

Oceania Care Company Limited - Green Gables

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: Green Gables

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

Dates of audit: Start date: 20 August 2020 End date: 21 August 2020

Proposed changes to current services (if any): Virtual partial provisional audit in respect of a new build located on the site of the 50 bed facility that closed in 2017. The new facility will provide hospital geriatric and medical services as well as rest home care (excluding dementia care) with 61 dual purpose beds.

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



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Oceania Healthcare Limited - Green Gables closed temporarily in 2017 and provided rest home and hospital services. When re-opened, the new facility will provide rest home and hospital level of care for up to 61 residents. The facility is scheduled to open in September 2020, pending HealthCERT approval, and was unoccupied on the days of the audit.

This virtual partial provisional audit was undertaken to establish the level of preparedness to commence service provision in the new build. This audit was conducted against the relevant Health and Disability Service Standards and the service contract with the district health board. The audit process included a review of policies and procedures, an electronic review of staff files, virtual observations and interviews with management, and staff.

There were no requirements for improvement at the previous audit.

There was an area identified as requiring improvement at this audit relating to building compliance.

Consumer rights

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

[Click here to enter text](#)

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
---	--	--

Oceania Healthcare Limited is the governing body responsible for the services provided at Green Gables. The vision, mission and values of the organisation are documented and communicated to all concerned.

The facility is managed by an appropriately qualified and experienced village manager and is supported by a clinical manager who is responsible for the oversight of clinical service provision. The clinical manager is a registered nurse. The facility management team is supported by the Oceania Healthcare Limited regional management team.

Oceania Healthcare Limited's human resource policies and procedures are implemented. Newly recruited staff undertake orientation appropriate to their role. Practising certificates for staff who require them are validated and an annual training plan is implemented to ensure ongoing training and education for all staff members.

There is a documented rationale based on best practice for determining staffing levels and skill mix in order to provide safe service delivery. Proposed rosters reflect the potential staffing requirements for the new facility.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
--	--	--

The Green Gables medicine management system is based on the policies, procedures and system used throughout Oceania Healthcare nationally. The treatment and medicines rooms observed virtually are fit for purpose. The electronic medicines management system equipment used in other Oceania Healthcare facilities is on site and ready for use.

The food service system utilises Oceania Healthcare Limited's national nutritional policies, systems and processes. There are two kitchens, observed virtually, to manage the food service. One on the ground floor and a second on the first floor. The main kitchen on the ground floor includes new equipment and food storage areas suitable for the size of the facility. The second smaller kitchen on the first floor is situated adjacent to the first-floor dining room. Both kitchens were observed virtually and are fit for purpose.

Safe and appropriate environment

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

A planned, preventative and reactive maintenance programme is in place that complies with legislative requirements.


There are external areas with shade for residents and their families/visitors.

The suites/studios in the new facility all have ensuite bathrooms. The rooms in the new facility are spacious enough to allow for resident cares and ease of movement.

Policies and processes are in place for waste management, cleaning and laundry.

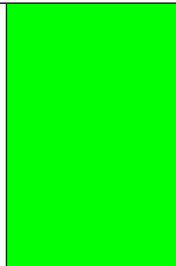
There is a monitored call bell system for residents to summon help when needed. Essential emergency and security systems are in place to ensure resident and staff safety.

Restraint minimisation and safe practice

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

[Click here to enter text](#)

Infection prevention and control

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

The infection prevention and control policies and procedures, guide infection prevention and control practice within the organisation. The Green Gables infection prevention and control programme is suitable for the size, complexity and degree of risk

associated with the service. The internal infection prevention and control programme includes audit forms to review infection control practice. The facility's clinical manager is the infection control nurse. A job description is in place for this role.

Specialist infection prevention and control advice can be accessed from the district health board, general practitioners and infection control specialists when identified. Pandemic resources are available should they be required.

