

# The Russley Village Limited - Ashley Suites

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## Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group 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:

<b>Legal entity:</b>	The Russley Village Limited
<b>Premises audited:</b>	Ashley Suites
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 4 October 2019 End date: 4 October 2019
<b>Proposed changes to current services (if any):</b>	This is the first audit for this facility for which construction has just finished. The anticipated opening date is Monday 4 November 2019.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	0

# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

The Russley Village – Ashley suites are newly built sets of care suites and care apartments where hospital and rest home services will be provided. The service is owned and operated by the Generus Living Group and will be managed by a clinical nurse manager with support from a village manager.

This partial provisional audit was conducted against the Health and Disability Services Standards and the Aged Related Residential Services agreement, which the service is due to sign with the local district health board. The audit process included review of policies and procedures, review of staff files, observations and interviews with managers and several staff. Neither residents nor relatives were interviewed as the facility is not yet open. All areas were assessed as suitable for the provision of rest home and hospital level care during this audit.

This audit has resulted in eight areas that require improvement to meet the standards prior to occupancy. These related to staff recruitment, new staff orientation, medication competencies, certificate of public use/code of compliance and equipment checks,

internal and external environmental hazards, fire and emergency training and fire service approval of the evacuation plan. All have been rated as low risk due to the need for them to be addressed prior to occupancy.

## **Consumer rights**

Not applicable to this audit.

## **Organisational management**

A strategic plan includes the scope, direction, objectives, vision and values of the organisation. The executive team meets monthly and plans are in place for the clinical nurse manager to provide monitoring reports to this meeting. A village manager, who manages The Russley Retirement Village and has been closely involved with development of the care facility, is already a representative member at the executive meetings. An experienced and suitably qualified clinical nurse manager has been appointed to manage the facility and has commenced duties.

The appointment of staff has followed procedures, which are based on current good practice. A systematic approach to identify and plan ongoing training requirements to support safe service delivery is already well under development.

Mock rosters demonstrated that staffing levels and skill mix are being considered to ensure the needs of prospective residents will be met.

## **Continuum of service delivery**

Safe medicine storage and management systems have been developed. An electronic system is being set up.

A dietitian has been consulted to ensure the nutritional needs of the residents will be met and that special needs will be catered for. Meals will be provided on site as an extension to the services of an already established café and barista services for village

residents. This food preparation is currently safely managed according to a food control plan plus a separate digital food safety system.

## **Safe and appropriate environment**

The facility has been specially designed to meet the needs of the intended resident group. Systems are in place to monitor the safety of the environment and equipment in the facility. Communal and individual spaces are spacious. External areas developed thus far are accessible and provide optional environments.

A system for the management of waste and hazardous substances is in place, and protective equipment and clothing are available for staff use. Chemicals are safely stored. Laundry is to be undertaken offsite, except for personal laundry, which will be undertaken on-site. A system is in place to evaluate its effectiveness.

Civil defence emergency supplies are available and emergency management plans are in place. A call bell system has been installed, as have appropriate security systems. All resident areas have good heating systems and can be ventilated with windows on security latches and doors onto patio areas.

## **Restraint minimisation and safe practice**

Not applicable to this audit.

## **Infection prevention and control**

An infection prevention and control programme and associated policies and procedures are available. The clinical nurse manager is to be the interim infection control coordinator to help prevent and manage infections. There is access to specialist infection prevention and control advice when needed.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	11	0	4	0	0	0
Criteria	0	26	0	8	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>	<p>FA</p>	<p>The Russley Village – Ashley suites are a mix of care apartments and care suites, which are an extension to the already established Russley Retirement Village that is owned and operated by the Generus Living Group. Documentation and an organisational chart relating to the strategic direction of the company, was sighted. This included a diagram and description of the framework the Generus Living Group are basing their goals and direction on. The foci are vision and values, sense of community, learning and development and performance culture. A vision and values statement for The Russley Village is succinct. Executive meetings are held monthly and are attended by the village manager, who was present during the partial provisional audit. According to the village manager, the recently appointed clinical nurse manager will provide monthly reports to the executive meetings and will attend when requested. The service provider has contracted with a quality consultancy, who has provided relevant policies and procedures and documents to assist with implementation of a quality and risk management system that have been adapted to specifically meet the needs of the Russley Village – Ashley Suites.</p> <p>The clinical nurse manager who has been appointed to manage the service has suitable qualifications and experience. According to the records provided and interview information, this person has more than 30 years of experience as a</p>

