CHT Healthcare Trust - Amberlea Hospital and Rest Home

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 BSI Group New Zealand Ltd, 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: CHT Healthcare Trust

Premises audited: Amberlea Hospital and Rest Home

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

Dates of audit: Start date: 11 November 2020 End date: 11 November 2020

Proposed changes to current services (if any): This audit verifies the conversion of 14 dual-purpose beds (rest home and hospital level of care) to a secure 15-bed dementia unit and associated facilities.

Total beds occupied across all premises included in the audit on the first day of the audit: 50

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.

General overview of the audit

CHT Healthcare Trust – CHT Amberlea is currently certified to provide rest home, hospital (geriatric and medical) level care for up to 72 residents.

This audit verified the preparedness of the service to provide dementia level care. The service has converted 14 dual-purpose beds (previously a wing used for residents requiring rest home or hospital level care) to a secure 15-bed dementia unit.

The unit manager is experienced and is supported by the clinical coordinator and the area manager. There is a registered nurse working in the facility who has worked previously in a psychogeriatric unit and they bring this experience to the new dementia unit.

The improvements required to evaluation of care and medication management identified at the last audit, have been addressed.

The audit identified improvements around the completion of the new building and to orientation of staff to the new dementia unit.

Consumer rights

Nil entry

Organisational management

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, and hospital, (medical and geriatric) level care. These include reference to specific aspects of care provided to residents using dementia 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 with an orientation plan in place to orientate staff to the dementia unit prior to the opening of the unit. A training programme is implemented.

There is a documented rationale for determining staffing levels and skill mixes for safe service delivery. Staff already employed will work in the dementia unit. There is a staffing roster developed that will see an increase in staffing as numbers and acuity of residents increases.

Continuum of service delivery

InterRAI assessments and long-term care plans are completed with these current in all resident records reviewed. All interRAI assessments and care plans have been evaluated six-monthly. Short-term care plans are evaluated at regular intervals and signed off as completed when the issues have been resolved.

The medication management system is implemented as per policy. The current temporary medication room will continue to hold medicines and equipment. A medication trolley has been purchased. This is lockable and will be kept in a locked nursing station when not in use. The service is using an electronic medication system.

There is a kitchen that includes all equipment required to ensure that it is a functioning food service. There is a current food control plan. Food services are outsourced to an external provider. The menu is designed and reviewed by a registered dietitian at an organisational level. Food will be delivered and transported as currently occurs, in a hot box to the unit kitchenettes with a separate hot box purchased to service the dementia unit. Nutritional profiles are completed on admission and provided to the kitchen staff. All current systems are planned to include the dementia unit.

The activities coordinators currently provide a well-balanced activity programme that caters for residents requiring hospital and rest home level of care, for group and individual activities. The activity programme will continue as usual with a third activities coordinator employed to support residents in the dementia unit. The activities programme is yet to be modified for residents in the dementia unit.

Safe and appropriate environment

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff. The organisation has purchased some new equipment and furniture with the rest being used from the existing wing. The dementia unit is being refurbished to provide dementia unit services. This includes having locks installed on external doors and on key rooms. A call bell system is in place with any calls also being able to be heard by staff in the rest home hospital wings.

There are also communal toilets and showers. Fixtures, fittings and floor and wall surfaces sighted in bathrooms and toilets are made of accepted materials for this environment.

Resident rooms are of sufficient space to ensure care and support to all residents and for the safe use of mobility aids. Communal areas are well designed and spacious and allow for individual or group activities.

The service has robust housekeeping policies and procedures in place. Laundry is outsourced with dirty and clean linen managed appropriately and in line with infection control principles.

There are emergency and disaster policies and procedures in place. The fire evacuation plan for the existing building including the dementia unit has been approved by the New Zealand Fire Service.

General living areas and resident rooms in the dementia unit have heating and ventilation in place.

Restraint minimisation and safe practice

There are policies to minimise the use of restraint and enablers. Staff have training around managing challenging behaviour. There is no intention of using restraint or enablers in the dementia unit when open.

Infection prevention and control

Infection prevention and control is currently the responsibility of a designated registered nurse. There are clear lines of accountability to report to the infection prevention and control team on any infection prevention and control issues.