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	14	0	1	0	0	0
Criteria	0	35	0	1	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>Oceania Healthcare Limited (Oceania) has documented vision, mission and values that are communicated to all concerned through information booklets, admission packs, the internet and staff orientation. The organisation's values are to be displayed close to the entrance in the new facility. In addition to the overarching Oceania business plan, the facility has a business plan specific to Green Gables.</p> <p>Green Gables is part of the Oceania group with the executive management team providing support to the facility. Communication between the facility and executive management occurs regularly with the executive operations manager providing support during the audit. Virtual interviews with the village manager and clinical manager identified there is reporting to the executive management against the new building project's milestones. Organisation wide systems are in place to monitor and report monthly against clinical indicators, and this reporting will commence with the admission of the first residents.</p> <p>The facility is managed by a village manager, responsible for both the village and facility, supported by a clinical manager (CM). The village manager has worked for Oceania for two months and has previous management and director experience, including experience in establishing business operations. The CM will be responsible for the oversight of clinical care at the facility. The CM, who is a registered nurse (RN) has been in this position for one week. Interview confirmed that HealthCERT and the district health board (DHB) have been advised of these appointments. Until this appointment, the CM has been the regional clinical and quality manager for three years and has ten years previous experience in both facility management and clinical quality management. A relieving business and care manager (BCM) is providing assistance to the CM for the first weeks of the role. The guest services</p>

		<p>manager who has been in the role for two weeks, will be responsible for household staff and facilities activities. The management team is supported in their roles by the Oceania executive and regional teams and are in the process of completing induction and orientation appropriate to their respective roles.</p> <p>The facility is seeking certification to provide rest home and hospital level care in dual purpose beds for up to 61 residents. There were no beds occupied at the time of the audit.</p> <p>Interview with the CM advised that the DHB has been advised of the facility's intention to provide age related resident care: rest home and hospital level care.</p> <p>The virtual tour confirmed the new facility has two floors. There is a mix of studio care suites with an open plan bedroom and lounge; care suites which have a separate bedroom and lounge; and apartments. There are 4 care suites and 28 apartments on the first floor and 29 care suites on the ground floor as identified on the building plan and virtual interviews.</p> <p>The new facility's 61 beds have the capacity to be made available as right to occupy (RTO) agreements. Virtual interview with the CM identified that up to six rooms will be available for access to residents without an RTO agreement.</p> <p>There is a 12-bed village complex adjoining the new facility. Interview with the CM advised that the facility would provide telephone support to village residents if required.</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>Virtual interviews identified during a temporary absence of the village manager, the CM will be responsible for the day to day operation of the service, supported by the guest services manager.</p> <p>In the absence of the CM, the relieving BCM will step into the CM role and ensure continuity of clinical services</p>
<p>Standard 1.2.7: Human Resource</p>	<p>FA</p>	<p>Human resource management policies and procedures are implemented and meet the requirements of legislation. The skills and knowledge required for each position are documented in job descriptions. Staff files reviewed</p>