		<p>registered nurse, is a trained midwife, has been manager of a rural hospital and worked as a clinical research nurse. Evidence of ongoing training and professional development that included leadership courses was sighted. During interview, the clinical nurse manager expressed intentions to undertake an aged care specific management training day when an opportunity arises but was able to describe knowledge of the sector, regulatory and reporting requirements.</p> <p>Thirty-six care suites have been built for the provision of rest home or hospital level care and eight care apartments will be available for independent living, or for people requiring rest home level care. Future residents will be able to enter the care suites with a care bond agreement, or by payment of a weekly residential care fee, either privately or by subsidy. Once certificated, the service aims to sign an age-related residential care (ARRC) agreement with the local district health board (DHB) for the provision of hospital and rest home level care in the care suites and rest home level care in the care apartments. Conversations about this have been occurring between the Russley village manager and the DHB portfolio manager. There are intentions to add other contracts such as for palliative care and long-term chronic conditions once the service is more established. The facility has been assessed as suitable to provide Hospital services - Geriatric services, (excl. psychogeriatric); Hospital -Medical; Rest home care (excluding dementia care). A staged transition plan is in place that describes how the facility opening will commence with occupancy and staffing of the ground floor before opening the second floor. Both areas were assessed for suitability of care provision during this audit. The Russley Village currently has its own registered nurse to attend to residents in the villas and independent apartments as required. There is no intention to provide rest home level care in these dwellings at this point and there is also no intention to use rest home/hospital staff to physically respond to the independent village residents.</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>A senior registered nurse, who has already been selected from the prospective registered nurses to be employed will relieve in the absence of the clinical nurse manager. The village manager confirmed they would be available at such times. If necessary, a manager from another Generus Living Group facility in Christchurch could also be available to assist. It was noted that all duties would be carried out according to delegated authority.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>Human resources management policies and processes have been provided by the quality consultant and are based on good employment practice and relevant legislation. The initial recruitment processes have commenced and review of four staff files showed that formal application processes were required, individual interviews undertaken, referee checks made, police vetting for those selected and validation of qualifications and practising certificates (APCs) for the registered nurses.</p> <p>In addition to the registered nurses, annual practising certificates were also checked as current for the dietitian, the house GP and partner and the pharmacist.</p> <p>Seven caregivers and three registered nurses have been selected for offers of employment. The registered nurses were to be advised after the audit and the caregivers the following week. Hence why figures at the top of the report reflect staff files but no staff interviewed numbers. A corrective action has been raised to ensure suitable staff are available for new residents.</p> <p>Relevant staff orientation programmes according to each role have been developed and the clinical nurse manager has plans to bring staff in for up to two days prior to the planned opening day for the purpose of completing the required components of the programme and completing competencies. As this has not yet occurred, a corrective action has been raised.</p> <p>The clinical nurse manager provided evidence that all of the caregivers selected are already employed in older persons' residential care positions and are well advanced in their progress towards achieving a New Zealand Qualification Authority qualification. A training schedule for the next three months has been developed, as is a draft list of topics for 2020. Education is to be undertaken by rostering staff in half day blocks to ensure mandatory training requirements are maintained. Attendances are to be recorded on a spreadsheet and the clinical nurse manager informed that previous contacts would be asked to assist with staff training. Two of the three registered nurses who have been selected have a current competency to undertake interRAI assessments.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or</p>	<p>FA</p>	<p>There is a documented rostering policy that includes factors for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7).</p> <p>Four sets of mock rosters have been developed to ensure that suitably qualified</p>

<p>experienced service providers.</p>		<p>staff and staff numbers would be available for safe service delivery from the time of the first admission. These were sighted and the differences described. All prospective staff have a first aid certificate and all registered nurses and most of the caregivers have a medication competency that just needs updating for this facility. The clinical nurse manager explained that the rate of admissions of residents into the facility will depend on which version of the mock rosters is used. One option ensures a registered nurse is on duty 24/7 if a hospital level resident is admitted. Both the village manager and clinical manager advised that they will be on call and there is free reign to employ bureau nurses should there be more admissions than anticipated, or a rostered person has an unplanned absence. The clinical manager was aware of staffing requirements in this sector, the associated responsibilities and the need to keep the portfolio manager informed should any challenges arise.</p>
<p>Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>The medication management policy supplied by the quality consultancy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>Information technology personnel were in the process of checking the installation of the electronic system intended for the safe management of medicines. Medication competencies are to be checked during the new staff orientation programme, which has yet to occur. Hence, this has been raised as a corrective action.</p> <p>Safe medicine storage systems, including for controlled medicines, have been established and were viewed. Staff will require a fob for swipe entry into the nurses' station and into the medicine storage cupboard. The controlled drug cabinet and the medicine trolley require keys to get into them. Medications are to be supplied to the facility in a pre-packaged format from a contracted pharmacy. A copy of the contract with the pharmacy and of the practising certificate of the pharmacist were sighted. The pharmacist has agreed that the team will assist in any way necessary.</p> <p>The registered nurse/clinical nurse manager was aware of the need for controlled medicines to be stored securely in accordance with requirements, for each administration to be checked by two staff for accuracy and for weekly stocktake checks to be completed. A controlled drug register is available.</p> <p>A thermometer on the outside of the medicine fridge was reading at a level that was within the recommended range.</p> <p>The village manager has arranged for a GP practice to be the 'facility GPs' and to</p>