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	15	0	3	0	0	0
Criteria	0	35	0	4	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
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Amberlea is part of the CHT group of facilities. The service currently provides rest home and hospital (geriatric and medical) level care for up to 72 residents. On the day of the audit, there were 50 residents in total: 24 rest home level and 26 hospital level including one resident under an interim care contract. All others are under the Age-Related Residential Care contract. All rooms are dual-purpose. This audit verified the preparedness of the service to provide dementia level care. The service has converted 14 dual-purpose beds (previously a wing used for residents requiring rest home or hospital level care) to a secure 15-bed dementia unit (includes one double-room). The wing designated as the dementia unit had been decommissioned as a wing with dual purpose beds prior to refurnishing and building necessary to make it into a secure (Omaha unit). The secure dementia unit is currently being refurbished with aspects rebuilt in a staged approach. This includes stage one (verified at this audit) which includes bedrooms and all communal areas refurbished. The date for completion and handover from the builders to CHT is planned for the 21 November 2020. Stage two is to rebuild a walkway from the hallway in the dementia unit (currently closed with a pin code lock) that will end on the deck designated for the

		dementia unit. CHT has a documented philosophy of care, mission statement and overall business/strategic plan. The philosophy is focussed on providing great care of older people and this will continue to be relevant with the addition of the dementia unit. The unit manager's performance plan identifies business goals for the current year. These goals are regularly reviewed and signed off when achieved. There is a transition plan in place to manage all aspects related to the opening and occupancy of the dementia unit. The unit manager is a registered nurse who maintains an annual practicing certificate. They have over 15 years' experience in aged care and have been in the role as unit manager for two and a half years. They are supported by the clinical coordinator who has six months experience in aged care as a registered nurse and has been in the role for six months. The unit manager reports to an area manager on a regular basis (minimum of monthly). All managers and the clinical coordinator have completed at least eight hours of professional development along with management training.
Standard 1.2.2: Service Management 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.	FA	During the temporary absence of the unit manager the clinical coordinator will provide management oversight of the facility with the support of the area manager. There will be no changes to second in charge with the changes proposed.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	There are human resources policies to support recruitment practices. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications and experience. The register of RNs practising certificates and allied health professionals is current. Eight staff files were reviewed (one clinical coordinator, four RNs, an activities coordinator, and two HCAs). All files contained relevant employment documentation including reference checks and orientations. Annual staff appraisals were evident in all staff files reviewed. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The in-service education programme for 2020 has been completed and implemented. In addition to the

		scheduled education programme staff have access to online education. The unit manager, clinical coordinator and registered nurses can attend external training, including sessions provided by the local DHB. There are six of eight registered nurses and the clinical coordinator who have completed interRAI training. Existing staff are rostered to staff the dementia unit. An orientation to the dementia unit has been developed and all staff will be required to complete the orientation prior to residents moving into the unit (link 1.4.7.1). All of the registered nurses and the clinical coordinator have worked in aged care. One registered nurse has worked in psychogeriatric care for two years prior to working at CHT Amberlea and has experience in aged care nursing. They will take a lead in the dementia unit as a registered nurse. There are 32 HCAs. Staff have or are completing Careerforce training or equivalent. Currently there is one staff who has completed level two training (18 in training); 6 staff have completed level three training (1 in training); and two have completed level four training (4 in training). Five HCAs are rostered to work in the dementia unit when opened. Three are in level two training (due to be completed by end 2020) and two are in level four training (due to be completed at end 2020).
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The unit manager and clinical coordinator are on duty during the day Monday to Friday. Both share the on-call requirement for clinical concerns. Staff stated they feel supported by the management team who respond quickly to afterhours calls. Staffing across the dual-purpose beds is designated to specific wings (noting that this is adjusted for acuity and resident numbers). 1) Staff allocated to wing/s on level three on morning and afternoon shifts are as follows: 37 beds in wings called Brick, Scandrett, Martins, Kawau (31 residents - 18 rest home, 13 hospital) – four healthcare assistants (HCAs) on the morning (including one short shift and three on the afternoon shift (including one short shift).