<p>Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>electronically demonstrated that recruitment processes for all staff include: reference checks; police vetting; identification verification; position specific job description; and a signed employment agreement.</p> <p>Professional qualifications are validated and there are systems in place to ensure that annual practising certificates and practitioners' certificates are current. Current certificates were evidenced for all staff that require them.</p> <p>An orientation/induction programme is available that covers the essential components of the services provided. It requires new staff to demonstrate competency on, and/or understanding of, a number of specific functions and tasks, including health and safety and personal cares. Staff interviews and documentation reviewed identified that newly recruited staff have either completed or are in the process of, completing orientation to the facility.</p> <p>The organisation has documented role specific, mandatory annual education and training modules. There are systems and processes in place to ensure that all staff complete their required mandatory training modules and competencies. A training log sighted, evidenced that newly recruited staff have commenced training, as per the schedule.</p> <p>The CM and one other RN have completed interRAI assessment training and competencies. There are implemented processes in place to ensure that care staff complete annual competencies, for example: moving and handling; hoist use; hand washing; and medication competencies. The required competencies had been completed by newly employed staff as sighted electronically. An appraisal schedule is in place to ensure that staff complete a performance appraisal process after one year of employment. Staff employed to date, do not yet require a performance appraisal.</p> <p>The facility's staffing rationale informs recruitment processes to ensure that sufficient, suitable staff are appointed and available to meet the needs of all residents.</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>The facility currently has six staff consisting of: the village manager; CM; an administrator; a chef; maintenance person and a guest services manager responsible for household staff and activities. In addition to these staff, three RNs and three health care assistants (HCA) have been recruited to work at Green Gables as sighted electronically on contracts reviewed. One RN is currently working at another facility and two RNs are currently working as part of the local Oceania RN pool. The RNs will transfer to the facility once open as identified in management interviews.</p> <p>The organisation's staffing and skill mix policy and formula provide guidance to ensure staffing levels within the facility are sufficient to meet the needs of residents' acuity and the minimum requirements of the DHB contract. Policy identified that rosters are formulated four weeks in advance and staffing levels are reviewed to accommodate 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>Management interviews and the proposed rostering schedules sighted electronically demonstrated there will be at least one RN and one HCA on duty each shift, that will be sufficient to cover the proposed initial resident numbers.</p>

		<p>The roster includes kitchen staff and household staff seven days per week and activities staff five days per week. The proposed 'ramp up' rosters sighted identify that a planned increase in staff numbers has been developed to accommodate subsequent growth in resident numbers. All residents, including those with RTO, will have access to 24-hour care staff.</p> <p>Virtual interview identified that the village manager, guest services manager and CM be on call after hours as required.</p> <p>There is a dedicated centrally located nurses' station on each of the two floors as sighted on the building plan and virtual tour.</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>The Green Gables policies and processes guide medication management and are in line with required legislation and guidelines. Interview and competencies records demonstrated that the CM and three RNs have completed medication competencies and training related to medication administration.</p> <p>There is an electronic medication management system in place to meet the needs of proposed residents. A virtual tour confirmed medication areas, including storage areas, observed on the virtual tour are secure, free from light and heat and interview confirmed that these are ventilated. There are new fridges installed to manage medicines requiring temperature-controlled storage.</p> <p>Interview with the CM and clinical quality manager confirmed that medicines will be managed through a contracted local pharmacy including six monthly stocktakes. The CM confirmed that the service does not use standing orders. Processes are in place for self-administration of medicines, including assessment of resident competencies.</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 organisation has a policy related to food procurement, production, preparation, storage, transportation, delivery and disposal of food that complies with current legislation and guidelines. During interview the executive chef confirmed completion of orientation and competencies related to their role.</p> <p>The virtual facility tour confirmed the main kitchen, situated on the ground floor, is spacious and well-appointed. A second kitchen is situated on level two, aligned to a further two dining areas. A temperature-controlled food trolley is available to transport food between floors. Observation during the virtual tour and interview with the executive chef confirmed that new kitchen equipment is in place which includes fridges and freezers with external temperature gauges.</p> <p>There is a food plan developed and reviewed at organisational level by an independent dietitian. A process is in place to identify residents' food preferences and special dietary requirements.</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>Documented policies and procedures for the management of waste and hazardous substances are in place. Policies and procedures specify safety requirements that comply with legislation, including the requirements for clear labelling and disposal and collecting of waste. The hazard register is available and current.</p> <p>Current material safety data posters are available and displayed in relevant places as sighted on the virtual tour.</p> <p>The education plan includes training in safe and appropriate handling of waste and hazardous substances. Staff files evidenced that training is provided by the supplier in chemical awareness.</p> <p>Virtual observations confirmed that there is sufficient personal protective clothing and equipment provided, such as aprons, gloves and masks, for staff use.</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>PA Low</p>	<p>The building compliance log and associated checks of equipment and plant has commenced as required for the building warrant of fitness. The facility is less than one year old and does not yet have a building warrant of fitness. The certificate of public use has not been issued. Virtual interviews, document review and observation confirmed there is equipment available to support residents including: wheel chairs; shower chairs; and hoists. Equipment sighted confirmed that this includes sufficient furniture, such as: beds; dining room tables and chairs; and lounge chairs for the facility.</p> <p>Facility maintenance is undertaken by a maintenance person who is also responsible for another Oceania facility's maintenance. There is an implemented planned and reactive maintenance schedule. There are systems and processes in place to respond to maintenance requirements. There is an annual test and tag programme, to ensure that clinical equipment is tested before use for new purchases and thereafter annually as advised in virtual interviews.</p> <p>Access to the new facility meets the mobility and equipment needs of residents. There are ramps and rails to facilitate access for all residents. Courtyard surfacing and landscaping of lawns is in progress and yet to be completed. There is access to outdoor areas from lounges and studios.</p>
<p>Standard 1.4.3: Toilet, Shower, And</p>	<p>FA</p>	<p>All rooms viewed during virtual tour have full ensuite facilities with a shower, toilet and a basin. All ensuites have: a pull cord situated between the toilet and shower that activates an alert to summon assistance in an emergency; approved handrails; a call bell; room for manoeuvrability of resident and staff; wide doorways, and hand basins within</p>

