

Oceania Care Company Limited - The Sands

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: The Sands

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

Dates of audit: Start date: 20 June 2019 End date: 21 June 2019

Proposed changes to current services (if any): A new building, consisting of 44 dual purpose care suites.

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

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

The Sands Apartments and Care Suites are part of Oceania Healthcare Limited. The Sands facility comprises of five levels on the north side of the building and four levels on the south side. The rest home and hospital dual purpose care suites are located on the second level.

The reconfiguration of the new building at The Sands contain of dual-purpose care suites for up to 44 residents requiring rest home and hospital levels of care.

This partial provisional audit was conducted to review a new building containing 44 dual purpose beds against the required subset of the Health and Disability Service Standards, and the facility's contract with the district health board to establish the level of preparedness to provide reconfigured health and disability service. The audit process included the review of policies and procedures, review of staff files, observations and interviews with management and staff.

The partial provisional audit identified five areas requiring improvement relating to validation of professional qualifications; appointment of appropriate service providers; orientation for staff; staff training; and service provider availability.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Oceania Healthcare Limited is the governing body responsible for the residential care services that will be provided at The Sands. Oceania mission, vision and values of the organisation are documented, displayed at the facility and included in residents' and staff documentation.

The new facility is managed by an appropriately qualified and experienced village and care manager. The village and care manager is supported in their role by a clinical manager and the guest and services manager. The clinical manager is a registered nurse, responsible for clinical management and oversight of services. The management team is supported by the regional clinical quality manager and Oceania management team members.

Human resource policies and procedures guide practice.

There is a documented rationale based on best practice for determining staffing levels and skill mix to provide safe service delivery.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.



Standards applicable to this service fully attained.

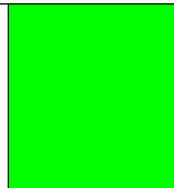
The Sands, which is a part of Oceania Health Care Limited, has policies and processes in place to ensure appropriate care.

The service's medicine management system is part of the system used nationally throughout New Zealand by Oceania Healthcare Limited. The treatment and medicines rooms are fit for purpose and fully equipped. The service is implementing an electronic medicines management system, modelled on practices in their other facilities. There is an agreement with and local medical practice for the provision of medical care.

The food service policies and procedures are current. Oceania Healthcare Limited has a custom food control plan managed by the national culinary manager. Food services already commenced at The Sands as the service has residents residing in independent living suites. The food service is appropriate to the setting.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.



Standards applicable to this service fully attained.

The new building has been issued with a certificate for public use by the city council. The Fire and Emergency New Zealand have approved the fire evacuation scheme of the new facility.

A planned, preventative and reactive maintenance programme is in place that complies with legislation and includes equipment and electrical checks.

The new facility will provide residents' accommodation in studios care suites and one-bedroom care suites. All care suites have ensuite bathrooms. The care suites are spacious enough to allow for resident care and ease of movement. There are accessible and safe external areas, such as patios and balconies. Lounges and dining areas are easily accessible. The facility has a functioning, monitored call bell system. Essential security systems are in place to ensure resident and staff safety.

There are documented and implemented policies and procedures for cleaning, laundry and waste management. Cleaning services will be provided seven days a week by household staff and laundry services will be contracted offsite.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Infection prevention and control policies and processes guide infection prevention and control practice throughout Oceania facilities. The infection control programme content is appropriate for the size, complexity and degree of risk associated with the service.

Infection prevention and control advice and support can be accessed at the Waitemata District Health Board, the infection prevention and control nurse specialist, microbiologist, general practitioners and infection control specialist organisations, if needed.

The clinical manager is the infection control coordinator and has a job description in place for this role. The internal audit programme includes audit forms to review infection control processes. Pandemic resources are available in readiness should an infection or outbreak occur.