		<p>accept responsibility for the ongoing clinical oversight of the residents. A copy of the contract was sighted. There are no intentions to use standing orders as the GP practice is familiar with the electronic medicine system that has been selected for use.</p> <p>Policies and procedures for residents to self-administer their medicines were viewed. Their implementation could not be audited as there were no residents. Each bedside cabinet has a lockable drawer that would enable safe storage of medicines.</p> <p>The clinical nurse manager confirmed that the incident reporting process will be used for the reporting of any medicine errors. Opportunities for improvements as a result of the analysis of these will occur through the quality and risk management system.</p> <p>With no residents it was not possible to assess the level at which medicine management information is recorded or communicated to residents.</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>A café and brasserie are already operating from the on-site Russley Retirement Village community centre, known as 'the Homestead'. Food services for the new rest home and hospital care facility will be provided from this kitchen as has always been the plan. Three chefs and a team of kitchenhands are already employed. All have completed training on safe food handling</p> <p>A rotating menu with summer and winter variations is currently under development to meet the needs of the prospective residents and timeframes for the facility opening. Correspondence dated 27 September 2019 from the qualified dietitian undertaking this task included a framework that will be used to complete the menu. The dietitian is well known and experienced in working with aged care facilities in Christchurch.</p> <p>The kitchen uses the CHOMP digital based food safety programme. It also operates with an approved food safety plan and registration issued by the Christchurch City Council. This has an expiry date of 24 January 2020. Required records for checking food temperatures, temperatures of chicken on arrival and fridge temperatures, for example, are being monitored as required. Food is to be taken to the facility kitchens (one upstairs and one downstairs) in electronic hot boxes and the Le Crueset cookware is transferred onto induction benchtop hobs to ensure it remains hot.</p>

		<p>Documentation for a nutritional assessment to be undertaken for each resident on admission to the facility and a dietary profile developed was in the policy and procedures. This will enable the staff to ensure personal food preferences, any special diets and modified texture requirements are able to be accommodated.</p> <p>Evidence of a resident satisfaction survey that includes meals sitting within the internal audit system was sighted.</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>There are documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary and material data sheets are on the wall of the chemical storage room. An external company has been contracted to supply and manage all chemicals and cleaning products and they have agreed to provide relevant training for staff.</p> <p>Protective clothing and equipment including face masks, face shields, gloves, plastic aprons and hand sanitiser have been purchased and were in boxes stored in one of the empty rooms.</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 Russley Village – Ashley suites provide a well-designed and modern new aged care facility.</p> <p>The keys for this new facility have been officially handed over to the management team; however, a Certificate of Public Use/Code of Compliance have yet to be issued. Similarly, the testing and tagging of electrical equipment and calibration of bio medical equipment has still to occur, as has checks of equipment such as weighing scales and hoists and fitting out of the laundry intended for personal clothing. A maintenance person who is familiar with how the various systems work, and the requirements, is progressively working through arrangements to ensure these are met.</p> <p>Potential environmental hazards were identified with protruding light fittings in corridors mounted too low for most people to avoid if using the handrail and significant and varying drop offs from patios outside doors opening from prospective residents' rooms presenting a danger as they have no barrier. Modifications to the front of the building to enable easier access for ambulance services has been identified as needed and plans for this to occur are underway.</p>

