

# Lexhill Limited - Kaikohe Care

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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 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:** Lexhill Limited

**Premises audited:** Kaikohe Care

**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: 2 October 2020 End date: 2 October 2020

**Proposed changes to current services (if any):** This partial provisional audit verified 16 rest home beds to be used as dual-purpose beds. It also verified a bedroom in the dementia unit that had been converted from an office. The total number of beds has changed from 58 to 59 as a result of the extra bedroom in the dementia unit.

**Total beds occupied across all premises included in the audit on the first day of the audit: 42**



# 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.

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

Kaikohe Care Centre was certified to provide rest home, hospital (geriatric and medical) and dementia levels of care for up to 58 residents. Because of the verification of one bedroom in the dementia unit, the total number of beds is now 59. On the day of the audit there were 47 residents living at the facility. An experienced and qualified nurse manager manages the service.

This partial provisional audit verified a further 16 rest home beds to be used as dual-purpose beds. It also verified an extra bedroom in the dementia unit that had been converted from an office.

This audit identified improvements required to the activities programme, building maintenance, management of chemicals and to the kitchen stove.

## **Consumer rights**

### **Organisational management**

The nurse manager and a charge nurse are responsible for the day-to-day operations of the care facility.

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

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

There is a documented rationale for determining staffing levels and skill mixes for safe service delivery. This has been adjusted to show an increase in staffing should more hospital residents be admitted to the dual-purpose beds. There is no change of staffing for the dementia unit as a result of the extra room. Registered nursing cover is provided twenty-four hours a day, seven days a week.

### **Continuum of service delivery**

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for the administration of medicines. The service uses an electronic medication system. Medication charts are reviewed three-monthly by the GP. There is a medication trolley in the dementia unit and a locked treatment room in the rest home and hospital building. There are no changes to management of medication as a result of this audit.

The diversional therapists implement the activity programme. Residents are encouraged to maintain community links. There are regular entertainers and celebrations.

All meals are cooked on site. Snacks are available at all times. The food control plan has been verified.

## **Safe and appropriate environment**

The building holds a current warrant of fitness. Resident rooms are of sufficient space to ensure care and support to all residents and for the safe use of mobility aids including those verified as dual-purpose rooms. Communal areas are well designed and spacious and allow for a number of activities.

There is a laundry on site in the rest home/hospital area with no changes envisaged as a result of this audit. Laundry and cleaning processes will be monitored for effectiveness.

There are emergency and disaster policies and procedures. There is a current fire evacuation scheme. An updated fire evacuation scheme is not required. An on-site generator is available.

General living areas and resident rooms are to be appropriately heated and ventilated. All rooms have windows.

## **Restraint minimisation and safe practice**

Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort. Staff receive regular education and training on restraint minimisation. One resident was using bedrails as a restraint and no residents were using enablers.

## **Infection prevention and control**

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator is responsible for the collation of infections and orientation and education for staff alongside the nurse manager. There is a suite of infection control policies and guidelines to support practice.

## 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	13	0	2	2	0	0
<b>Criteria</b>	0	32	0	3	2	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>Kaikohe Care Centre is owned by two owners who purchased the service four years ago. They also own another aged care facility in Auckland for 20 years. The general manager (owner was interviewed during the audit along with the nurse manager, maintenance person, two registered nurses (registered nurse) and a HCA (healthcare assistant) in the dementia unit. One resident was also interviewed, and they were satisfied with the care and support received.</p> <p>Kaikohe Care Centre provides rest home, hospital (geriatric and medical) and dementia levels of care for up to 59 residents (including the dementia bedroom verified at this audit). On the day of the audit there were 47 residents in the care centre (17 at rest home level, 23 at hospital level and 7 at dementia level). Residents were on the aged residential care contract (ARCC) apart from one who was under ACC (hospital level of care); two residents using respite level of care (one at hospital level and one at rest home level) and two under 65 years (young person with a disability – one at rest home level and one assessed as hospital level of care).</p> <p>The service initially had 19 rest home beds, 30 dual purpose beds and nine dementia beds in a secure dementia unit. This audit verified the following: three</p>

