

Sunrise Healthcare Limited - West Harbour Gardens

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: Sunrise Healthcare Limited

Premises audited: West Harbour Gardens

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

Dates of audit: Start date: 13 September 2019 End date: 13 September 2019

Proposed changes to current services (if any): West Harbour Gardens is an established building with a wing that has been used to provide hospital and rest home level of care. This audit included verifying this wing as being suitable for dementia care with 11 beds. Based on the result of this partial provisional audit, it is expected that the service will begin to utilise the dementia unit for residents assessed as requiring a secure unit on 15 October 2019.

Total beds occupied across all premises included in the audit on the first day of the audit: 55

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

West Harbour Gardens rest home and hospital is one of three facilities owned by Sunrise Healthcare. The facility provides rest home and hospital level or medical care for up to 74 residents including younger people with disabilities. On the day of the audit there were 55 residents.

This partial provisional audit verified reconfiguration of one wing (in the past used for residents requiring hospital or rest home level of care) into a secure dementia unit containing 11 beds. The total number of residents will remain the same at 74 (63 dual purpose and 11 dementia).

The general manager (registered nurse) is experienced in management of aged care including a dementia unit and is supported by the owner (accountant), a clinical coordinator and a team of registered nurses.

This audit confirmed that improvements are required prior to the dementia unit being opened. These relate to documentation of a transition plan; a fire evacuation scheme; completion of the unit as a secure unit (indoor and outdoor areas); completion of building and refurbishment of two shower units with a call bell to be installed.

An improvement is also required to review of care plans in line with completion of the interRAI assessment and confirmation of review of care plans six monthly.

Consumer rights

Organisational management

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, and hospital, (medical and geriatric) level care.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Organisational human resource policies are implemented for recruitment, selection and appointment of staff. The service has an implemented induction/orientation programme. A training programme is implemented.

There is a documented rationale for determining staffing levels and skill mixes for safe service delivery. Staffing is already in place with adequate numbers of staff trained in dementia. Existing staff will be rostered into the dementia unit.

Continuum of service delivery

InterRAI assessments are completed with these current in all resident records reviewed. All records have a current care plan documented. There is a plan being implemented to ensure that care plans are reviewed six monthly.

The medication management system is in place with a medication/treatment room outside of the refurbished wing that will be used for the dementia unit.

The facility has a workable kitchen with established kitchen staff. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is served from a bain marie and transported in covered plates to the residents who currently choose to have meals in their room. This process will be applied to wing planned as a dementia unit. Nutritional profiles are completed on admission for each resident and systems already in place are described as going to be applied in the planned dementia unit.

Safe and appropriate environment

The building holds a current warrant of fitness. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. It is intended that existing waste management and chemical storage will be used for the wing when it becomes a dementia unit.

Residents will potentially be able to freely mobilise within the internal and external secure areas once the fencing, locks and showers are completed. There is already access to the established outdoor area with seating and shade in place. Resident bedrooms are able to be personalised with access to communal facilities.

Documented policies and procedures for the cleaning service is implemented in other parts of the service with appropriate monitoring systems in place. All personal clothing and linen is laundered off-site. There is an emergency management plan in place and adequate civil defence supplies for all areas including the proposed dementia wing in the event of an emergency. There are emergency supplies for at least three days. There is currently at least one staff member on duty at all times with a current first aid certificate.

Restraint minimisation and safe practice

Staff receive training around restraint minimisation and the management of challenging behaviour. The service has plans in place for the dementia unit to be a secure area. Currently there are appropriate procedures for the safe assessment and review of any restraint and enabler use for the hospital and rest home residents if this is required and a register is maintained.

Infection prevention and control

Infection prevention and control (IPC) is currently the responsibility of the clinical coordinator. There are clear lines of accountability to report to the infection prevention and control team on any infection prevention and control issues. There is a reporting to the general manager and to staff through meetings.

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	11	0	4	3	0	0
Criteria	0	31	0	6	3	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>	<p>PA Moderate</p>	<p>West Harbour Gardens residential care provides care for up to 74 residents. This is one of three aged care facilities owned and managed by Sunrise Healthcare. The service is certified to provide hospital (medical, geriatric), rest home and residential – physical/intellectual disability level care. All resident rooms are dual-purpose.</p> <p>On the day of the audit, there were 55 residents. This included 21 rest home level and 34 hospital level residents. Of the 55 residents, 11 residents (hospital level) were under the young persons with a disability (YPD) contract (nine with intellectual disability and two under a short-term contract from Taikura Trust), five residents (four hospital and one rest home level) was on the long-term chronic conditions contract (LTS-CHC), and three residents (two hospital level and one rest home) was funded by the Accident Compensation Corporation (ACC). There was one (rest home level) respite resident. Of others were funded under the ARCC contract. There are no residents assessed as requiring dementia care in a secure unit at this point.</p> <p>The proposed dementia unit (11 beds) is an existing wing that is currently unoccupied until renovations and refurbishment have been completed. A transition plan to complete work and to move staff and residents to the unit has</p>

