

Radius Residential Care Limited - Radius Millstream

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: Radius Residential Care Limited

Premises audited: Radius Millstream

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

Dates of audit: Start date: 16 January 2020 End date: 16 January 2020

Proposed changes to current services (if any): The service currently provides rest home level care for up to 9 rest home residents across a 19-bed apartment block. This audit included verifying the current 19-bed apartment block as suitable to provide dual-purpose level care. Overall bed numbers would increase from 89 beds to 99 beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 83



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.

General overview of the audit

Radius Millstream is part of the Radius group of facilities. The facility currently provides three levels of care (rest home, hospital and dementia) for up to 80 residents in the care centre, and rest home level care for up to nine residents in the attached 19-bed apartment block. At the time of the audit, there were a total of 83 residents.

This partial provisional audit included verifying the current 19-bed apartment block as suitable to provide dual-purpose level care. The audit identified the resident rooms, staffing and equipment is suitable for providing dual-purpose level care. Overall bed numbers would increase from 89 beds to 99 beds.

A transition plan has been developed to guide the service as it transitions to having hospital level residents in the apartment block. The apartment building is currently owned by the adjacent retirement village but leased by Radius Healthcare to provide care.

The facility manager is a qualified registered nurse (RN), has been in the role since September 2016 and has 12 years' experience in aged care management. A clinical manager/RN who has been in the role since September 2017 supports her. The facility manager and clinical manager are supported by a regional operations manager.

Standardised policy and procedure, annual education programme, core competency assessments and orientation programmes are implemented. The apartment building will be initially staffed by increasing the hours of existing part-time staff.

The previous surveillance shortfall around medication documentation has been addressed.

This audit identified improvements required around communal areas, medication room, fire evacuation drills and the kitchen.

Consumer rights

N/A

Organisational management

The organisation has well developed policies and procedures that are structured to provide appropriate care for residents that require geriatric hospital (medical), rest home and dementia level care. A current business plan includes business plan targets and quality goals for 2019/20.

There is a comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development. The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies.

An annual education schedule is being implemented and includes all required topics. A draft staffing roster is in place for the serviced apartments which includes acuity levels.

Continuum of service delivery

The organisations medication policy and procedures follow recognised standards and guidelines for safe medicine management practice.

Registered nurses and HCAs that administer medications have completed annual medication competencies and medication education. Residents at the facility continue with their own GPs. The pharmacy will continue to supply medications for the additional residents in the serviced apartments.

There is a fully functional kitchen and all food is cooked on site by a contracted service. The kitchen manager is responsible for the daily meal service. The summer and winter menus have been reviewed by a dietitian. A dietitian is available monthly for residents at need. The food will be transported in a hot box to the kitchenette in the combined dining lounge in the apartment block. A resident nutritional profile is developed for each resident on admission and provided to the kitchen staff.

Safe and appropriate environment

There are policies in place to guide staff in waste management. Gloves, aprons and goggles are in each sluice. The sluice in the existing facility nearest to the serviced apartment area will be shared with the apartment block.

The apartment block is adjacent to and attached to the care facility via a corridor. The apartment block is on two levels with a lift and stairs between the floors. There is a current code of compliance dated 13 May 2019. There is sufficient equipment including hospital beds.

All apartments and hallways allow for the safe use of mobility equipment. There is a safe outdoor area with shade and seating.

Each apartment has a bedroom, lounge and kitchenette and ensuite. The apartments are suitable for mobility equipment.

All laundry including personals are completed off site in a Radius laundry. There is a small laundry on both floors of the apartment block that can be used for personal laundry.

There are emergency and disaster manuals to guide staff in managing emergencies and disasters. There is a minimum of one first aid trained staff member on each shift. The existing facility has a fire evacuation plan that has been approved by the fire service and includes the apartment block.

Electronic call bells are evident in the lounge, bedroom and bathroom of each apartment. These are connected to the care facility and there are appropriately placed monitors in hallways. Call bell pendants are available for immobile residents in the apartments. Each apartment has a heat pump which can be individually controlled.

Restraint minimisation and safe practice

N/A

Infection prevention and control

Radius Millstream has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The programme is reviewed annually through head office. The IC committee is combined with the quality committee. A clinical manager is the designated infection control nurse with support from the facility manager (RN) and Radius operations team.