		<p>rest home beds, ten dementia beds and 45 dual purpose beds.</p> <p>An experienced nurse manager (registered nurse) is responsible for day-to-day operations. She began work at this facility in August 2020 and has worked in aged care in New Zealand for over 20 years and over nine years in rural areas in Australia.</p> <p>Business goals are in place with evidence of regular reviews by the nurse manager. The nurse manager has attended a minimum of eight hours annually of professional development activities related to managing an aged care facility.</p> <p>This audit verified 16 of the 19 bedrooms in Puriri wing as dual-purpose rooms. The general manager (owner) has converted an office in the dementia unit into a bedroom to increase the number of rooms in the dementia unit from nine to ten. All rooms have been verified as suitable for purpose.</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>	FA	<p>The nurse manager lives close by to the facility. A charge nurse/RN is responsible for the care centre during any absence of the nurse manager with the finance manager able to provide financial oversight.</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>	FA	<p>Job descriptions are in place that describe staff roles, responsibilities, and accountabilities. The practising certificates of nurses and other health professionals were current. Eight staff files were reviewed (two healthcare assistants, one charge nurse, two RNs, one diversional therapist, one nurse manager, one cook). Evidence of signed employment contracts and job descriptions were sighted. Annual performance appraisals were completed for staff who had been employed for over one year. Newly appointed staff have an orientation that is specific to their job duties.</p> <p>The service has a training policy and schedule for in-service education. The nurse manager has developed training for staff, and this has already included a high rate of attendance. Training since the nurse manager started has included pressure injuries, enduring power of attorney, chemical safety, and cultural safety. Training completed has addressed recommendations related to a complaint investigated by the DHB identified at the time of the previous certification audit.</p>

		<p>There are 17 HCAs working in the dementia unit and all have their dementia qualification. There is a minimum of one staff available 24 hours a day with a current CPR/first aid certificate.</p> <p>Competencies for RNs include medication competencies and syringe driver competencies. Three of eight RNs have completed their interRAI qualification.</p> <p>There is no change in the training programme with the increase in dual purpose beds or the increase of an extra dementia bed.</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 service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. An RN is scheduled 24 hours a day, seven days a week. In addition to a staff RN available 24/7, a charge nurse is on site three days a week. Two RNs are scheduled on the morning and afternoon shifts with one overnight.</p> <p>The nurse manager is an RN who assists if needed with clinical responsibilities if required. The nurse manager has not been required to cover any shifts since starting in the service. The service has sufficient staff with the potential increase in hospital residents.</p> <p>Puriri wing (occupancy 17 residents – currently rest home level of care) is staffed with one HCA including one short shift HCA on the AM shift; one HCA on the PM shift.</p> <p>The rest home/hospital wing known as the ward (occupancy 23 hospital level residents) is staffed with one long and one short HCA on the AM shift, one long HCA and one short shift on the PM shift.</p> <p>On the night shift in the rest home/hospital wing and Puriri, there is one HCA and one registered nurse.</p> <p>The dementia unit (occupancy seven residents) is staffed with two HCAs on the AM shift, one long and one short shift; two HCAs on the PM shift one long and one short shift; and one HCA on the night shift.</p> <p>Once the dual-purpose beds have been certified, the staffing will be increased. Staffing on a short shift in Puriri and the rest home/hospital wings will increase to full shifts. An extra HCA will be put on the night shift as a float across all areas. There is no intended change to the staffing in the dementia unit.</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 comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There are no residents self-administering on the day of audit. The registered nurse stated that a consent form would be signed, and the resident deemed competent to self-administer. Short lasting medicines such as nasal spray were dated prior to use. There were no standing orders. There were no vaccines stored on site.</p> <p>The facility uses an electronic system for documenting administration and blister packs. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. RNs administer all medications apart from those in the dementia unit with HCAs administering these from a medication trolley. Staff including RNs and HCAs attend annual education and have an annual medication competency completed. All RNs are syringe driver trained by the hospice. The medication fridge temperature is checked weekly. Eye drops were dated once opened.</p> <p>Staff sign for the administration of medications on the electronic system. Sixteen medication charts were reviewed (five rest home, seven hospital and four dementia). Medications are reviewed at least three-monthly by the GP. There was photo ID and allergy status recorded. 'As required' medications had indications for use charted.</p> <p>There are no changes to the medication system as a result of this audit.</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>PA Low</p>	<p>The service has a head chef who works Monday-Friday 0600-1430. There are three other cooks who can relieve at any time. There are four kitchen hands who work on a rostered system. All cooks have current food safety certificates. The head chef oversees the procurement of the food and management of the kitchen.</p> <p>There is a well-equipped kitchen, and all meals are cooked on site. Meals are served in each area from hot boxes including the dementia unit with a specific hot box taken over to the unit. The temperature of the food is checked before serving. Special equipment such as lipped plates is available.</p> <p>On the day of audit meals were observed to be hot and well-presented. There is a kitchen manual and a range of policies and procedures to safely manage the</p>