		<p>not yet been documented.</p> <p>A 2018 business plan is documented for the service. The quality and risk management plan (2018) identifies a vision, mission and eight objectives with anticipated outcomes. Business goals and quality/risk objectives are regularly reviewed and discussed at the facility meetings. The meeting minutes include reference to the potential for a dementia unit and progress towards this.</p> <p>The general manager is a registered nurse with a current annual practicing certificate. She has had over 13 years' experience in management roles in aged care including three years as a manager/trouble shooter for a large aged care provider and four years as manager of a large hospital that included a 45 bed psychogeriatric unit. They have been in the role for eight weeks.</p> <p>The owner is a chartered accountant and provides financial management. The owner is on site during the week at varying times.</p> <p>The clinical coordinator has five years' experience in aged care including six months as a registered nurse in a dementia unit. She has been in the role for nine months.</p> <p>Both the general manager and the clinical coordinator have maintained a minimum of eight hours of professional development relating to managing an aged care facility.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The clinical coordinator (registered nurse) covers during the absence of the general manager (registered nurse) and vice versa. Both are qualified to take on the roles and both are able to describe roles if they were to be seconded into a position while the other was on leave.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Eight staff files reviewed (general manager, clinical coordinator, three RNs, three caregivers) included a recruitment process (interview process, reference checking, police vetting), signed employment contracts, job descriptions and completed orientation programmes. A register of registered nursing staff and other health practitioner practising certificates is maintained.</p>

		<p>The orientation programme provides new staff with relevant information for safe work practice. Staff are required to complete written core competencies as part of their induction to the service.</p> <p>Performance appraisals were up-to date in all staff files reviewed of staff who had been employed for one year or longer.</p> <p>Registered nurses are supported to maintain their professional competency. There is a dedicated registered nurses who is interRAI trained and the general manager and clinical coordinator are also interRAI trained. There are implemented competencies for registered nurses including (but not limited to) medication, syringe driver, wound and insulin competencies. Nursing staff also attend specific in-service training programmes (e.g., delirium, advanced care planning, wound management and care) with high attendance rates.</p> <p>There is an annual training plan. All staff are requested participate in continuing education relevant to physical disability and young people with physical disabilities. There is an attendance register for each training session. Staff complete a competency questionnaire following a selection of in-services (e.g., manual handling, code of rights, hand washing, fire evacuation). The new general manager and clinical coordinator have ensured that in the last two months, all staff have completed training expected in the annual plan. This has included robust training implemented around management of challenging behaviour and dementia care. Attendance records were sighted. There are 23 caregivers with the following CareerForce training completed: seven level 1; seven level 2; two level 3; seven level 4. Two other caregivers are graduating from level 4 in September 2019, two caregivers have enrolled in the level 4 programme. There are potentially enough staff trained in dementia as per contractual specifications, to meet needs of residents in a dementia unit (refer 1.2.8).</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>A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. There is a minimum of one RN on-site at any time. Activities are provided over five days a week. Staff working on the days of the audit, were visible and attending to call bells in a timely manner as observed during the audit. The clinical coordinator is available five days a week (Monday – Friday) and is supported by the general manager five days a week.</p>