<p>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>reach to facilitate ease of mobility and independence.</p> <p>Virtual interviews and tour identified that toilets for visitors and staff are located centrally opposite the nurses' station and in close proximity to communal areas and have a system to indicate vacancy and provide disability access.</p> <p>There are processes in place to ensure that hot water temperatures are monitored monthly. Documentation reviewed and interview with the maintenance person confirmed that temperatures had recently been tested for the new facility and confirmed to be within recommended temperature ranges.</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>Resident rooms viewed during the virtual tour were noted to have sufficient space to allow residents to mobilise safely around their personal space and bed area, with mobility aids and assistance. All residents will have their own suite, although there is sufficient room in some care suites to accommodate two single beds should a couple wish to share accommodation. There was sufficient space observed to accommodate furniture, equipment and staff as required. Rooms have an inbuilt overhead system to facilitate the use of hoists.</p> <p>Interview and the facility website confirmed that residents are able to personalise their rooms, with their own pieces of furniture.</p> <p>There is an elevator to facilitate access for residents and staff between the two floors as sighted on the virtual tour.</p> <p>The virtual tour confirmed there are designated areas to safely store equipment such as: wheel chairs and walking frames. Virtual interviews advised there is also a purpose built shed for the storage and charging of residents' mobility scooters.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are</p>	FA	<p>Each floor of the new facility has a separate centrally located dining room as identified on the virtual tour and the building plan. Virtual interviews identified that residents can have their meals with other residents in the communal dining rooms or a private dining room for use by residents who require assistance with feeding. Family functions can also be held in the private dining room. There is sufficient space in each resident's studio/suite for a dining table, for residents to have their meals in their own room if they wish.</p> <p>There are five large lounge areas over the two floors, as well as a number of smaller seating areas.</p>