		2) Staff allocated to wing/s on level two on morning and afternoon shifts are as follows: Algies and Coulhum (20 beds with 6 rest home residents and 13 hospital residents) –three HCAs (including one short shift) in the morning and two HCAs in the afternoon. Overnight, there are three healthcare assistants and one registered nurse, with one healthcare assistant based in the downstairs level two area at all times. There are three registered nurses in the morning including the clinical coordinator and two on the afternoon shift. The unit manager is a registered nurse and they provided support for the registered nurses as well as providing operational management Monday to Friday. There is an on-call process for after hours and staff are aware of how to escalate any concerns. The unit manager is on call and the clinical coordinator share the on-call roster. Dementia unit: The unit manager has developed three rosters with numbers of staff to increase as the unit fills. The dementia unit when opened and with resident numbers at 10 or under will be staffed with two HCAs on each shift (morning, and afternoon and one overnight). When the unit has over 10 residents, the unit will be staffed by an extra short shift of five hours in the afternoon and an extra HCA on the morning shift. Eight hours of registered nurse time has been allocated to support resident care and care planning in the dementia unit once opened. The activities coordinator/s are rostered to work from 1.30PM to 7PM, seven days a week. There are no residents identified to be moved to the dementia unit from the rest home /hospital. There are two residents on a waiting list from other facilities. The dementia unit will be connected by a locked door to the end of one wing (Brick Bay). Staff from Brick Bay or other wings on level three will be able to respond to the call bell if required in the dementia unit. There are 49 staff in total including the unit manager, clinical coordinator, 32 healthcare assistants, eight registered nurses, three activity coordinators, two reception staff, one maintenance and one gardener. Laundry, cleaning, and food services are contracted to external providers. The unit manager stated that the facility has been overstaffed with numbers of HCAs (staffing levels were not dropped when the 15 residents were moved from Omaha wing for this to be

		converted to the dementia unit). No further HCAs will be recruited apart from extra casual staff. There are currently two registered nurse vacancies in the process of being filled. No other staff will be required to be changed.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	There are policies and procedures in place for safe medicine management including medication administration and monitoring of self-medicating resident. Policy and procedures meet legislative requirements. The facility has one medication room. The medication trolley (one currently in use and one purchased for the dementia unit) will stay kept in locked rooms when not in use. The medication fridge is maintained within the acceptable temperature range. The ambient room temperature of the medication room is checked at regular intervals. The medication room was locked during the audit. Registered nurses and medication competent HCAs administer medications from sachets on medication rounds. These staff have been assessed for competency on an annual basis and attend annual medication education. Registered nurses attend syringe driver education. All medication is checked on delivery against the electronic medication chart. All medications were securely and appropriately stored. All eye drops, and ointments were dated on opening. All medicines were labelled correctly. The facility uses a robotically packed medication management system for the packaging of all tablets. The RN on duty reconciles the delivery and documents this. Medical practitioners document medications on the electronic medication charts correctly and there was evidence of three-monthly reviews by the GP. There is one resident in the rest home/hospital area who self-administers inhalers. The clinical coordinator stated that there will not be any resident in the dementia unit who would self-administer medications. Shortfalls identified at the previous certification audit around security of medication, labelling of medications, disposal of expired medication and sign off by a medical officer of medication charts have been addressed.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional	FA	All meals are prepared and cooked on site at CHT Amberlea. The Food Control Plan expires on 7 April 2021. Food services are contracted in from an external company. The cook is responsible for the operations of food services. The kitchen team includes three cooks and kitchenhands. There is a four weekly

needs are met where this service is a component of service delivery.		rotating menu that is reviewed by the contracting company's dietitian and a dietitian from CHT. A food services policies and procedures manual is in place. All residents have their dietary requirements/food and fluid preferences recorded on admission and updated as required. The cook maintains a folder of resident's dietary requirements that includes likes/dislikes. Alternative choices are offered. The cook is informed of dietary changes and any residents with weight loss. Dietary needs are met including normal, pureed meals and finger foods. Specialised lip plates are available as required. Input from residents on a one-to-one basis provide resident feedback on the meals and food services. Daily hot food temperatures are taken and recorded for each meal. Hot boxes are used to deliver food to residents' rooms and the meals served to residents in the dining room are kept in a bain marie. A hot box has been purchased to allow for food to be plated in the kitchen and taken to residents in the dementia unit. Fridge and freezer temperatures are recorded. Dry foods in the pantry are dated and sealed. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen includes a dishwashing area, preparation, cooking, baking and storage areas. There is a locked cupboard with a microwave in it and a locked cupboard with a hot water cylinder in the kitchenette of the dementia unit. Staff will hold the key and provide access to family with supervision if required. The kitchen staff will supply snacks for the unit that will be available 24/7. There is a fridge in the kitchenette to store food and drinks required to be kept chilled. The kitchen staff already leave fruit out and have food in fridges available for residents in the rest home and hospital and this practice will continue in the dementia unit. There are no envisaged changes to food services with the opening of the dementia unit.
Standard 1.3.7: Planned Activities 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.	PA Low	The service employs three activities coordinators. Two work a total of 10 hours a day Monday to Friday and the third will be allocated to the dementia unit. Currently the third activities coordinator works on Saturday and Sunday in the rest home/hospital for a total of four hours a day. Two are in diversional therapist training with this due to be completed by the end of 2020. The activities coordinator is rostered for the dementia unit 6 hours a day (1.30PM to