	<p>There are staff who have completed NZQA training in dementia care. The roster identifies staff rostered to cover wings with the following numbers of residents:</p> <p>Kowhai wing (19 hospital level residents and five rest home including eight young people, two people with long-term conditions and one ACC client)</p> <p>Rata (eight rest home and 11 hospital residents including two with long-term conditions and one young person with disabilities;</p> <p>Ngaio (five rest home and seven hospital residents).</p> <p>The following staff are rostered on:</p> <p>AM: two healthcare assistants 7AM-12.30 PM, two 7AM -3PM, two 7AM-1PM, one 7AM-2PM; and two RNs;</p> <p>PM: two healthcare assistants 3PM-11PM, one 2PM -10PM, two 3PM-8PM; and two RNs;</p> <p>Night: three healthcare assistants 11PM-7AM; and one RN;</p> <p>The clinical coordinator and the general manager (both RNs are rostered on Monday to Friday with on call covered by one or the other after working hours.</p> <p>The roster is designed to include a mix of level one, two, three and four staff on each shift.</p> <p>There are three wings with 24 dual-purpose beds in each wing (note: two certified rooms are currently being used as lounges). Half of the third wing is being converted to a secure dementia unit.</p> <p>A roster has been documented for the intended dementia unit with notes that state that the second registered nurse on the afternoon shift will be increased from finishing at 2100 to 2300 hours. In a week there will be a total of 12.5 hours increased in registered nurse time to include time allocated for registered nurse to work in the dementia unit. The roster has yet to include actual staff names (refer 1.2.1). There is also one HCA rostered each shift with an RN for two hours each shift.</p> <p>Staff were observed attending to call bells in a timely manner. Staff interviewed stated that overall the staffing levels are satisfactory and that the managers provide adequate support. Residents and family interviewed also reported there are sufficient staff numbers.</p>
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<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>There are policies and procedures in place for safe medicine management that meet legislative requirements. Registered nurses have been assessed for medication competency on an annual basis. Caregivers complete competency assessments for the checking of medications. Education around safe medication administration has been provided. Staff were observed to be safely administering medications.</p> <p>The service uses robotic rolls, and these are checked on delivery against the paper-based medication charts. Standing orders are not used.</p> <p>There are policies and procedures in place to check any resident who self-administers medication. The clinical coordinator and general manager state that residents in the dementia unit will not self-administer medications. The medication fridge is monitored twice daily. All medications are stored safely. Eye drops were dated on opening and all stock was within the expiry dates.</p> <p>There is a locked room outside the planned dementia unit that has a door locked door opening into the dining room of the planned dementia unit. All equipment and stock is already kept in the medication room with this planned to extend to the refurbished wing. No changes are required to the medication system for the dementia wing when operationalised.</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>FA</p>	<p>All meals and baking are prepared and cooked on-site by a qualified cook, who is supported by morning and afternoon kitchenhands. There is a four-weekly menu which has been reviewed by a dietitian May 2018. The main kitchen is adjacent to the main dining room and meals are served from the bain marie directly to the residents in the dining room. Meals are plated and covered with insulated lids and delivered to the smaller dining room. Dietary needs are known with individual likes and dislikes accommodated. Dietary requirements (diabetic desserts and lactose free diets), cultural and religious food preferences are met. Additional or modified foods are also provided by the service. Staff were observed assisting residents with their meals and drinks.</p> <p>Fridge, chiller and freezer temperatures are taken and recorded daily. End-cooked food temperatures are recorded. Inward chilled goods have temperatures checked on delivery. Cleaning schedules are maintained. Chemicals are stored safely. Kitchen staff were observed to be wearing correct</p>

		<p>personal protective clothing. The food control plan was submitted 20 August 2018. Food services staff have completed training in food safety and hygiene.</p> <p>Resident meetings and surveys, along with direct input from residents, provide resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</p> <p>In the past, meals have been taken to residents using the wing now planned as a dementia unit. Staff were able to describe how meals were transported on plates covered with insulated lids. This process is expected to restart once the dementia unit is operational. There are no changes required to the kitchen and food services to manage the planned dementia unit.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>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.</p>	<p>FA</p>	<p>The service has a qualified registered diversional therapist (DT) who oversees the activity programme across two Sunrise Healthcare facilities. They work three days a week at West Harbour Gardens and are supported by an activity assistant to implement the integrated rest home and hospital activity programme Monday to Friday. They will oversee the programme for the dementia unit.</p> <p>There is activity staff rostered for the residents in wings currently open across five days a week. These positions have been appointed and are operational with staff able to support the programme as well. Activities are planned across the week with input from caregiving staff and it is envisaged that staff in the planned dementia unit will implement the activities programme until this is re-evaluated when numbers of residents increases. The service has a van to take residents on outings.</p> <p>Activity assessments are to be completed for residents on admission and an individualised activities plan will be implemented from that. The activity plans utilised by the service allows for individual diversional, motivational and recreational therapy to be identified across a 24-hour period. Assessments identify former routines and activities that the resident is familiar with and enjoy currently and this is expected to flow into the dementia unit.</p> <p>Activities provided are currently appropriate to the needs, age and culture of the residents. The younger people are invited to attend the group activities of their interest. The activity team make daily contact with the younger people and ensure they have their recreational needs met. They have good family support</p>