		<p>kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge and freezer temperatures were monitored and recorded weekly. Food temperatures are checked, and these were all within safe limits.</p> <p>The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. Staff state that changes to residents' dietary needs had been communicated to the kitchen however the dietary profiles in the kitchen were not updated six-monthly. Special diets, allergies, likes, and dislikes were noted. The four weekly menu cycle is approved by a dietitian. Snacks are available at all times including snacks available in the dementia unit at all times. A contract for the services of the dietitian was signed in February 2020.</p> <p>The food control plan was verified in December 2019.</p> <p>The electric oven is seldom used. The elements require cleaning and staff state that the elements are not functioning well. The kitchen also requires painting or wooden surfaces where the paint has worn off (link 1.4.2.1).</p>
<p><b>Standard 1.3.7: Planned Activities</b></p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>PA Low</p>	<p>There are two diversional therapists (DT) one of whom works eleven hours a week and the other sixteen and a half. Both work across all areas.</p> <p>There is a weekly programme in large print on noticeboards in all areas. Residents have the choice of a variety of activities in which to participate and every effort is made to ensure activities are meaningful and tailored to residents' needs. These include exercises, bingo, news from the paper, music, quizzes, and games. Residents in the dementia unit who wish to engage in the activities programme are brought over to the rest home/hospital activities to participate. Staff fundraise for resources for the activities programme.</p> <p>The DT interviewed stated that residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a chat.</p> <p>There is a church service every Saturday morning and Mass every Friday.</p> <p>The facility does not have a van, but does hire one occasionally to take residents shopping, for a drive or for a picnic.</p> <p>Special events like birthdays, Easter, Mothers' Day, Anzac Day, and Melbourne</p>

		<p>Cup are celebrated. Happy hour is fortnightly. There are regular entertainers.</p> <p>There is community input from pre-schools, schools and kapa haka groups.</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the resident's past hobbies and present interests, career, and family. The care plan includes reference to activities based on the assessment. Dementia residents have 24-hour activity plans. Activity plans are evaluated at least six monthly with a monthly summary of engagement.</p> <p>Resident meetings are held monthly.</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>	PA Moderate	<p>There are policies regarding chemical safety and waste disposal. Most chemicals were labelled with manufacturer's labels and expected to be stored in locked areas when staff are not present. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. The hazard register identifies hazardous substance and staff indicated an understanding of processes and protocols. Gloves, aprons, and goggles are available for staff.</p> <p>The service has stocked sufficient PPE to manage any outbreak such as Covid 19 for two weeks. This includes masks and gloves.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Moderate	<p>The building holds a current warrant of fitness which expires 30 June 2021. There is a maintenance person who works 37 hours a week. The lawns are mowed by a contractor. Contracted plumbers and electricians are available as required. There is a reactive and preventative maintenance plan, however the facility (both the rest home and hospital site and the dementia unit) is older and requires further painting and wallpapering.</p> <p>Electrical equipment has been tested and tagged. The hoist and scales are checked annually. Hot water temperatures have been monitored randomly in resident areas and were within the acceptable range. The communal lounges, hallways and bedrooms are carpeted. The corridors are wide, have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required.</p>