		7PM) seven days a week. The activities coordinators provide activities for residents within the facility and accompany them on community outings. The activities programme is displayed on a weekly A4 calendar with large font and illustrations. The activities programme includes entertainers from the community (with residents observed to be enjoying this on the day), games, art and crafts, indoor bowls, quoits, scrabble, quizzes, movie time, bingo, and floral arts. Church services are held for residents on a weekly basis. The activity coordinator interviewed stated that they complete lifestyle assessments with residents on admission with other documentation including attendance records, reviews, and evaluations of activity plans in the resident files six monthly. The activity team provides one-to-one time with some residents who do not participate in group activities. The activities coordinator advised that activities will be tailored to individual needs of residents in the dementia unit and will include 24-hour activities plans for residents. The activities programme will be offered in the lounge/dining area in the dementia unit. The activities programme is yet to be modified and documented for residents in the dementia unit.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Eight resident records were reviewed. The registered nurses evaluate all initial care plans within three weeks of admission. Files sampled demonstrated that the long-term care plan was evaluated at least six monthly in four of the records (noting that two of the six resident files reviewed who had long-term care plans had a month over the six months, as Covid pandemic was in place and three RNs who were interRAI trained had left on maternity leave). Long-term care plans are updated if there is a change in health status and any use of short-term care plans is referenced in the long-term care plan. There was at least a three-monthly review by the GP. The RN completing the plan signs care plan reviews. Eight short-term care plans sighted confirmed that these are always evaluated or documented as resolved or transferred to the long-term care plan. The shortfall identified at the previous certification audit related to evaluation of short-term care plans has been addressed.

Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. The sluice room in the existing site remains in use and is easily able to be accessed by staff in all areas of the building. Equipment is already in place with no changes envisaged to use for the existing facility. There is a locked cupboard in the room for chemicals in the existing building. Waste management audits continue to be a part of the internal audit programme and will include the dementia unit. All staff have completed training regarding the management of waste during induction with this sighted as being completed in staff files reviewed. Chemical safety training is a component of the training and orientation training and this will continue when staff move into the new building. Gloves, aprons, and goggles are available with staff sighted as using these appropriately. There are MSD sheets available. These will also be placed in the sluice room in the dementia unit when complete. A refuse area has been built in the car park area with bins covered. This will also include any refuse from the dementia unit. Dementia unit: There is a sluice room in the wing being refurbished in the dementia unit. This is having a sluice installed. The sluice room has a pin key lock and will also include a space for chemicals. There is a cleaning room on level two, and this will continue to be used to store the cleaner's trolley when not in use. The unit manager is in the process of working with the contracted provider to ensure that cleaning staff are orientated to the dementia unit and will understand the philosophy of the unit (link 1.4.2.1).
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	PA Low	The dementia unit is a wing that was previously dual-purpose beds for rest home and hospital level of care. The wing is in the final stages of refurbishment. The dementia unit is located on level three with a connecting locked door to Brick Bay (rest home and hospital level of care). Level 3 is not elevated and has ground floor access. The pin code is already operational. Included in the dementia unit is 14 bedrooms able to accommodate 15

