

# Oceania Care Company Limited - Gracelands Rest Home and Hospital

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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 Central Region's Technical Advisory Services Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Oceania Care Company Limited

**Premises audited:** Gracelands Rest Home and Hospital

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

**Dates of audit:** Start date: 11 August 2020 End date: 12 August 2020

**Proposed changes to current services (if any):** The new configuration includes 6 rest home beds; 12 care suites under licence to occupy; and 70 dual purpose beds. Reducing the total number of beds from 92 to 88.

Hospital/rest home dual service beds will reduce by 4 beds from 86 to 82. Rest home only beds remain at 6.

**Total beds occupied across all premises included in the audit on the first day of the audit: 76**

# 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

Gracelands Rest Home and Hospital is part of Oceania Healthcare Limited. Occupancy on the first day of the audit was, 76 residents at rest home and hospital levels of care.

This partial provisional audit was undertaken to establish the level of preparedness to provide services in a reconfigured facility with a reduction in total beds from 92 to 88. This includes 12 new licence to occupy beds. The facility has available beds to accommodate all current residents and no resident has been displaced throughout the reconfiguration.

This partial provisional audit was conducted against the required subset of the Health and Disability Service Standards and the facility's contract with the district health board. The audit process included the review of policies and procedures, review of staff files, observations and interviews with management, residents, family and staff.

The previous requirement for improvement relating to medicine management has been implemented.

All standards relating to this partial provisional audit are fully attained and confirmed no additional services are required to support the 12 care suites within the facility.

## **Consumer rights**

Not Audited.

## **Organisational management**

Oceania Healthcare Limited is the governing body for the services provided at Gracelands Rest Home and Hospital. The mission, vision and values of the organisation are documented and communicated to residents, families and staff.

The business and care manager has been in the role for approximately six years. The business and care manager is supported by a clinical manager, the regional clinical and quality manager and Oceania national support office staff. The clinical manager is a registered nurse and is responsible for clinical management and oversight.

A review of staff files and training records confirmed that policies and procedures to guide human resource management are implemented. Recruitment and employment practices are in line with legislative requirements. Orientation and induction of new staff occurs. Registration with professional bodies is verified annually for all staff who require these. The staff training plan is implemented, and in-service education is provided for all staff. Training includes mandatory topics around clinical service delivery. Staff competency is routinely assessed.

There is a documented rationale based on best practice for determining staffing levels and skill mix in order to provide safe service delivery. Staffing levels meet resident needs across the facility. Registered nurses are on duty twenty-four hours a day, seven days a week and are supported by adequate levels of care and allied health staff. The reduction of four residents' rooms for the configuration of the twelve care suites does not require additional staff and will be able to be managed with existing staff numbers and skill mix.

## **Continuum of service delivery**

Medication policies and practice are in line with legislation, protocols, and guidelines. Registered nurses, enrolled nurses and senior health care assistants are responsible for the administration of medicines and complete annual education and competencies.

All meals are prepared on-site. Residents individual food preferences, dislikes and dietary requirements are catered for.

## **Safe and appropriate environment**

The new 12 licence to occupy care suites did not require a certificate for public use issued by the city council and the internal alterations are included in the building warrant of fitness that was current on audit days. There is an existing fire evacuation scheme for the care suites, with six-monthly trial evacuations being conducted.

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

The new residents' accommodation is in studios care suites and one-bedroom care suites. All care suites have ensuite bathrooms. The care suites are spacious enough to allow for resident care and ease of movement for residents, staff and visitors. All hospital residents' rooms are spacious and allow for staff assisting with a hoist as well as the resident using aids when required. There are six rooms for residents who are assessed as requiring rest home level of care.

There are several lounges and dining areas. The service has external areas providing seating and shade for all residents. There is a monitored call bell system for residents to summon help when needed in all resident areas. Security systems are in place to ensure resident and staff safety.

Policies and procedures are in place for cleaning and waste management. Staff receive training to ensure the safe handling of waste and hazardous substances. There are appropriate sluice facilities, cleaning and safe storage of chemicals and equipment. Staff use protective equipment and clothing.