<p>provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>There are sufficient quiet areas for residents and their visitors to access if they wish, including access to a private external patio from some 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>Virtual interviews confirmed the supply and laundering of all facility linen will be undertaken by an off-site central laundry located at another Oceania facility. Individual laundry bags are available in each ensuite for each resident's personal laundry to be placed in for sending to the laundry as sighted during the virtual tour. There are processes in place for the daily collection and distribution of facility linen and laundering of residents' clothing. Designated sealed pods were sighted on the virtual tour and are available for the transport of clean laundry. The facility has a designated clean laundry room where incoming laundry for the receipt of clean laundry before distribution. In addition, there is a separate dirty laundry room, accessed from the sluice room, to store dirty laundry for collection by the external contractor via an external door. Larger, different coloured sealed pods are available for the transport of dirty linen.</p> <p>Cleaning duties and procedures are documented to ensure correct cleaning processes occur. The new facility has a designated key code locked cleaning cupboard for the safe and hygienic storage of cleaning equipment and chemicals. Chemical safety data sheets are available in areas where cleaning chemicals are stored. Training in the safe use of cleaning chemicals is provided by the cleaning product supplier (training certificate sighted). There are cleaning trollies (sighted) for the safe storage of cleaning chemicals when cleaning.</p> <p>There are proposed rosters which include household staff. Currently all facility cleaning is undertaken by the building contractor. There are systems and processes to monitor the effectiveness of cleaning and laundry processes through the internal audit process. Observation through virtual auditing noted the facility to be clean and tidy (refer to 1.4.2.1).</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security</p>	<p>FA</p>	<p>Staff training records reviewed electronically demonstrated that orientation and the annual training programme includes emergency and disaster procedures and fire safety. Employed staff had completed fire training the day prior to the audit.</p> <p>A fire evacuation scheme was sighted for the new facility, that includes evacuation procedures and training. A copy of the scheme evidenced the provider has made an application to the Fire and Emergency New Zealand (NZFS). A trial evacuation plan exercise was scheduled to occur in the week following the audit. Interviews and documentation confirmed that further fire drills will be conducted at least six-monthly. The RN on duty will be the nominated fire warden. The facility has a monitored fire alarm and there are both smoke detector and sprinkler systems throughout the building. Signage was observed on the virtual tour to be displayed.</p>

<p>situations.</p>		<p>There are supplies to sustain staff and residents in an emergency situation as identified in virtual interviews, in the emergency stocklist reviewed and virtual tour. Supplies include alternative energy and utility sources that are available in the event of the main supplies failing. These include: a port for an externally sourced generator; tested and functional emergency lighting; water; and gas cylinders. There are procedures in place to ensure that the facility will have sufficient food supplies in store for each resident, for at least three days.</p> <p>Call bells are available to summon assistance in all residents' rooms and toilets. The studios sighted in the virtual tour had call bells in the bedroom and bathroom. A call bell report sighted, evidenced that all call bells had been checked prior to the audit. Call bells are checked monthly by the maintenance person. There are systems in place to monitor call bell response times, including escalation to senior staff if there are delays in call bell responses.</p> <p>There are security systems in place to ensure the protection and safety of residents, visitors and staff. These include night time lock-up and alarmed doors. The facility has monitored security cameras at critical points in the corridors and external doors.</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>Residents' rooms and communal areas in the new facility have safe ventilation and external windows that provide natural light as confirmed during the virtual tour. Virtual interviews confirmed the new facility will be heated throughout by heat pumps. The virtual tour identified that there is a heat pump in each resident's room and wall panel heaters in other areas.</p> <p>There are systems in place to obtain feedback on the comfort and temperature of the environment.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service</p>	<p>FA</p>	<p>There is an infection prevention and control programme in place suitable to the size and scope of the service. The CM is the infection control nurse (ICN) and has a signed job description for this role.</p> <p>Infection prevention and control reporting lines are established within the organisation. There is a Green Gables infection control committee established comprised of staff from across the service.</p> <p>There are resources available to prevent infections including soap, hand gels and paper towels. An outbreak kit is available and clearly labelled. Personal protective equipment is stored appropriately and available if required.</p> <p>Surfaces within the building including floors, bench tops, walls and furniture, are suitable for cleaning to maintain</p>

providers, and visitors. This shall be appropriate to the size and scope of the service.		infection control principles and were observed during a virtual tour.
--	--	---

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 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The facility is less than one year old and therefore does not yet have a warrant of fitness. However, a certificate of public use has not yet been issued by the local authority.</p> <p>Virtual tour identified there are shaded areas and some outdoor seating in place. Outdoor tables and chairs had be purchased as confirmed in virtual interviews. Paving and landscaping is still under construction and was not observed to be safely accessible by potential residents or staff.</p>	<p>i) The facility does not have a certificate of public use.</p> <p>ii) Outdoor areas are under construction and unsafe for access by potential residents and staff.</p>	<p>i) Ensure a certificate of public use is obtained.</p> <p>ii) Ensure all outdoor areas are made safe for access.</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.