		residents. A large lounge/dining area; sluice room; small quiet room; communal toilet and shower areas; and a nurse's station. There are storage areas for linen and equipment, electrical cupboard, with the main plant room along with the sprinkler valve housed in the basement (level one). The two exit doors (one to Brick Bay wing and one onto the walkway have a door with a pin code in place. These open automatically when the alarm is activated. The organisation has purchased some new equipment for the dementia unit, however on the whole, existing furniture and equipment will be reinstalled. Equipment is appropriate for dementia level of care. All equipment has been tested, tagged, and calibrated within the last year. Equipment and medical equipment calibration and servicing is captured within the quality programme and scheduled annually. Policies relating to provision of equipment, furniture and amenities are documented The facility is built on a sloping section with the covered care park on the basement level; hospital residents in dual purpose beds and laundry on level one; kitchen on level two; predominantly rest home residents in dual purpose beds and a secure dementia unit on level three. Level three has a main reception and entry to the rest home/hospital areas with limited short-term and drop off parking at road level. Dementia unit: The dementia unit will be a secure unit. The entrance to the dementia unit is through a secure door to the courtyard and at the end of one wing (Brick Bay). There are two doors from the dementia unit onto what will be a secure deck. The deck is on level three (road level) and is surrounded by walls of the dementia unit on three sides. The fourth wall at the end of the deck has not yet been built but this will include a door to the outside short-term car park. The door will be made secure. Stage 2: There is a plan to have an existing walkway from the hallway at the end of the dementia unit covered in and linked into the courtyard. This will provide a walking circuit that could be used by residents in the dementia unit. The service is not able to get resource consent until January 2021 to complete the walkway and they wish to open the unit prior to that. The completion of the walkway has been moved to stage two as an extra area for residents to use. The walkway was not audited as part of this partial provisional audit.

Standard 1.4.3: Toilet, Shower, And Bathing Facilities 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.	FA	There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. Privacy is ensured. Every resident's room has an ensuite with some having a mobility aid-friendly shower, and all having a toilet and hand basin. There are two communal showers and three communal toilets in the dementia unit. Handrails in toilets, showers and communal areas have been installed. The managers discussed the use of pictures to identify specific rooms etc on the day of audit. CHT already has two dementia units at other facilities and they described the use of pictures etc used in those unit and stated that these principles would be applied to this unit.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	Residents rooms are for single occupancy apart from one which is already certified at a previous audit to have two residents. This two-bedroom already has two call bells above each bed and has an ensuite. There is no privacy curtain in place so will be used as a single room and used as a double as a last resort will privacy curtains installed, and consent processes implemented. Doors are wide to allow for furniture to be moved in an out and there is enough space to allow for a bed, lazy boy style chair, built in wardrobe and chest of drawers with room to take mobility aids and staff who would be supporting the resident. The rooms have been completed ready for use with the last of the cabinetry and floor covering being installed. Beds and other equipment will be moved from the existing site when the rooms are ready with some new furniture already purchased (link 1.4.2.4).
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	There is a spacious lounge/dining room in the dementia unit and a small room designated to be a quiet room. The lounge/dining area has a kitchenette with the microwave and hot water in a locked cupboard. The open plan lounges/dining area is large enough for individual or group activities and is able to accommodate residents with mobility equipment. Furnishings are on site and are yet to be installed (link 1.4.2.4).

Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	The organisation outsources housekeeping and laundry services. A laundry room in the existing building is used to store dirty laundry ready for pick up. Laundry from the dementia unit will be carried to the laundry in covered bins already on site. Clean linen is brought back and put in a designated area with distribution to residents. Policies and procedures ensure all cleaning and laundry services are always maintained and functional. The cleaning manual includes instructions for cleaning. The service has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits continue to be completed as per the audit schedule to monitor effectiveness of laundry and cleaning processes and will include audits of the dementia unit.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	PA Low	The emergency and disaster manual includes dealing with emergencies and disasters, essential locations, internal emergencies, and external emergencies. Emergencies, first aid and CPR are included in the mandatory in-services programme and the annual training plan includes emergency training. A review of staff files confirmed that staff have completed induction that includes health and safety and emergency preparedness. First aid training for staff is in place with a registered nurse on duty at all times with a current first aid certificate. An orientation to the dementia unit is planned to be completed for all staff. This includes training in emergency management. The location of the main emergency control panel is in place and ready to be activated. The dementia unit will access existing alternative power systems in place to be able to cook in the event of a power failure. Emergency lighting can run for at least two hours if not more and a generator is able to provide further support for extended periods. Emergency lighting is installed in each bedroom in the dementia unit and is already able to be activated. There is a civil defence kit for the whole facility and drinkable water is stored in large holding tanks. The volume of stored water for emergencies meets civil defence guidelines. A civil defence folder includes procedures specific to the facility and organisation. A generator is supplied through a contracted service when required. The call bell system was sighted in all bedrooms, bathrooms and toilets and