		<p>and go out regularly with family or their support persons to community events and activities.</p> <p>The general manager and clinical coordinator interviewed were both familiar with and could describe development and implementation of 24-hour activities plans.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Chemical bottles sighted have correct manufacturer labels. Chemicals are stored in locked areas and safety datasheets are available. Relevant staff have completed chemical safety training. Personal protective clothing is available for staff and seen to be worn by staff when carrying out their duties on the day of audit.</p> <p>There is a locked cupboard outside of the dementia unit and this will continue to be used to store chemicals.</p> <p>Gloves, aprons, and goggles are available with staff sighted as using these appropriately. There are MSD sheets available. These will be available for staff in the planned dementia unit.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>The building has a current building warrant of fitness that expires 16 November 2019. There are no substantial changes to the wing that would require a change in the building warrant of fitness.</p> <p>The company employs a maintenance person five day a week who reports to the facilities manager/co-owner. The maintenance person ensures daily maintenance requests are addressed and a planned maintenance schedule is maintained. Essential contractors are available 24 hours. Electrical testing is completed annually. Annual calibration and functional checks of medical equipment is completed by an external contractor. There is sufficient equipment already in place for use in the planned dementia unit.</p> <p>Hot water temperatures in resident areas are monitored. Temperature recordings reviewed were below 45 degrees Celsius. Rooms are currently being refurbished in the planned dementia unit.</p> <p>The facility has wide corridors with sufficient space for residents to safely</p>

		<p>mobilise using mobility aids. There is safe access to the outdoor areas. Seating and shade is provided in the outdoor area. Fencing is currently being built to ensure that the area is secure. The planned dementia unit is not yet secured</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>	PA Low	<p>Toilet and shower facilities are of an appropriate design to meet the needs of the residents. There are adequate numbers of communal bathrooms/toilets in each wing. All resident rooms have hand basins. Communal toilet facilities do not have a system that indicates if it is engaged or vacant.</p> <p>The refurbished wing for the planned dementia unit has two shower units. Both are being refurbished. One toilet is operational and the other is in the process of being put in place.</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>	FA	<p>All rooms are single. There is adequate room to safely manoeuvre mobility aids and transferring equipment such as hoists in the resident bedrooms. Bedrooms have external doors that open out onto the courtyards. Residents and families are encouraged to personalise their rooms in the hospital and rest home areas and staff state that this will also occur in the planned dementia unit. Some beds are being replaced, however there is sufficient furniture already in place in the planned dementia unit.</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>	PA Low	<p>Communal areas within the facility include a large main dining room where most activities take place. There are private lounges in each wing with a computer and skype available in one of the lounges. Seating and space is arranged to allow both individual and group activities to occur. All furniture is safe and suitable for the residents.</p> <p>There is a large lounge area in the planned dementia unit along with a large dining area able to accommodate all residents. Currently there is a bedroom for a short stay resident which is separated by a wall from the planned dementia unit. Once the resident returns home, the room will become part of the dementia unit and will be used as a quiet area.</p> <p>Furniture for the dining area is yet to be purchased.</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 two cleaners on duty each day. Cleaning trolleys are well equipped with cleaning materials and colour coded equipment. Cleaning trolleys are kept in locked areas when not in use. The service conducts regular reviews and internal audits of cleaning services to ensure these are safe and effective. All personal clothing and linen is laundered off-site at a commercial laundry. Dirty laundry is transported to an external shed where it is collected. Clean laundry is delivered to a clean laundry area. There was adequate clean linen available on the day of audit. There are no changes to the laundry system expected once the planned dementia unit is operational.</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 Moderate	<p>There are emergency and disaster policies and procedures to guide staff. The emergency plan considers the special needs of young people with disabilities in an emergency. There is a minimum of one first aid trained staff member on every shift and during outings. The facility has an approved fire evacuation plan. Fire drills take place every six months. Smoke alarms, sprinkler system and exit signs are in place. Emergency lighting is in place which is regularly tested. A civil defence kit is in place. Supplies of stored water and food are held on-site and are adequate for three days.</p> <p>Electronic call bells are evident in resident's rooms, lounge areas.</p> <p>The facility is kept locked from dusk to dawn (refer 1.4.2).</p> <p>An approved fire evacuation scheme was not able to be sighted during the audit.</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>Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. There are sufficient doors and external opening windows for ventilation. The heating and lighting is already operational in the planned dementia unit apart from in the shower units which are still being built (refer 1.4.3.1).</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the</p>	FA	<p>The infection control coordinator/clinical coordinator oversees infection control for the facility and is responsible for the collation of infection events. The</p>