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	2	0	0	0
Criteria	0	30	0	5	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
<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>The Sands Care Suites is a new build facility. Commencement of residents' admissions to the facility is planned for early August 2019 following HealthCERT approval.</p> <p>The Sands is part of Oceania Healthcare Limited (Oceania) with the executive management team providing support to the facility. The Oceania operations manager, the project manager and the regional clinical and quality manager (CQM) and the regional maintenance manager provided support during this partial provisional audit.</p> <p>Oceania has a documented vision, mission and values statements. These will be communicated to residents, staff and family through information in booklets and to staff during their orientation and staff training (refer to 1.2.7.4 and 1.2.7.5).</p> <p>The facility is managed by a village and care manager (VCM) who has background in nursing and has been in this position since December 2018. They have a qualification and experience in health services management. The VCM is supported in their role by a clinical manager (CM), guest services manager (GSM) and the Oceania management team. The CM is a registered nurse (RN) and has been in this position since 20 May 2019 and has had over 6 years of experience in aged residential care. The appointment of the CM has been notified to HealthCERT and the district health board (DHB). The GSM is a new position in Oceania. The GSM has been employed for The Sands and commenced employment one month ago. The GSM's responsibilities include but not limited to: overseeing the cleaning and laundry services; residents' activities; residents' external</p>

		<p>appointments and family support.</p> <p>The aged residential care contracts will be negotiated with the DHB once the facility is certified. The service plans to accept residents requiring rest home and hospital levels of care. The new building has been constructed with 44 dual purpose care suites.</p> <p>At the time of this partial provisional audit there were no residents residing at the new building.</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 of the VCM, the regional CQM or the Oceania relief business and care manager would oversee the day to day operation of the service. This was confirmed at management interviews. They would be supported by the CM, the GSM and the Oceania operations manager.</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>Oceania human resource management policies and procedures are documented and implemented and meet the requirements of legislation. The skills and knowledge required for each position is documented in job descriptions. Management and staff files reviewed demonstrated that recruitment processes for all staff include: reference checks; a signed employment agreement; specific job description; police vetting; drug testing and identification verification. Recruitment has commenced for staff as confirmed at management interviews. Not all staff required to deliver services at the new facility have been employed. A staff appraisal system is in place.</p> <p>There are systems in place to ensure that annual practising certificates and practitioners' certificates are current. However, annual practising certificates could not be verified for all staff.</p> <p>Orientation processes are documented and cover the essential components of the service. However, orientation processes for all staff could not be verified as recruitment is not completed.</p> <p>The CM has completed interRAI assessment training and competencies. The Oceania mandatory annual education, training schedule and education days provide ongoing education for staff to ensure safe and effective services to residents, however, implementation was unable to be verified.</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 Low</p>	<p>Oceania staffing and skill mix policy provides guidance to ensure safe staffing levels within the facility meet the needs of residents' acuity and the requirements of the DHB contract.</p> <p>The allocation of the staff plan identifies staff roster for the needs of the resident group and numbers and ensure safe staffing, that meets the minimum requirements of the national aged related residential care contract. The proposed plan sighted for the facility recorded roster scenarios had been drafted to incrementally increase facility staffing as resident numbers increase. The facility and the Oceania manager interviews and records reviewed evidenced the VCM, the CM and the GSM work Monday to Friday each week. The CM will be on call after hours for clinical issues.</p> <p>Interviews and a review of proposed rosters confirmed that staffing will cover residents' care. However, not all staff were employed at the time of audit and the availability of an appropriate skill mix of the residents yet to be admitted into the facility was unable to be verified.</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>FA</p>	<p>Oceania policies and processes guide medication management and are in line with required legislation and guidelines. The Sands is currently in the process of advertising and completing interviews to ensure safe staffing (refer to 1.2.7.2, 1.2.7.3, 1.2.7.4 and 1.2.7.5).</p> <p>The CM has completed their medication competency. The education and training programme and 'grow, educate and motivate' (GEM) study days provide opportunities for keeping competencies current (refer to 1.2.7.5).</p> <p>Medication areas, including storage areas evidenced an appropriate and secure medicine dispensing system, free from heat, moisture and light. The medicines fridge has been calibrated and temperatures checks are completed. Medicines management equipment and the electronic medicines management system are in place ready for use.</p> <p>Oceania has an agreement with a local practice to provide medical services to the facility. There is also an agreement with a local pharmacy to provide the facility with pharmaceutical services, including stocktakes. Processes are in place for self-administration of medicines including assessment of resident competencies, safe and appropriate storage of medicines and checks by nursing staff.</p> <p>The CQM confirmed that Oceania does not use standard medicines orders. The current medication system is satisfactory to meet the needs of residents receiving hospital and rest home care.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid</p>	<p>FA</p>	<p>The Oceania food policy on food procurement, production, preparation, storage, transportation, delivery and disposal complies with current legislation and guidelines.</p>