		<p>The external areas and gardens were mostly well maintained. Outdoor areas have some seating noting that this is gradually being replaced. The dementia unit has a large enclosed garden with a circular garden. The perimeter of the dementia unit is secure. There is safe access to all communal areas in the dementia unit.</p> <p>Cupboards showed that there were adequate supplies of equipment including continence products.</p> <p>This audit verified 16 of the 19 rest home beds as appropriate and suitable for hospital or rest home residents (dual purpose beds). Room numbers verified are as follow: 105, 301 to 309, 201, 202, 204, 205, 207, 208. All rooms have one and a half doors and are large enough to have a hospital bed, lounge chair and to include equipment required including mobility aids, at least two staff and an ambulance trolley if required. The three remaining rest home beds are 203, 206, 102.</p> <p>An office has been converted into a bedroom in the dementia unit. It is the same size as the other bedrooms and the same configuration. The reception area has been converted into a computer space and space for the drug trolley.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>All rooms have hand basins. One room in the rest home and one in the hospital have an ensuite. In the hospital, two rooms share a bathroom and toilet. All other rooms share communal shower/toilet facilities. Fixtures, fittings, and flooring are appropriate (link 1.4.2.1). Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs and hoists if appropriate. There are signs on all shower/toilet doors.</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>All are single rooms. Three older double rooms (not single) have curtains for privacy to the front with a solid wall almost to the ceiling separating the rooms. There is a door that is able to be closed to the hallway. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</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>	FA	<p>There are large and small lounges. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. The dining rooms are spacious. There is a hairdressing salon.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>All laundry is done on site. There is a laundry worker who works five hours a day, Monday-Friday. A cleaner covers weekends. The laundry is divided into a dirty and clean area. There is a laundry and cleaning manual and safety data sheets. Personal protective equipment is available. Cleaning and laundry services are monitored through the internal auditing system. The cleaner's equipment was not attended at all times or locked away. Not all chemicals in the chemical's cupboard were labelled (link 1.4.1.1).</p> <p>There are sluice rooms in each area including the dementia unit for the disposal of soiled water or waste and the sluicing of soiled linen if required. The sluice rooms and the laundry are kept closed when not in use.</p> <p>There is no impact on the laundry as a result of this audit.</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>	FA	<p>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Fire drills are scheduled every six months. The orientation programme and annual education and training programme include fire and security training. Staff interviewed confirmed their understanding of emergency procedures.</p> <p>Required fire equipment was sighted on the day of audit. Fire equipment has been checked within required timeframes.</p> <p>The maintenance person checks all equipment monthly.</p> <p>A civil defence plan is documented for the service. There are adequate supplies available in the event of a civil defence emergency including food, torches, water, and blankets. A power generator and gas barbeque are available.</p> <p>The call bell system is operational. Residents were observed in their rooms with their call bell alarms in close proximity.</p> <p>There is a minimum of one staff available 24/7 with a current first aid/CPR</p>