<p>risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>infection control coordinator has a defined job description. Infection events are collated monthly and reported to the monthly infection control meeting.</p> <p>The 2018 infection control programme has been reviewed and is linked to the quality system. Infection quality goals are incorporated into the overall quality plan.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. Residents are offered the influenza vaccine.</p> <p>The processes already established around management of infection control will continue in the planned dementia unit.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Restraint practices are only used where it is clinically indicated and justified, and other de-escalation strategies have been ineffective. Restraint minimisation policies and procedures include definitions, processes and use of restraints and enablers.</p> <p>Staff training is in place around restraint minimisation and enablers, falls prevention and analysis and management of challenging behaviours. All staff have received training in the past two months around management of challenging behaviour and around care of people with dementia.</p> <p>It is planned for the dementia unit to be a secure area (refer 1.4.2.1).</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)
<p>Criterion 1.2.1.1</p> <p>The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.</p>	<p>PA Moderate</p>	<p>There are informal plans for completion of the dementia unit. The owner, general manager and clinical manager are able to describe the expected change from the wing as it currently stands to a secure dementia unit.</p>	<p>A documented transition plan that would include completion of the building to a secure unit with the ability to take residents identified as requiring dementia care is not yet documented.</p>	<p>Document a transition plan that includes completion of building for the secure unit, occupancy and staffing.</p> <p>7 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>	<p>PA Low</p>	<p>There are three wings with 24 dual-purpose beds in each wing (note: two certified rooms are currently being used as lounges). Half of the third wing is being converted to a secure dementia unit.</p> <p>A RN roster has been documented for</p>	<p>A roster specifically for the dementia unit noting changes also in the roster for the rest of the facility is yet to be documented</p>	<p>Ensure a draft roster is determined and documented for the secure unit</p> <p>Prior to occupancy</p>

		<p>the intended dementia unit with notes that state that the second registered nurse on the afternoon shift will be increased from finishing at 2100 to 2300 hours. In a week there will be a total of 12.5 hours increased in registered nurse time to include time allocated for registered nurse to work in the dementia unit. The roster has yet to include actual staff names (refer 1.2.1).</p> <p>A roster specifically for the dementia unit noting changes also in the roster for the rest of the facility is yet to be documented.</p>		days
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	<p>PA Moderate</p>	<p>Registered nurses are responsible for each stage of provision of care including assessments, development of care plans and evaluations. InterRAI assessments and routine six-monthly assessments had been developed within the required timeframes. However, six of the eight interRAI assessments were completed over one month prior to the care plan being evaluated and reviewed.</p>	<p>Six of the eight interRAI assessments were completed over one month prior to the care plan being evaluated and reviewed.</p>	<p>Ensure care plans are evaluated at least six-monthly with this occurring at the same time the interRAI assessment is completed.</p> <p>90 days</p>
<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	<p>PA Low</p>	<p>The internal wing has doors to the outside. Bedroom doors that open into the garden area are able to be locked if required. The internal wing is not yet locked to ensure the dementia unit is secure.</p>	<p>The planned dementia unit is not yet a secure wing with locks.</p>	<p>Ensure that the dementia unit is a secure unit.</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>	<p>PA Low</p>	<p>The outdoor area is established with shade and adequate seating. Fencing is being built to secure the area. Some seating is to be moved or build the fence higher to ensure that residents are not able to climb over the fences. There is a circular walking path already in place around garden areas.</p>	<p>The outdoor area off the dementia unit is not yet secure wing.</p>	<p>Ensure the outdoor garden area off the dementia unit is secure</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.3.1</p> <p>There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.</p>	<p>PA Low</p>	<p>The two shower units and one toilet are being built. One other toilet is in place and operational.</p>	<p>The shower and toilet areas are not yet completed.</p>	<p>Ensure that there are sufficient toilet and shower areas that are operational for residents.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.5.1</p> <p>Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.</p>	<p>PA Low</p>	<p>There is a lounge area already set up with lounge furniture. A second quiet area will be available once a resident occupying this returns to their own home. The wall between the bedroom and the lounge will be established to include access to the larger lounge.</p> <p>The dining room is ready to be furnished.</p>	<p>Furniture for the dining area has yet to be purchased.</p>	<p>Ensure that the dining area is set up ready for occupancy.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	<p>PA Moderate</p>	<p>An approved fire evacuation scheme was not able to be sighted during the audit. The service is yet to confirm with the fire service whether any changes to the fire evacuation is needed.</p>	<p>An approved fire evacuation scheme was not able to be sighted during the audit</p>	<p>Ensure that there is an approved fire evacuation scheme.</p> <p>Prior to occupancy</p>

				days
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p>	PA Low	Call bells are operational in the planned dementia unit.	The shower units and a toilet in one of the units do not have call bells in place in the planned dementia unit.	<p>Ensure that the call system is available in bathroom and toilet areas in the planned dementia unit.</p> <p>Prior to occupancy days</p>

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.