be enrolled to commence dementia care career force units on employment.</p> <p>The service has contracted a general practitioner who specialises in aged care practice and has a supporting nurse practitioner. The GP medical registration was sighted. A physiotherapist has been contracted (five hours a week) for resident assessments and staff training. A practicing certificate was sighted. A dietitian and podiatrist have been contracted.</p> <p>The clinical manager and two RNs employed have completed interRAI training.</p>
--	--------	---

Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	<p>Human resource policies include documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a transitional staffing plan and proposed rosters based on occupancy 0-10 residents; 10-15 residents and 15-20 residents. There is a staffing ratio of 1 care support to four residents. There is a full-time general manager and clinical manager who will share the on-call (alternate weeks).</p> <p>The proposed roster is as follows: There is a RN on duty 24 hours. At full occupancy there will be a RN in each neighbourhood on morning duty and two RNs (one each level) on afternoon duty plus two enrolled nurses. The general manager and clinical manager will cover RN duties as required Monday to Friday morning shifts if required. There is the option to use agency RNs to cover unexpected leave if required.</p> <p>Ranui memory loss unit (20 beds) for 0-10 and 10-15 residents – two care support and one lifestyle support on mornings; two care support on afternoons plus a lifestyle support (1600-1900 for 10-15 residents). Full occupancy: three care support and one lifestyle support on mornings; two care support, one senior care support or enrolled nurse and lifestyle coordinator (1600-2000).</p> <p>Rakau (14 dual purpose beds) for 0-8 and 8-14 residents: two care support and one lifestyle support on mornings; two care support coordinators and one lifestyle support for 8-14 residents.</p> <p>Orakei (20 dual purpose beds): for 0-10 and 10-15 residents: two care support and one lifestyle support on mornings and two care support and one lifestyle support (for 10-15 residents). Full occupancy: three care support and one lifestyle support on mornings and afternoons.</p> <p>Uplands (14 dual purpose beds) for 0-10 and 8-14: two care support and one lifestyle support on mornings and afternoons.</p> <p>Night shift: There are three care support staff rostered on each level and one RN on nights.</p> <p>All laundry will be done off-site. There are designated cleaners recruited to commence orientation on 23 October 2018.</p>

<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are medication policies that align with the MOH medication guidelines for residential aged care. There is a contract with the supplying pharmacy. RNs currently employed have completed medication competencies and medimap training with the instructor. Medimap training has been arranged for the week of 23 October for newly appointed senior care support workers (link 1.2.7.4). There are locked medication rooms in each neighbourhood. The medication rooms have been set up with medication fridges, clinical and wound care products. There are first aid kits and sharps containers in each medication room. Medication trolleys have been purchased. Two of the medication rooms have specimen fridges. All four medication rooms have a controlled drug safe. There are processes around self-medication.</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>	FA	<p>An experienced executive chef has been employed who has city and guild of London qualification and food and culinary qualifications. The chef will prepare and cook meals during the week. A further chef is to be employed on opening. There is a recruitment plan for food services staff as resident occupancy increases. The menu has been developed by the chef and reviewed by a dietitian. The four-week menu includes two menu choices plus a vegetarian meal at midday and dinner (main meal). Pureed meals are the same as the standard options and will be presented attractively in pureed food moulds/shapes. Pureed finger foods of high nutritional value will be provided for the resident of the memory loss unit. The chef has participated in a workshop on soft ad pureed meals. Scan boxes have been purchased to transport meals to the neighbourhood kitchens for serving. Serving bowls and plates of food are kept hot on buffet benches with induction systems (non-burn surfaces). Residents who required assisted feeding will dine in the neighbourhood dining rooms and the residents who are independent with meals will dine in the atrium dining room. The scan boxes are delivered to the areas in the lift. Breakfast is prepared and served in the neighbourhoods.</p> <p>The large purpose-built and well-equipped kitchen is adjacent to the independent resident dining room. The chef was involved in the design of the kitchen. There are three entry and exit doors to the kitchen area. There is a large walk-in chiller and a walk-in freezer. There are combi-ovens and gas hobs for cooking. All stock sighted in the pantry had been date labelled. Temperature monitoring has been commenced for the fridge and freezers, dishwasher and delivery of goods. The food control plan was submitted to MPI 6 July 2018.</p>

Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.	FA	Eight lifestyle supports are to commence orientation on the 23 October 2018. There will be a lifestyle support based in each neighbourhood and a village lifestyle support. The lifestyle support who is a qualified DT will be based in the memory loss neighbourhood and supported by a RN who has previously worked as a dementia care clinical coordinator. There are open plan dining/lounge areas where activities can occur and a large central atrium for large group activities/entertainment. Resources have been purchased. The service has purchased a new van.
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.	FA	There are documented policies and procedures for waste disposal and chemical storage. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is a designated waste collection area in the basement where full containers are picked up from. The service has submitted a waste management plan to the council. Incontinent products are permitted to be disposed of in the normal household waste. There are approved biohazard containers in the medication rooms. There is appropriate personal protective equipment (gloves, aprons and goggles) in the two sluice rooms (one on each level). The service has contracted a chemical company for the provision of chemicals, service checks and staff training. Safety data sheets are available. Chemicals are stored safely throughout the facility with the main storeroom in the basement. All chemical bottles are labelled with manufacturer labels. Infection control policies state specific tasks and duties for which protective equipment is to be worn.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	A certificate of public use has been issued 24 September 2018. The building is three levels with two lifts. One of the lifts is large enough to take a bed. The main contractor has completed all building compliance checks including hot water temperatures in all ensuites. A maintenance person is scheduled to commence employment 23 October 2018 and has authority to purchase any testing/maintenance equipment required. The property manager/director (interviewed) stated any requests for repairs would be referred to the building

		<p>contractor as the building is under warranty for the next year.</p> <p>The dining rooms, lounges, family rooms and bedrooms are fully furnished. All equipment has been purchased new including clinical equipment such as single super king electric beds with high pressure rating mattresses, one platform scales, two chair scales, two full sling hoists, four oxygen concentrators, wheelchairs, walking frames, shower chairs, commodes and pressure injury resources. There are storage areas for equipment.</p> <p>The communal areas are large and spacious enough for residents to safely mobilize with walking aids. There is safe access to the internal atrium and external areas with seating and shade. All external landscaping has been completed.</p> <p>Advised that the general manager visited dementia units internationally and incorporated expert design advice into the build of the memory loss unit. There are several doors where residents can exit freely to the outdoor gardens with its raised gardens and safe walking pathway. Seating is available, and a shade sail has been purchased (receipt sighted). There is secure and controlled exit from the memory loss neighbourhood.</p>
Standard 1.4.3: Toilet, Shower, And Bathing Facilities 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.	FA	All studio rooms and suites have a full spacious ensuite. Flooring is nonslip and the material used meets infection control standards and easily cleaned. There are toilets near communal areas with privacy locks. The bathrooms in the memory loss neighbourhood have light sensors that switch on with movement in the room at night.
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	There are 44 'one room care suites' and 24 'care suites with a bedroom and a separate living area'. The rooms are spacious and allow for the safe mobility of residents with the use of mobility aids and for the use of a hoist as required. There are ceiling hoists in all resident rooms. The rooms are furnished with a king single bed (with high pressure rating mattress) and an electric lazy boy chair with high pressure rating cushion and padding. The chair can recline into a lying position. The bedroom doors open out to one and a half width. Forty-nine of the dual-purpose rooms have a kitchenette including one in the memory loss neighbourhood (for family use only). Some resident rooms look out onto the atrium and two rooms have doors that open out onto a private deck.

		<p>In the memory loss neighbourhood (dementia unit), bedroom doors are painted in different colours with photo boxes for easier identification of their room. The bedrooms have motion sensors that alert staff to resident movement through their Vocera (see 1.4.7). There is a kitchenette that is fully functional with safety features built in to prevent harm. There is an exit door from the kitchenette for staff exit if necessary.</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>	FA	<p>Each neighbourhood of dual-purpose beds has a communal dining/lounge with a fully functional kitchen that residents (under supervision) or family can bake or prepare family meals. There are smaller lounges with a dining table where residents can meet with families or participate in quieter activities. There is a large atrium in the centre of the complex where activities can be held including entertainment or evening functions etc. There is also a fine dining room located off the independent living dining room that can be booked for family and special events.</p> <p>The memory loss neighbourhood (dementia unit) is spacious and provides an internal walking area and outdoor gardens and grounds. There is a TV lounge, and games lounge with access and entry to the outdoors. There is also a quiet lounge.</p> <p>The facility has a swimming pool, spa and gym that are available to all residents under their ORA agreement. There is also a massage/beauty therapist room. The access and use of these facilities is under supervision.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are policies for cleaning that include infection prevention. All personal clothing and linen are contracted out. Food services laundry will be done on-site in a designated laundry located in the basement area. The contracted service provides the dirty linen trolleys which are stored in dirty linen storage cupboard on each floor. When full these are taken to the basement in the service lift where the dirty linen is collected daily. The contracted service delivers pods of clean linen. There was sufficient linen sighted in each household ready for use. There is a small domestic laundry in the memory loss neighbourhood for family/care partner use. The chemicals are stored in a locked cupboard.</p> <p>Cleaning trolleys have been purchased that have locked chemical compartments. The trolleys are stored in designated locked areas on each floor. Two cleaners commence orientation 23 October 2018 (link 1.2.7.4). Cleaning hours allocated are</p>