<p>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>Food services have commenced for residents who are living in the independent living suites on the ground, third, fourth and fifth floors. Food services will be provided for the care centre on the second floor from the same kitchen. There is a four weekly seasonal menu in place. The organisation implemented a custom food control plan used by all the Oceania facilities, which is registered with the Ministry of Primary Industries.</p> <p>Currently employed kitchen staff have completed food safety and competencies. Training for current kitchen staff is in the process as they are completing their orientation and induction books (refer to 1.2.7.4 and 1.2.7.5).</p> <p>The kitchen is spacious, modern and appropriate for service delivery with a café which is operational. Chiller, fridge and freezer, as well as food temperatures are monitored. There is a numeric system for monitoring expiry dates of all food stock.</p> <p>The nutritional assessment forms reviewed are currently used in other Oceania facilities. There is a system in place to ensure the kitchen staff are aware of all nutritional requirements, likes and dislikes of each resident.</p> <p>Cleaning schedules are in place. Chemicals used in the kitchen are stored securely. The service has appropriate internal audit process in place to review food services, including a process for testing residents' satisfaction.</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>	<p>FA</p>	<p>There are documented policies, procedures and guidelines for the management of waste and hazardous substances, compliant with current legislation and territorial authority requirements.</p> <p>The management of waste and hazardous substances in the new building is implemented. Processes for collection, storage and disposal of waste and recyclables are in accord with infection control principles and comply with local body requirements. A hazardous substances register is maintained and was sighted. Material safety data sheets are provided by the external contractor and were sighted during the on-site audit.</p> <p>New staff will receive training on the use of personal protective equipment (PPE) and the management of waste and hazardous substances (refer to 1.2.7.4 and 1.2.7.5). Personal protective equipment is available and was sighted in the new facility.</p> <p>There are two sluice rooms that are stocked with appropriate equipment, PPEs and built to infection control standards.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided</p>	<p>FA</p>	<p>The new building comprises of four levels on the south side and five levels on the north side. The ground floor and levels three, four and five are independent living apartments. Level two of the new building comprises of 44 dual purpose care suites. There are 32 studio care suites and 12 one bedroom/separate living care suites at the facility. Each care suite has its own ensuite with shower and toilet. Fifteen of the care suites have</p>

<p>with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>balconies.</p> <p>Observation/tour of the new building evidenced a building and internal fit out that is fit for purpose and ready for occupation. A certificate for public use was issued by the Auckland City Council on 21 May 2019. This certificate for public use expires on 15 August 2019 or upon issue of the code compliance certificate, whichever happens earlier. Application for the code compliance certificate has been submitted to the territorial authority. The building warrant of fitness will be issued 12 months following the issue of the code compliance certificate, as confirmed by the Oceania management team interviews.</p> <p>Management interviews and observations confirmed there is equipment available to support residents including but not limited to: wheelchairs; shower chairs; ceiling hoists. Equipment sighted confirmed that this includes new purchased equipment, such as: beds; dining room tables and chairs; and lounge chairs.</p> <p>There are three lifts in the building, two are large enough for bed/gurney access and the third lift is used for delivery access. Access to stairs is by swipe card only. The building has a courtyard with gardens, grassed area and paths. External seating and shade is available. Paths allow for safe access for residents, staff and visitors. The driveway has space for vehicle access to the main entrance. There are 19 visitors' car parks, 2 of which are disability parks, located in the basement with secure access.</p> <p>A planned maintenance schedule is documented and has commenced on the new building. There was documented evidence hot water temperatures have been checked in all care suites in the new building. Hot water temperatures monitoring schedule is to be conducted monthly. An interview with the maintenance person confirmed that where hot water temperatures had been above the recommended safe temperature, action was taken, and rechecking of the temperature occurred to ensure a safe temperature was maintained.</p> <p>A reactive maintenance schedule comprises of staff and residents (once admitted) identifying maintenance issues in a maintenance log book. A review of maintenance requests and staff interviews confirmed the processes for maintenance requests and that repairs were conducted in a timely manner.</p> <p>Visual observation confirmed there is adequate equipment to support care, including care for residents with disabilities. There is a system to ensure that the facility van is routinely maintained and has current warrant of fitness and registration.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing</p>	<p>FA</p>	<p>All care suites have ensuites with toilets, hand basins and showers. There are additional toilets located in proximity of the residents' lounges and dining rooms. All ensuites have handrails and call bells to summon assistance. All doorways are wide to facilitate ease of mobility and residents' independence. Staff and visitors' toilets are provided.</p> <p>Communal toilets have a system to indicate vacancy and have disability access.</p>