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	10	0	5	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>	<p>FA</p>	<p>Radius Millstream is part of the Radius group of facilities. The facility currently provides three levels of care (rest home, hospital and dementia) for up to 80 residents in the care centre and rest home level care for up to 9 residents in the attached 19-bed apartment block. At the time of the audit, there were a total of 83 residents (37 rest home level residents (including five in the apartments), 28 hospital level residents, 18 residents in the 20-bed dementia unit). All residents were under the Aged Related Residential Care (ARRC). All 60-rest home and hospital beds in the care centre are dual-purpose.</p> <p>Radius has an overall business/strategic plan and Millstream has a facility quality and risk management programme in place for the current year (up until March 2020). The facility manager is currently working on developing the 2020-2021 business plan. The business plan includes business goals. Progress toward goals is regularly reported. The organisation has a philosophy of care which includes a mission statement.</p> <p>This audit included verifying the current 19-bed apartment block as suitable to provide dual-purpose level care. The audit identified the resident rooms, staffing and equipment is suitable for providing dual-purpose level care. Overall bed</p>

		<p>numbers would increase from 89 beds to 99 beds.</p> <p>A transition plan has been developed to guide the service as it transitions to having hospital level residents in the apartment block. The apartment building is currently owned by the adjacent retirement village but leased by Radius Healthcare to provide care. There are currently only two residents with ORAs in the 19-bed apartment block. Advised that once these two rooms are unoccupied, they will not be LTO units anymore. All rooms (including the two LTOs) are certified to provide rest home level care and are no longer LTO units.</p> <p>The facility manager is a qualified registered nurse (RN), has been in the role since September 2016 and has 12 years' experience in aged care management. A clinical manager/RN appointed in September 2017 supports her. The clinical manager has had clinical experience within the aged care environment. The facility manager and clinical manager are supported by a regional operations manager.</p> <p>Radius provides a comprehensive orientation and training/support programme for their facility managers and clinical managers and regular forums for both occur across the year. The facility manager has maintained at least eight hours annually of professional development activities related to managing a hospital/rest home.</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>In the event of the facility manager being absent, the clinical manager will fill the managers role with support from staff and the Radius 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>	<p>FA</p>	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Six staff files reviewed (two RNs, three healthcare assistants and clinical manager) included a recruitment process (interview process, reference checking, police check), signed employment contracts, job descriptions and completed orientation programmes. A register of registered nursing staff and other health practitioner practising certificates is maintained. Staff files sampled contained current performance appraisals. The facility manager advised that existing staff would fill the initial roster for hospital/rest home residents in the apartments. More staff will be employed as hospital/rest</p>

		<p>home numbers increase (one RN and three HCAs).</p> <p>The orientation programme provides new staff with relevant information for safe work practice. An education and training plan is being implemented and includes in-service education and competency assessments. There is an attendance register for each training session and an individual staff member record of training. Staff are required to complete written core competencies during their induction. These competencies are repeated regularly.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses including (but not limited to) medication competencies and insulin competencies.</p> <p>There is a total of 13 registered nurses (plus the facility and clinical managers) and three of these have completed interRAI training with a further RN booked into training in February 2020.</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>FA</p>	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. The facility manager and clinical manager, both RNs, work full-time Monday to Friday.</p> <p>In the dementia unit (18 residents); there are three healthcare assistants on the morning, two on afternoon shifts and one on the night shift.</p> <p>In the current 60 bed dual-purpose unit (32 rest home and 28 hospital); there are two RNs on duty on the morning and afternoon shifts and one on night shift.</p> <p>In the current apartment block (five rest home residents); there is a healthcare assistant rostered across each shift. The RNs oversee the residents as needed. The call bells in the serviced apartments are connected to the main facility system.</p> <p>A draft proposed roster has been completed for the apartment block that covers an increase in hospital residents for up to 5, up to 10 and up to 15. The draft roster for up to five hospital residents identifies a shared RN from the current hospital (noting they are attached by a short corridor).</p> <p>The draft roster for up to 5 hospital and 12 rest home residents included three HCAs on the morning shift, two on the afternoon shift and one on the night shift.</p> <p>The draft roster for up to 10 hospital residents and 7 hospital residents includes</p>