		<p>63 per week.</p> <p>Material safety data sheets have been provided by the contracted company who will supply chemicals, provide training and conduct audits on the effectiveness of cleaning products and processes.</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>	PA Low	<p>The site-specific emergency and disaster policies include (but not limited to) fire and evacuation and dealing with emergencies and disasters. The fire evacuation scheme for the new building has been approved by the fire service 30 May 2018. A large extractor fan is installed in the atrium ceiling as part of the fire evacuation plan. There is an emergency evacuation gate in the memory loss neighbourhood secure grounds that is unlocked in the event of an evacuation. A fire drill for newly appointed staff has not yet been conducted.</p> <p>The service has a diesel power generator on-site that switches on in the event of a power failure. There is a civil defence room with bins ready to fill with emergency supplies. The kitchen has plenty of storage room to hold at least three days of food supply. A 25,000-litre water tank in the basement has water pumped (by the diesel generator) to the neighbourhoods for essential services.</p> <p>There is a call bell system in all resident rooms, ensuites and communal areas that has a regular alert, emergency call and nurse presence. The call bell is soundless and has no light indicators. All calls are generated through the Vocera pendant worn by residents and staff. The pendant can be voice operated, locate staff, make calls and programme reminders as demonstrated on the day of audit. The vocera system (used in Canada and Australia) is fully operational.</p> <p>The double automatic doors at the main entrance are programmed to open and lock at set times. There is an entrance phone used to call staff who can view the door entrance then programme the entry code using their vocera. There are CTV cameras strategically placed around the complex that operate on movement and recorded from the control room.</p> <p>The memory loss neighbourhood has two double doors (one either side of the atrium) that can be accessed by touch pad control and authorized swipe card exit.</p>
Standard 1.4.8: Natural Light, Ventilation, And Heating	FA	<p>There is adequate natural light in the studio apartments/suites and communal areas. All resident rooms have external windows. There is a reticulated</p>

<p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>		<p>heating/ventilation system throughout the building.</p>
<p>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.</p>	FA	<p>There are infection control policies that meet the Infection Control Standard SNZ HB 8134.3.1.2008. The infection control coordinator is the clinical manager who has a job description. She has attended a study day for infection control and prevention in March 2028. The infection control coordinator will oversee infection control management for the facility including collation of infections. The infection control coordinator will provide a weekly report to the management meetings. The policies and procedures outline the programme for the facility. All newly appointed staff complete an infection control orientation on employment. Hand sanitisers are being appropriately placed in resident rooms and staff areas by the chemical company. Adequate supplies of personal protective clothing are available.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service has policies and procedures that met the definition of restraint minimisation and safe practice. The service has a restraint free policy. The clinical manager is the restraint coordinator with a job description that defines the role and responsibilities. Restraint minimisation and safe practice is included in the orientation for care staff.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.2.7.4 New service providers receive an orientation/induction programme that covers the essential components of the service provided.	PA Low	Further staff have been recruited and commence 23 October 2018 including, seven care support workers, three lifestyle supports (one is a diversional therapist), one RN, two cleaners and a maintenance person.	Newly appointed staff require orientation to their roles and complete competencies relevant to their role.	Ensure all new staff complete generic orientation to the service and role specific orientation and competencies. Prior to occupancy days
Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.	PA Low	The orientation programme for newly employed staff includes induction to the layout of the facility and fire safety. A fire drill is for new staff has been scheduled prior to occupancy.	All newly employed staff will be required to attend a fire drill which is scheduled for 1 November 2018.	Ensure all newly employed staff attend the fire drill. 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, 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.