<p>facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</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>There are 44 residents' care suites, comprising of studio and one bedroom suites. Each care suites size has been designed to allow residents to mobilise safely around their personal space and bed area, with mobility aids and assistance.</p> <p>Residents will be able to personalise their rooms with their own furniture and furnishings, as confirmed at management interviews.</p> <p>There are designated areas to store equipment such as: wheelchairs and walking frames.</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 dining room with the capacity to accommodate all residents when all 44 care suites are occupied. A private dining room is located next to the main dining room and may be used for private functions. The ground floor has a café for residents and visitors to use. The dining rooms are fully equipped with dining tables and chairs of appropriate design for residential care.</p> <p>There is a recreational room next to the main lounge.</p> <p>Communal areas have appropriate seating and external views. All areas can be accessed by residents, visitors and staff. Sufficient areas are available for residents to access with their visitors if they wish to find privacy.</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>The laundry service at the facility is contracted out to an external laundry company to provide all laundry services, six days per week, Monday to Saturday inclusive, and will include the laundering of all residents' clothing. The service agreement was sighted. Clean linen storage areas/cupboards are provided, as are personal clothing trolleys for return of resident's clothes. The new building has a room on the ground floor with a laundry shoot from the upper levels of the building. The dirty laundry is collected from this area. Clean laundry will be delivered via a separate entrance. Colour coded, covered laundry trolleys and bags were observed to ensure their ready for use. The GSM is responsible for laundry services. Healthcare assistants will be responsible for stocking up of linen cupboards and delivering residents' personal clothing, confirmed at management interviews.</p>

		<p>Cleaning services will be conducted by employed staff, seven days a week (refer to 1.2.7.3). Cleaning products will be dispensed from an in-line system and the installed dispensing system was sighted. There are safe storage areas for cleaning equipment and chemicals in the new facility. An external contractor has provided training relating to chemicals used at the facility to the current employed staff. Staff training for all new staff will be conducted (refer to 1.2.7.4 and 1.2.7.5).</p> <p>Sluice rooms are available for the disposal of soiled water/waste. Handwashing facilities are available throughout the facility.</p> <p>The effectiveness of cleaning and laundry processes are monitored through the internal audit process. Management interviews confirmed the monitoring processes of the laundry and cleaning services.</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>	FA	<p>The facility has an emergency and business continuity plan that includes guidance and resource for staff in the event of an emergency or disaster. It includes a variety of possible emergency events such as: fire; earthquake; flooding; hazardous substance spills; evacuation; robbery; challenging behaviour and a missing person. The plan identifies the contingency plans for all potential service failures and includes considerations of all levels of resident need.</p> <p>A letter from Fire and Emergency New Zealand approving the evacuation scheme dated 4 June 2019 was sighted. A sprinkler system is installed throughout the facility and exit signage is displayed. Trial evacuations in accordance with the approved evacuation scheme are scheduled prior to the residents moving to the facility. Records reviewed evidenced all staff and management employed at the facility have completed emergency evacuation checklist, site tour and assessment.</p> <p>Staff files and training records demonstrated that orientation and annual training includes emergency and disaster procedures and fire safety (refer to 1.2.7.4 and 1.2.7.5).</p> <p>Supplies are available to sustain staff and residents in an emergency situation. Alternative energy and utility sources in the event of the main supplies failing are in place. The capacity of the water tank for emergency supply of water is 2000 litres. The facility has access to a generator in an emergency.</p> <p>Call bells to summon assistance are operational in all care suites and residents' areas. Call bells have been checked for activation and visual display by the maintenance person.</p> <p>Security systems and processes are in place and operational.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And</p>	FA	<p>Residents' care suites and communal areas accessed by residents have safe ventilation and external windows providing natural light. Heating and cooling of communal and residents' care suites is provided by air</p>