		<p>certificate.</p> <p>There is no impact of change to emergency systems as a result of this audit.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All bedrooms and communal areas have ample natural light and ventilation. There is panel heating (water heated by a boiler that is checked annually by external providers). Both the rest home/hospital building and the dementia unit were warm on the day of audit. There are designated outdoor areas where residents smoke. All other areas are smoke free.</p> <p>All dual-purpose rooms and the dementia additional room verified through this audit had panel heating in place.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>There is an infection control coordinator (charge nurse) who is responsible for infection control across the facility. The coordinator liaises with and reports to the nurse manager and the infection control team (RNs, HCAs, laundry worker, cleaner and cook). The responsibility for infection control is described in the job description. The coordinator collates monthly infection events and reports. The infection control programme is reviewed annually by the IC coordinator and the nurse manager. This has been completed in September 2020.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are available. Residents are offered the annual influenza vaccine. There have been no outbreaks since the last audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are policies around restraints and enablers. One resident (hospital level) was using bedrails as a restraint and no residents were using an enabler. Restraint minimisation training for staff is available and includes staff completing a competency questionnaire. Staff also do training in challenging behaviour. There is an improved training programme for staff around restraint and managing behaviour.</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 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	PA Low	There is a gas hob, one electric oven and one electric stove. One (with elements and an oven) is old (although this has a current test and tag), dirty and staff state that the elements do not function effectively. This stove is only used if the gas runs out for the gas hob.	(i). Dietary profiles in the kitchen are not updated six monthly or as changes are identified (noting that these had been updated in the resident care plans. (ii).The electric stove is not functioning adequately, elements have not been cleaned, and therefore is not able to be used as a 'back up'.	(i). Update dietary profiles in the kitchen six monthly or as changes are identified. (ii) Ensure that all cooking equipment is operational and fit for purpose.  90 days
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	PA Low	A generalised activity plan is documented. This does not reference time allocated for one to one activity or to an activities programme for the residents in the dementia unit. Staff fundraise for any resources for the activities programme.	(i). An activity plan for the dementia unit and time allocated for one to one activity is not documented. (ii).There is no budget for resources for the activities programme.	(i).An activities plan for the dementia unit and time allocated for one to one activity is not documented. (ii). Budget for resources for the activities programme.

				90 days
<p>Criterion 1.4.1.1</p> <p>Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.</p>	<p>PA Moderate</p>	<p>The laundry has a cupboard that can be locked to store chemicals in it. On the day of audit, the laundry was open and unattended with the chemical cupboard open, three bottles of unlabelled liquid in the cupboard and a large bottle of cleaning product left with the lid off. All chemicals were visible from the hallway. The cleaner's trolley with chemicals was also left in the laundry. Both staff were on breaks and the room was unattended. Other bottles of chemicals were also sighted in other rooms in the rest home/hospital wings e.g. in the sluice room with the doors unlocked. All chemicals in the dementia unit were locked away. Staff have recently had training around management of chemicals.</p>	<p>(i). Chemicals are not locked away when not in use in the rest home/hospital area. (ii). Some bottles of chemicals were not labelled.</p>	<p>(i) Ensure that chemicals are locked away when not in use in the rest home/hospital area. (ii) Ensure that all chemicals are labelled.</p> <p>60 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	<p>PA Moderate</p>	<p>There is a reactive and preventative maintenance plan being implemented however reference to painting and wall papering is generic and does not detail rooms or site of issue. There were some areas in resident rooms and in the kitchen that require repair, repainting of bare surfaces and repair of wallpaper.</p> <p>One door into a bedroom had a window with a net curtain that allowed people to look through into the bedroom. Other bedrooms that have a similar window</p>	<p>The environment has areas that require repair, including peeling wallpaper, ceilings that need painting and painting that is chipped and peeling, or where there are bare surfaces where paint has work off with wear and tear.</p> <p>The reactive maintenance plan does not detail specific sites or issues e.g. rooms or areas that require painting.</p>	<p>(i) Ensure all areas (e.g., resident bedrooms, kitchen, bathrooms) that require repair are addressed.</p> <p>(ii) Documents specific sites and issues in the reactive maintenance plan.</p> <p>(iii) Provide privacy for one resident whose window in a door</p>

		have appropriate curtains.	One window in a door for one bedroom does not allow for privacy for the resident.	currently allows for people to see in at any time.  180 days
<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	PA Low	There are a large number of decks for people to potentially use. One deck outside the large dining are/lounge has covering over it that is torn. The deck at the end of the hospital wing does not have furniture or shade. There is limited shade for residents on the deck areas. Grounds have gardens and trees that give shade.	<p>The deck off the large hospital/rest home deck has torn covering that is a potential trip hazard.</p> <p>There is no furniture or shade on the deck at the end of the hospital/rest home wing and limited shade on other decks.</p>	<p>Ensure that the deck off the large hospital/rest home deck is safe.</p> <p>Provide adequate outdoor furniture and shade for residents on decks</p> 90 days

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

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

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

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

No data to display
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End of the report.