<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. All bedrooms have an ensuite and additional toilets have been discreetly built off dining/lounge areas. Locks that are able to be opened from both sides, for use in the event of emergency, have been installed. Non-slip flooring is in place, appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories including shower stools are available to promote residents' independence.</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>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely and for easy movement of equipment around them. Care Suites average 22-23 square metres in size plus an ensuite of five to six square metres with a total of 27-28 square metres. The bedrooms in the one-bedroom care apartments measure 17 square metres with an ensuite of seven square metres. Those in the two-bedroom apartments are 13 square metres for one with a six square metre ensuite and 14 square metres for the other design with a five square metre ensuite.</p> <p>Single bedrooms are specified as such; however, the care apartments have options of shared accommodation in a double bedroom or a separate bedroom. High specification beds were in the rooms and were awaiting checks (refer 1.4.2.1), except for those in the two rooms that had been dressed in preparation for the audit. Residents will reportedly be permitted to use their own furniture if they choose, otherwise this will be supplied, and examples of these items were sighted and confirmed as suitable.</p> <p>There is room to store mobility aids and wheelchairs in parking bays in the corridors.</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>Communal areas are available for residents to engage in activities. The dining and lounge areas vary from 28 to 45 square metres. All enable easy access for residents and staff. Residents can access areas for privacy, if required. Furniture installed to date is appropriate to the setting and residents' needs.</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>Bed linen and towels are to be laundered off site by a contractor. Personal laundry will be undertaken in a separate laundry, which is on the village grounds but not in the care facility building. The equipment has yet to be installed (refer 1.4.2.1); however, the dirty to clean flow was evident.</p> <p>Cleaning and laundry staff known as housekeepers have accepted employment offers and are scheduled to commence orientation and work in the village during week two in October. Position descriptions and duty lists have been created and those working have been advised of the potential for the positions to evolve. Chemicals were stored in lockable cupboards and those viewed were in appropriately labelled containers.</p> <p>Cleaning and laundry processes are to be monitored through the internal audit programme with the tools and associated guidance supplied in the documents from the contracted quality consultant.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Low</p>	<p>Policies and guidelines for emergency planning, preparation and response are available. Some of these have been developed in consultation with a fire safety compliance company. Disaster and civil defence planning guides direct the facility in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency.</p> <p>The service provider has yet to have the fire evacuation plan approved by the New Zealand Fire Service and new staff have still to undertake orientation on fire safety and emergency management.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets and portable gas BBQ's were sighted and meet the Ministry of Civil Defence and emergency management recommendations for the region. These are being checked and the clinical nurse manager informed there are plans to add to these as occupancy numbers increase. Emergency lighting is installed.</p> <p>A call bell system to alert staff when residents require assistance has been installed. These default to staff cell phones, then to a registered nurse cell phone and then to the clinical nurse manager with each stage occurring within logged timeframes. The system can be audited for response times.</p> <p>Appropriate security arrangements are in place. Facility doors and gates into the property automatically lock and entry after these hours is via a swipe fob, or a push</p>

		button call into the facility. A closed-circuit television system in public areas has also been installed with monitors in the nurses' stations.
<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>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows and doors that open onto small patio areas. Gas heats hot water to heat the hydronics under the floor of each level. This is complemented by a central heat pump with individual heat pump cassettes in the ceiling of each resident's room, which can be independently controlled within a predetermined range. Areas were warm, brightly lit and well ventilated during the audit.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The quality consultant has provided relevant documents to assist with implementation of the service provider's infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff and visitors. This programme is guided by a comprehensive and current infection control manual that has been developed with input from specialist infection prevention and control experts. A role description and associated responsibilities of an infection control coordinator are included in the manual.</p> <p>The clinical nurse manager confirmed their role as interim infection and prevention control coordinator until the services are more established. One of the prospective registered nurses has a special interest in this topic. Plans to report infection control matters through all levels of the organisation were described.</p> <p>Infection prevention and control policies and procedures clarify staff responsibilities and provide guidance for staff about how long they must stay away from work if they have been unwell.</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 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	<p>The transition plan describes how additional staff will progressively be employed as occupancy increases. A starting number of seven caregivers and three registered nurses was calculated with plans for the clinical nurse manager to assist with some registered nurse morning shift duties when required. Positions were advertised, applications received, interviews completed, a short list developed, and referee checks and police vetting completed.</p> <p>Kitchen workers, cleaning and laundry staff, and a maintenance person are either currently working for the village, or discussions have commenced. According to the clinical nurse manager and the village manager, successful applicants for the registered nurse positions were to be</p>	<p>A full contingent of staff have yet to be employed to meet the service requirements for this care facility.</p>	<p>Appropriate service providers are employed to ensure the needs of the residents are met in a safe manner.</p> <p>Prior to occupancy days</p>