Laundry services are undertaken off-site. Cleaning and laundry services are monitored through the internal audit programme.

## **Restraint minimisation and safe practice**

Not Audited.

## **Infection prevention and control**

There is an infection prevention and control programme in place suitable for the size and nature of the service. There is a senior registered nurse responsible for the coordination of the programme. The service provides an environment which minimises the risk of infections to residents, staff and visitors.

Infection control education is provided as part of orientation and as part of the ongoing in-service training programme. Staff were observed adhering to good practice principles around infection control.

## 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)
<b>Standards</b>	0	15	0	0	0	0	0
<b>Criteria</b>	0	35	0	0	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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>Gracelands Rest Home and Hospital (Gracelands) is part of Oceania Healthcare Limited (Oceania). The organisation has values, goals and a mission statement in place. Interview with the business and care manager (BCM) confirmed these are communicated to residents, staff and families through information in booklets and in staff orientation/training.</p> <p>The BCM is supported by a clinical manager (CM) and the regional clinical quality manager (CQM). The BCM has been in this position for approximately six years.</p> <p>The clinical care at the facility is overseen by the CM. The CM is a registered nurse (RN) and has been in this position for approximately one year. This appointment has been communicated to HealthCERT and the district health board (DHB). The CMs previous experience has been at this facility, as a RN and a charge nurse (CN) for approximately five years.</p> <p>The service is currently certified to provide aged related residential care (ARRC) rest home and hospital levels of care, long term support – chronic health conditions; respite and day care contracts. There were no residents at the facility on audit days under respite and day care and long-term support for chronic health conditions contracts.</p>



		<p>There were 76 beds occupied at the time of the audit. Occupancy included 46 residents requiring rest home care and 30 residents requiring hospital level care. Included in these numbers were five residents under the age of 65 (two residents at rest home level and three residents at hospital level of care).</p> <p>In June 2019 the service applied to reconfigure services to include six residents receiving residential disability services and to reconfigure services to six rooms to be excluded from dual purpose services to rest home care only. These requests for reconfiguration did not require an on-site audit.</p> <p>In July 2020 the service applied to reconfigure services to reduce the total number of beds from 92 to 88. The hospital/rest home dual service beds to reduce by 4 beds from 86 to 82 and include 12 new licence to occupy (LTO) beds to be approved. The new LTO care suites include ten studio suites and two one-bedroom suites.</p> <p>Interviews with management and observations verified that the reconfiguration did not require a transition plan and the changes had little impact on the residents. Prior to the changes the facility discussed changes with families and residents.</p> <p>Review of rosters and interviews with management and staff confirmed there has been no restructure or need for employing more staff.</p> <p>Key services such as food, activities and hospitality services do not require a change in capacity to meet the requirements of the Health and Disability Services Standards.</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 service has appropriate systems in place to ensure the day-to-day operations of the service continue should the BCM or the CM be absent. During a temporary absence of the BCM, the CM is responsible for the day to day operation of the service and is supported by the regional CQM.</p> <p>In the absence of the CM, the BCM or a senior RN with the support and help of the regional CQM, ensures continuity of clinical services. Support is also available from another Oceania facility in the region. The Oceania national support office provides additional assistance when needed, confirmed at CQM interview.</p>
<p>Standard 1.2.7: Human Resource Management</p>	<p>FA</p>	<p>Oceania have human resource management policies and procedures in place that</p>