		<p>a RN on morning and afternoon shift. Three HCAs on morning shift, two on afternoon shift and one on night shift.</p> <p>The draft roster for up to 19 hospital residents includes a RN on each shift. Four HCAs on morning shift, three on afternoon shift and one on night shift.</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>	PA Low	<p>There are medication management policies and procedures that comply with medication legislation and guidelines. Medicines are appropriately stored across two treatment rooms in the care centre and in a small medication room in the apartment block. The medication trolley for the current rest home residents in the apartment block was reviewed as not suitable for the increase in residents including hospital level residents. However, if medications for residents in the serviced apartments is stored in the existing secure treatment room which is close to the serviced apartment area this would be suitable. Registered nurses and HCAs that administer medications have completed annual medication competencies and medication education. The RNs or senior HCAs will administer medication to residents in the apartment block. Medications are checked by an RN on delivery. All medications were within the expiry dates. The medication fridge and medication room temperature are monitored and within acceptable limits.</p> <p>Twelve medication charts were reviewed in the hospital. Medication charts were correctly charted by the GPs and this is an improvement on the previous audit. Medication charts are handwritten by the GPs and meet legislative prescribing requirements for regular and 'as required' medications. Medication charts had photo identification and allergy status identified. The GP reviews the medication charts at least three-monthly.</p> <p>Residents at the facility continue with their own GPs. The pharmacy will continue to supply medications for the additional residents in the serviced apartments.</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</p>	PA Low	<p>There is a fully functional kitchen and all food is cooked on site by a contracted service. The kitchen manager is responsible for the daily meal service. Food services staff have completed food safety training and chemical safety training. The summer and winter menus have been reviewed by a dietitian. A dietitian is available monthly for residents at need. Changes to the menu was implemented</p>

<p>service delivery.</p>		<p>following feedback in the resident's survey August 2019.</p> <p>The food will be transported in a hot box to the kitchenette in the combined dining lounge in the apartment block (link 1.4.5.1). A resident nutritional profile is developed for each resident on admission and provided to the kitchen staff. The chef is notified of any changes to resident's dietary requirements. Resident dislikes are known and accommodated. Special diets accommodated include gluten free, dairy free, diabetic desserts and modified/pureed diets.</p> <p>There is a food control plan which expires 20 June 2020. The temperatures of refrigerators, freezers, end cooked foods and serving temperatures are monitored and recorded daily. Not all food in the fridge, chiller and pantry was dated.</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 policies in place to guide staff in waste management. Gloves, aprons and goggles are in each sluice. The sluice in the existing facility nearest to the serviced apartment area will be shared with the apartment block. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn and in transporting to the sluices. The service has a contract with Ecolab to provide chemicals. Safety datasheets are available. Each sluice has a sanitiser. There are locks installed on sluice rooms and cleaners' cupboards for the safe storage of chemicals.</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>	<p>FA</p>	<p>The apartment block is adjacent to and attached to the care facility via a corridor. The apartment block is on two levels with a lift and stairs between the floors. The lift is large enough for a stretcher. There are nine rooms on the ground floor and ten rooms on the first floor. There is one communal lounge/dining area in the apartment block on the ground floor that is currently not large enough for the increase in hospital/rest home beds (link 1.4.5.1). There is a small nurses' station on the first floor and the hospital nurses' station in the care centre is close.</p> <p>Currently two of the apartments are LTO and are owned by two independent village residents. There is a current code of compliance dated 13 May 2019. Hospital beds are in place in the other 17 apartments. Further equipment has been purchased such as a sling hoist. The service advised that there is sufficient pressure injury mattresses and other hospital equipment such as</p>

		<p>oxygen, wheelchairs and lazy-boy chairs with wheels. Other chairs and equipment that may be required will be purchased as needed.</p> <p>Maintenance of the building is completed by the full-time maintenance person. All electrical equipment and other machinery in the apartment block and facility has been tested and tagged, calibrated and serviced.</p> <p>All apartments and hallways allow for the safe use of mobility equipment. There are handrails in the hallways and ensuites. The apartment building and all apartments are carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchenette areas. There is adequate space in each apartment for storage of mobility equipment and a large parking/charging garage for mobility scooters.</p> <p>The hot water temperatures in the apartment block and facility are tested and maintained at a safe temperature.</p> <p>There is a safe outdoor area with shade and seating.</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>Each serviced apartment has a large 'wet area' ensuite with safety rails and non-slip flooring. The apartment ensuites are suitable for mobility equipment. There is one communal toilet near the combined dining room. The communal toilet near the lounge is large enough for mobility equipment but does not have a handrail, a call bell or hand basin.</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>Residents' rooms in the serviced apartments are spacious and suitable for residents requiring rest home and hospital level care. Mobility aids can be managed in the resident rooms. Ambulance stretchers can be managed through the doors and hallways.</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>There is a communal lounge/dining area for all serviced apartment residents including those receiving rest home level care on the ground floor of the apartment building. The building is not large (nine apartments on the ground floor and ten on the first floor and is within walking distance from all apartments, including for residents with impaired mobility). Residents on the first floor can use the lift to access the lounge/dining area.</p>