		advised after the audit and the caregivers the following week. An activity coordinator has been scheduled for interview. At the time of audit, none of the staff required for service delivery had been officially employed.		
<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	<p>An orientation package has been established and the clinical nurse manager and village manager advised that all staff will attend up to two days of orientation on key topics prior to formally commencing in their roles. The programme includes information on relevant topics and key competencies such medication, emergency management, fire evacuation and manual handling for example. There are variations between registered nurse and caregiver requirements. At the time of audit, the orientation/induction programme had still to be delivered and nor were the dates confirmed.</p>	<p>An orientation programme for new staff has been planned; however, this has still to be formally organised and delivered.</p>	<p>All staff will have undertaken appropriate orientation and induction processes and demonstrated relevant competencies prior to commencing in the new facility.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	PA Low	<p>There are not currently any staff who have been formally employed, therefore there are no service providers who are competent in medicine management. The clinical nurse manager informed that although many of the people interviewed and due to be offered a position already have a medicine competency in their current workplace, these will be further reviewed to ensure competency during the orientation day. Orientation for new staff is scheduled to occur prior to the facility opening.</p>	<p>Plans are in place for medicine management competencies to be undertaken during orientation. These have yet to be undertaken.</p>	<p>All staff person responsible for any aspect of medicine management has been checked for their competency to undertake the role.</p> <p>Prior to occupancy days</p>

<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>There is almost one month before the planned opening date for the Russley Village – Ashley suites and the keys have just been handed over to the management team. At the time of audit, some of the compliance checks had still to be completed. All identified were already known to the managers and the maintenance team and included a Certificate of Public Use/Code of Compliance, hot water temperature checks, testing and tagging of electrical equipment, calibration of bio-medical equipment and checks of scales and hoists for example.</p> <p>A separate laundry is still being fitted but is intended to be completed prior to opening.</p>	<p>There is not currently a Certificate of Public Use/Code of Compliance for the building for the Russley Village – Ashley Suites.</p> <p>Hot water temperature checks, testing and tagging of electrical equipment and calibration of bio-medical equipment including scales and hoists has still to occur.</p> <p>Installation of laundry equipment in the laundry area, where personal laundry is to be undertaken, has still to be completed.</p>	<p>The buildings and equipment within this new facility meet all regulations and compliance requirements.</p> <p>Prior to occupancy 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>	PA Low	<p>The building provides level entry, walk in wet area showers, handrails in appropriate positions, has spacious rooms and suitable non-slip floor surfaces with a mix of carpet and tiles. During a walk around the facility there was evidence that wall mounted light fittings in hallways had been installed too low for most people and there was a high likelihood people might inadvertently knock their head on them, especially if they were using the handrail. This hazard requires correction prior to occupancy.</p>	<p>Light fittings are protruding on walls above handrails of hallways measure 1600 mm from the floor to the base of the units. These are presenting a potential health and safety risk to future residents walking along the hallways.</p>	<p>All areas of the physical environment are hazard free with light fittings in the corridors mounted at a safe level to avoid potential injuries for people using the facility.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with</p>	PA Low	<p>At the time of audit most of the major landscaping had been completed with</p>	<p>Landscaping was still underway at the time of the partial</p>	<p>All external areas are safe. Patios have a</p>

<p>safe and accessible external areas that meet their needs.</p>		<p>driveways laid and many garden areas off residents' rooms planted. Exposed aggregate concrete patios extended off residents' rooms onto garden areas, including outside the lounge and ground floor dining room doors. These did not have any form of safety barrier as they had been designed to enable a clear view through the windows and glass doors. These pose a potential hazard for residents who may be unsteady on their feet or have compromised vision, for example. The drops were measured and varied from 180mm to 520 mm, but all pose a potential hazard for the prospective service users. This requires correction prior to residents occupying the rooms.</p>	<p>provisional audit. There are multiple patios on the ground floor that open off residents' rooms, the downstairs dining room and a lounge area. These have drop offs varying from 180mm to 520 mm and are presenting a potential safety risk.</p>	<p>safe barrier around the edge to preclude people from inadvertently falling over the edge.</p> <p>Prior to occupancy days</p>
<p>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.</p>	<p>PA Low</p>	<p>Plans are in place for staff to attend up to two days of orientation to the new site prior to the facility opening. A copy of the planned topics for new staff orientation was sighted and includes fire safety, a fire evacuation drill and emergency management.</p>	<p>Training in fire safety and emergency management is planned for the new staff orientation session. This has yet to occur.</p>	<p>Evidence of staff having completed training in fire safety, fire evacuation and emergency management during their orientation is required.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.</p>	<p>PA Low</p>	<p>A copy of the fire evacuation plan that has been developed by a fire safety contractor was sighted. This has been submitted by the fire service but not yet returned as approved.</p>	<p>The evacuation plan for the facility has been submitted to the Fire Service. This has yet to be approved.</p>	<p>A copy of the fire evacuation fire that has been approved by the fire service is submitted.</p> <p>Prior to occupancy days</p>



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

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

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

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

No data to display
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End of the report.