<p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>meet the requirements of legislation and these are implemented at the facility. The skills and knowledge required for each position is documented in job descriptions which outline accountability, responsibilities and reporting lines.</p> <p>Review of staff files evidenced: employment agreements; reference checks; criminal vetting; drug testing; and completed orientation and specific competencies. Current copies of annual practising certificates were sighted for staff and contractors that require them to practise. An appraisal schedule is in place and current staff appraisals were in the staff files reviewed.</p> <p>The organisation has mandatory, position specific orientation, ongoing education and training programmes with an annual training schedule documented. New staff are required to demonstrate competency on several tasks. Annual competencies are completed by all staff, for example: hoist use; infection control; hand washing; wound management; medication management; and moving and handling. Staff complete in-service training around a variety of clinical topics. Staff interviews confirmed their role in supporting and buddying new staff. Review of the 2020 education plan evidenced planned and implemented monthly sessions and education study days. A training agreement for palliative care education services with hospice service was sighted. All new care suites have ceiling hoists installed. This has prompted staff training in ceiling hoist training and competency.</p> <p>Nine of fifteen RNs (including the CM) have completed interRAI assessments training and competencies. All staff have undertaken at least eight hours education and training hours per year. Registered nurses are supported to attend external training to ensure they are continuing to build upon existing knowledge and skills.</p>
<p>Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Oceania staffing and skill mix policy provides guidance to ensure safe staffing levels within the facility meet the needs of residents' acuity and the requirements of the DHB contract. The staffing policy is the foundation for workforce planning.</p> <p>Review of service provider availability such as rostering (including skill mix) verified the needs of residents are being met with adequate staff. Staffing levels are reviewed for anticipated workloads, identified numbers and appropriate skill mix, or as required due to changes in the services provided and the number of residents.</p> <p>The review of rosters and interviews with BCM and CM demonstrated that there</p>

		<p>are four RNs on morning shifts, two RNs on afternoon shifts and one RN on night shift, supported for adequate clinical staff, such as health care assistants (HCA) and enrolled nurses (EN). The facility does not have any vacancy for clinical staff; confirmed at management interviews. The BCM and CM are on call after hours and weekends.</p> <p>Observation of service delivery confirmed that resident needs were being met in a timely manner; confirmed at resident and family interviews. Residents and family interviewed stated that staffing is adequate to meet the residents' needs. Staff interviews confirmed that they have enough time to complete their scheduled tasks and resident cares.</p> <p>With the reconfiguration there is no change required to staffing. There are sufficient RNs and HCAs rostered (sighted), to accommodate fluctuating workloads and acuity of residents such as hospital level residents.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are medication management policies and procedures that align with accepted guidelines. Medication competent RNs, ENs and senior HCAs administer medications. Staff attend annual medication management education.</p> <p>Registered nurses reconcile residents' medicines upon admission by checking medicines entering the service from the pharmacy against the general practitioner's (GP) prescription. Three-monthly medication reviews are completed by the GP in keeping with legislative requirements.</p> <p>Medicines are stored appropriately in clean, cool, dry environments. Medications are stored in their original packaging. Medication fridge temperature checks are completed. There is a process in place to manage weekly pharmacy deliveries and the removal of unwanted medicines. There is evidence of six-monthly pharmacy checks. There is a system in place should residents request to self-administer medication. As required elixir medications are managed appropriately and stored safely.</p> <p>An observed lunch time medication round confirmed safe medication administration in practice.</p> <p>There are two controlled access medication rooms in use suitable for the size of the facility and the proposed new care suites.</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>The food service is provided on-site and overseen by the executive chef (EC). There is a four weekly seasonal menu reviewed at organisational level by a dietitian.</p> <p>The kitchen staff have completed all relevant food safety training.</p> <p>During interview, the EC and kitchen staff identified the process for resident's individual dietary preference/requirement identification through the admission process following review or discussion with the resident and/or family. A system and process for managing resident dietary requirements is in place and was observed in practice during the kitchen visit.</p> <p>Observation in the kitchen area evidenced cleaning schedules are adhered to, food is stored and managed safely. Food temperatures taken are recorded appropriately and fall within the required range. All aspects of food procurement, preparation, transportation, food service and disposal of unwanted food, complies with current legislation and guidelines. A food compliance certificate is in place until November 2021.</p> <p>Observation of a lunch time food service confirmed residents requiring assistance with eating and drinking were supported appropriately. Residents reported their food preferences were acknowledged by staff. Residents interviewed described a high level of satisfaction with the food service.</p> <p>The current food service is suitable to meet the needs of residents residing in the proposed care suites.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are documented policies, procedures and guidelines for the management of waste and hazardous substances, that are compliant with current legislation and territorial authority requirements. These provide guidelines for staff in the management of waste and hazardous substances. Local council registration for medical waste expires in March 2021.</p> <p>The management of waste and hazardous substances includes processes for collection, storage and disposal of waste and recyclables that are in accord with infection control principles. Chemicals are safely stored within the facility. Material safety data sheets are provided by an external contractor.</p> <p>There is provision for and availability of personal protective clothing and equipment (PPE), such as: aprons; gloves; and masks. New staff receive training</p>