		Additionally, each apartment has a lounge and kitchenette. The current communal lounge/dining area is not large enough as a combined room for up to 19 rest home/hospital residents.
<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>All laundry including personals are completed off site in a Radius laundry. There is a small laundry on both floors of the apartment block that can be used for personal laundry.</p> <p>There are dedicated cleaning staff appointed and locked cleaning cupboards in each area. The standard of cleanliness is monitored through the internal audit programme.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	PA Low	<p>There are emergency and disaster manuals to guide staff in managing emergencies and disasters. There is a minimum of one first aid trained staff member on each shift. The existing facility has a fire evacuation plan that has been approved by the fire service and includes the apartment block. All staff have had training around the management of emergencies including a fire drill in December 2019. A fire drill has not been completed in the apartment block in the last year. Smoke alarms, sprinkler system and exit signs are in place. A generator, gas barbeque and torches are available in the event of a power failure. Emergency lighting is in place. A civil defence kit is in place. Supplies of stored water are in tanks. These are sufficient to meet the needs of the additional residents.</p> <p>Electronic call bells are evident in the lounge, bedroom and bathroom of each apartment. These are connected to the care facility and there are appropriately placed monitors in hallways. Call bell pendants are available for immobile residents in the apartments.</p> <p>There are security policies around locking of the facility from dusk to dawn.</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</p>	FA	<p>Every apartment has external access and large windows to allow natural light. Each apartment has a heat pump which can be individually controlled. Communal areas and hallways are heated by heat pumps.</p>

at a safe and comfortable temperature.		
<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>Radius Millstream has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The programme is reviewed annually through head office. The IC committee is combined with the quality committee. A clinical manager is the designated infection control nurse with support from the facility manager (RN) and Radius operations team.</p> <p>Visitors are asked not to visit if they are unwell. There are hand sanitisers appropriately placed throughout the facility. Outbreak kits are readily available. There have been no outbreaks since the previous audit.</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 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	<p>Twelve medication charts were reviewed in the hospital. Medication charts were correctly charted by the GPs and this is an improvement on the previous audit. Medication charts are reconciled when delivered by the pharmacy. Stock medication is stored in the hospital room treatment room and monitored by night RN. The medication trolley for the current rest home residents in the apartment block was reviewed as not suitable for the increase in residents including hospital level residents. However, if medications for residents in the serviced apartments is stored in the existing secure treatment room, which is close to the serviced apartment</p>	<p>The medication room on the second floor of the apartment block is small. The room is not suitable as a treatment room for hospital level as it has no handbasin, no bench or storage. The room is small and has no air flow.</p>	<p>Ensure if the medication room in the apartment block is to be used, it is refurbished to be suitable for hospital level or utilise/share the current treatment room in the hospital.</p> <p>Prior to occupancy days</p>

		area, this would be suitable.		
<p>Criterion 1.3.13.1</p> <p>Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.</p>	PA Low	There is a food control plan which expires 20 June 2020. The temperatures of refrigerators, freezers, and cooked foods and serving temperatures are monitored and recorded daily. Not all food in the fridge, chiller and pantry was dated.	Not all food in the fridge, chiller and pantry was dated.	<p>Ensure all covered food in the fridge, chiller and pantry is dated.</p> <p>60 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>	PA Low	Each serviced apartment has a large 'wet area' ensuite with safety rails and non-slip flooring. The communal toilet near the lounge is large enough for mobility equipment but does not have a handrail, a call bell or hand basin.	The communal toilet near the lounge is large enough for mobility equipment but does not have a handrail, a call bell or hand basin.	<p>Ensure the communal toilet has appropriately placed handrails, a call bell and a hand basin.</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>	PA Low	There is a communal lounge/dining area for all serviced apartment residents including those receiving rest home level care on the ground floor of the apartment building. The current communal lounge/dining area is not large enough as a combined room for up to 19 rest home/hospital residents. This was discussed with the management team. The service will look at either utilising the area as a lounge mainly with all but one dining table for residents that require feeding.	The current communal lounge/dining area is not large enough as a combined room for up to 19 rest home/hospital residents. If residents are transferred through to the care centre dining room, then the current dining area is not reconfigured to manage the increase in residents.	<p>Ensure the dining/lounge areas are reconfigured to manage the increase in rest home/hospital residents.</p> <p>Prior to occupancy days</p>

		Those residents that are more independent will go through to the current hospital dining area in the care facility for meals. The main care centre lounge is large enough if residents from the apartments wanted another area/lounge.		
<p>Criterion 1.4.7.1</p> <p>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>	PA Low	<p>There is a minimum of one first aid trained staff member on each shift. The existing facility has a fire evacuation plan that has been approved by the fire service and includes the apartment block. All staff have had training around the management of emergencies including a fire drill in December 2019. A fire drill has not been completed in the apartment block in the last year. Fire wardens are booked for training February 2020.</p>	<p>A fire drill has not been completed in the apartment block in the last year.</p>	<p>Ensure a fire drill is completed in the apartment block.</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.