<p>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>		<p>conditioning units.</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>	<p>FA</p>	<p>The service provides an environment to manage the risk of infection to residents, staff and visitors to this facility. The infection prevention and control programme is specific to the service and is in place. Infection control management is guided by the infection control manual developed at organisational level.</p> <p>The infection control nurse (ICN) is the CM. The ICN completed relevant training for this role and responsibilities are clearly outlined in a position description which is signed and dated. The ICN role is supported by the infection prevention and control committee, however, employment processes are not completed for all members of the committee (refer to 1.2.7.3). The ICN reports to the Oceania executive management team and infection control reports are electronically sent to the support office.</p> <p>Resources are in place to support the programme and any outbreak of infection, including an outbreak kit.</p> <p>Equipment needed to ensure a safe and appropriate environment such as liquid soap, anti-bacterial gels, paper towels and appropriate signage, is in place.</p> <p>There are adequate hand washing facilities located and positioned in all areas of service delivery. Cleaning schedules are in place. All flooring, equipment, furniture sighted is made from materials suitable for cleaning to maintain infection control principles.</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 Low	Review of VCM and CM files evidenced current annual practising certificates. Employment processes for new staff have not been fully completed and not all annual practising certificates required were able to be evidenced.	Annual practising certificates of staff that will be employed were not able to be sighted.	Ensure professional qualifications are validated for staff who require these to practise. Prior to occupancy days
Criterion 1.2.7.3 The appointment of appropriate service providers to safely meet the needs of consumers.	PA Low	Interview with management confirmed three managers have been employed and they include: the VCM; the CM and the GSM. The staff that have commenced employment include: the executive chef; the chef; maintenance person and the administrator. Interviews with Oceania national and regional managers confirmed advertising, interviewing and for some positions the offers of staff positions have been completed. Appointment of appropriate staff to provide safe services was unable to be verified as not all staff were	Not all staff have been employed to implement services at the new facility.	Provide evidence all required staff have been employed and the required staff skill mix requirements to provide hospital and rest home levels of care are met.

		employed at the time of audit.		Prior to occupancy days
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	An orientation/induction programme is available that covers the essential components of the services provided. It requires new staff to demonstrate competency on a number of tasks, including residents' personal cares. Staff employed at the time of audit and management interviews confirmed their orientation/induction process had occurred or is in progress. Recruitment processes were not complete at the time of audit and orientation for all staff could not be verified at the time of audit.	The implementation of the orientation programme could not be verified as not all staff have been appointed.	<p>Ensure all new staff complete the orientation programme.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	PA Low	Staff files and education records evidenced that staff education has been provided for the new staff employed, such as the executive chef; the chef; maintenance person, the administrator and the management team. There are Oceania specific mandatory annual education, training modules and education days to be planned when all required staff are employed. However, implementation of the annual education, training modules and education days was unable to be evidenced.	Annual education, training modules and education days have not yet been implemented.	<p>Ensure annual education, training modules and education days are implemented.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	PA Low	Review of a documented process/plan of residents' admissions to the facility evidenced preparation and planning prior to residents' admissions and this includes the number of staff, skill mix and staffing requirements for morning, afternoon and night shifts including management and support staff. Verification of the appropriate skill set on the roster could not be evidenced as not all staff were employed at the time of audit.	Not all staff had been employed at the time of audit and proposed roster skill set mix suitability could not be validated.	<p>Ensure staff employed are rostered to meet skill mix requirements suitable to safely meet the needs of residents.</p> <p>Prior to occupancy</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.