		on the use of PPE and the management of waste and hazardous substances. Staff interviews and staff training data confirmed this. The sluice rooms are stocked with appropriate equipment and PPE.
<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>	FA	<p>The building warrant of fitness expires on 17 January 2021.</p> <p>The facility reconfigured beds into 12 LTO dual purpose care suites. The 12 LTO dual purpose care suites have room for mobility access and staff; an ensuite; a kitchenette; heating and external light and ventilation. The care suites have connection to the current call bell system.</p> <p>The service provides mobility access throughout the facility, meeting requirements of residents including young people with disabilities (YPD). There are quiet areas throughout the facility for residents and their visitors to meet and there are areas that provide privacy when required. There is access to external paved courtyards, garden areas with outdoor furniture and shade.</p> <p>Interview of the maintenance person confirmed there is a planned and reactive maintenance schedule in place. The medical equipment had been checked and calibrated for safe use. The service has a test and tag programme, this is up to date, with checking and calibrating of clinical equipment annually. Hot water temperatures are monitored monthly and were noted to be maintained within recommended temperature range.</p> <p>The reactive maintenance comprises of staff and residents identifying maintenance issues in a maintenance log book. A review of maintenance requests and staff interviews confirmed the processes for maintenance requests and that repairs were conducted in a timely manner.</p> <p>Visual observation confirmed there is adequate equipment to support care, including care for residents with disabilities. There is a system to ensure that the facility van is routinely maintained and has current warrant of fitness and registration.</p> <p>Interviews with staff and observation of the facility confirmed there is adequate equipment.</p>
Standard 1.4.3: Toilet, Shower, And Bathing Facilities	FA	There are accessible toilets provided close to the communal areas. Separate

<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>toilets are provided for visitors and staff. All the toilets have a system that indicates if it is engaged or vacant. Bathroom and showering facilities are provided throughout the facility and are easily accessible.</p> <p>The facility has 12 care suites with full ensuite bathroom facilities.</p> <p>All shower and toilet facilities have call bells and sufficient room; approved handrails; and other equipment to facilitate ease of mobility and independence. Residents were observed being supported to access communal toilets and showers in a manner that was respectful and preserved resident dignity.</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>Residents' bedrooms allow residents to mobilise safely around their personal space and bed area, with mobility aids and assistance, including the six rest home only rooms.</p> <p>Resident interviews confirmed there is space to accommodate furniture; equipment and staff as required. The dual purpose care suites are spacious enough to provide hospital level of care.</p> <p>Residents and their families are encouraged to personalise their rooms. Residents' rooms viewed were personalised with residents' own furniture; possessions and memorabilia.</p> <p>There are designated areas to store equipment such as mobility aids, wheelchairs and walking frames safely and tidily.</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>The facility has large dining rooms that are fully equipped with dining tables and chairs of appropriate design for residential care.</p> <p>Furniture in residents' rooms includes residents' own personal pieces; is appropriate to the setting and is arranged in a manner that enable residents to mobilise freely. The lounge areas can be used for activities. Residents are encouraged to have meals with other residents in communal dining rooms and can choose to have their meals in their room if they wish.</p> <p>There is sufficient space in the lounge areas and dining rooms to accommodate residents residing in the care suites.</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>All laundry including residents' personal items is undertaken off-site at another Oceania facility. Clean linen and personal clothing storage trolleys are provided for the management of linen at the facility.</p> <p>There are processes in place for collection, transportation and delivery of linen and residents' personal clothing. Interview with the laundry person confirmed the processes relating to laundry services are implemented.</p> <p>Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities are available throughout the facility.</p> <p>The cleaning duties and procedures are documented, to ensure correct cleaning processes occur and these are implemented. There are designated locked cupboards for the safe and hygienic storage of cleaning equipment and chemicals. The cleaner stores chemicals on a trolley whilst cleaning. Interviews with cleaning staff confirmed cleaning processes are implemented and training has occurred for the management of waste and hazardous materials.</p> <p>The effectiveness of cleaning and laundry processes are monitored through the internal audit process with no significant problems identified. Residents and a family member stated they were satisfied with the laundry and cleaning services at the facility.</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>FA</p>	<p>The facility has a fire evacuation plan approved by the New Zealand fire service. The reconfiguration did not require the approved fire evacuation plan to be updated.</p> <p>The facility has an emergency and business continuity plan that includes guidance and resource for staff in the event of an emergency or disaster. The plan guides staff in processes within the facility to prepare and respond to an emergency situation. It includes a variety of possible emergency events such as but not limited to: fire; earthquake; flooding; hazardous substance spills; evacuation; robbery; challenging behaviour and a missing person.</p> <p>The service has documented systems in place for essential, emergency and security services. First aid training is provided and staff who require this have current first aid certificates. Review of staff files evidenced current first aid training for staff. The rosters evidenced staff members on each shift with first aid training. Emergency and security management education is provided at orientation and at</p>