		communal areas including in the dementia unit. This is already activated. The fire evacuation scheme was able to be sighted on the day of audit – dated 31 January 2014. This is not required to be changed as there have not been any structural changes to the building. The doors of the building can be locked, and security is relevant to the needs of the residents and staff with checks by staff prior to dusk. External doors in the dementia unit already have a pin code lock with this deactivated when an alarm is triggered. The locks are already operational making the dementia unit a secure unit (link 1.4.2.6). Emergency equipment including egress, sprinkler systems, smoke detectors are already installed with no changes to these in the dementia unit.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	General living areas and resident rooms in the new building are to be heated through underfloor heating. Ducts are in place but are yet to be activated. Existing rooms are heated through a heating system installed. There is plenty of natural light in all areas with external sliding doors in bedrooms on the ground floor of the new building and communal areas and windows in all rooms are able to be opened. One small room does not have outdoor windows but is designed to be a quiet room with low stimulation.
Standard 3.1: Infection control management 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.	FA	There are comprehensive infection prevention control (IPC) policies in place. There are clear lines of accountability to report to the infection control team on any infection control issues including a reporting and notification to head office policy. Responsibilities are documented as part of the policy that includes chain of responsibility and an infection control officer job description. A registered nurse is the designated infection control coordinator with support from the unit manager. There is an infection control committee that includes discussion of infection control information and review of data. The meetings are attended by staff, and minutes are available for staff if they are unable to attend. Regular six-monthly internal audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually. The unit manager confirmed that there has been input from the unit manager and infection control coordinator to ensure that the new building is appropriate to

		manage infection control. There is adequate supply of PPE for at least 2 weeks. There is pandemic plan in place. Good policies and training for staff has occurred. Staff have all had training around managing any resident or family member/visitor who is identified as potentially having Covid 19 and were able to describe application of the policies. They also state that the Public Health service and GP would be involved at any time.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	There are policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. Staff in the dementia unit have had training around restraint minimisation, safe practice and management of challenging behaviours. The clinical coordinator and unit manager stated that enablers or restraint would not be used in the dementia unit. All staff have completed training on challenging behaviour in 2020 and they have also completed this as part of the online training completed as one of the modules in the past seven weeks.

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)
Criterion 1.3.7.1 Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.	PA Low	There is a robust activities programme in the rest home and hospital. This is yet to be modified for use in the dementia unit.	An activities programme for the dementia unit is yet to be documented.	Document an activities programme for the dementia unit. Prior to occupancy days
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	Builders are on site completing the last of the refurbishment. This will include completion of replacement of the decking timber, installation of lights, floor coverings, the sluice, and chattels. Furniture (existing and new) will be moved in when completed. There is a wall width, floor to ceiling, clear glass panelled window at the end of the lounge/dining area. The	(i). The rooms have yet to be furnished and fittings/chattels installed. (ii). The floor to ceiling clear glass window in the lounge/dining room poses a potential risk for residents with dementia who have may have visuospatial concerns. Other considerations include residents who wander or fall into the window, increase environmental stimulation, or the impact of resident dignity who may be	(i). Ensure rooms are fully furnished and ensure that appropriate equipment is in place. (ii). Ensure that the lounge/dining area is safe, allows for privacy of residents, and allows for management of environmental stimulation

		unit manager stated that this will have a railing in front of it. The floor to ceiling clear glass window currently looks over a house, bush and out to sea. This window could be a potential risk for this resident group.	visible to those outside the window.	and potential risks Prior to occupancy days
Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	There is a deck area for use by residents in the dementia unit. Outdoor furniture has been ordered. The deck has been re-clad, and a high fence is yet to be put place at one end of the courtyard. The large lounge dining area has a large glass window and a deck to one side. The door to the deck is permanently locked and will only be accessible to staff. The deck is not safe for residents to access. The door was locked with a key accessed bolt on the day of audit.	(i). The deck area does not have outdoor furnishings including shade. (ii). The courtyard is open to the car park at one end and is not yet secure.	(i). Ensure that the courtyard/deck is secure. (ii). Provide an outdoor area with shade, seating and an environment that is suitable for residents in the dementia unit. Prior to occupancy days
Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.	PA Low	There is a documented orientation programme that includes fire safety and emergency equipment along with orientation of the new dementia unit.	The orientation for staff specific to the dementia unit has not yet been completed.	Complete the orientation to the dementia unit to include emergency equipment and fire safety as planned. Prior to occupancy days

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, these 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.