		<p>the in-service education programme. Staff records sampled provided evidence of current training relating to fire, emergency and security. First aid equipment is accessible. Emergency water supply is available.</p> <p>There are security systems in place to ensure the protection and safety of residents, visitors and staff. The facility is locked in the evenings and at night. External doors are checked by the staff at set intervals. Family members and residents know the process of alerting staff when in need of access to the facility after hours.</p> <p>There are documented visitors' policy and guidelines available to ensure resident safety and well-being is not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers, as observed on audit.</p> <p>Interviews and documentation confirmed that fire drills are conducted at least six-monthly. Information in relation to emergency and security situations is readily available/displayed for staff and residents.</p> <p>Emergency equipment is accessible, current and stored appropriately with evidence of emergency lighting, torches, gas and barbeque for cooking, extra food supplies, emergency water and blankets. There is emergency lighting throughout the facility.</p> <p>Interview with the BCM confirmed there is provision to access a generator, if required. The RNs on duty are the nominated fire wardens for the facility.</p> <p>There are call bells to summon assistance in all residents' rooms, including the new LTO dual purpose care suites, toilets and communal areas. Call bells are checked. Observation on the days of the audit and resident and family interviews confirmed that call bells are answered promptly. Staff files and training records demonstrated that orientation and the annual training programme includes emergency and disaster procedures and fire safety.</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>	<p>FA</p>	<p>Policies and procedures are in place to ensure the service is responsive to resident feedback in relation to heating and ventilation.</p> <p>All the LTO dual purpose care suites have heat pumps to provide heat and ventilation and external windows.</p> <p>Residents are provided with adequate natural light, safe ventilation and heating.</p>



		<p>Family member and residents confirmed that rooms are maintained at an appropriate temperature.</p> <p>The facility has designated areas for residents and staff who smoke.</p>
<p><b>Standard 3.1: Infection control management</b></p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>Gracelands has an infection control programme appropriate to the size and scope of the service. The infection control programme is reviewed annually at organisation level.</p> <p>The designated infection control coordinator (ICC) is a senior RN. Monthly infection control meetings are facilitated and include staff from each area of service management. Minutes are available to staff. Community/DHB infection control meetings are attended bi-monthly by the ICC. Information from these meetings is also available to all staff.</p> <p>Education is provided to all new staff during orientation. Ongoing education is provided to all staff annually or sooner as required. Interviews with the ICC and CM confirmed internal audits are conducted and include hand hygiene and infection control practice.</p> <p>Observation of infection control practice confirmed staff practice safely. There have been no recent outbreaks. Adherence to COVID-19 infection prevention and control requirements was observed during the audit period when a lockdown was initiated.</p> <p>The infection control service is suitable to meet the needs of residents in the proposed care suites.</p>

## Specific results for criterion where corrective actions are required

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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.

No data to display
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## 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.

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End of the report.