

Oceania Care Company Limited - Redwood Retirement Village

Introduction

This report records the results of a Partial Provisional Audit; Surveillance 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: Redwood Rest Home and Village

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: 12 November 2020

Proposed changes to current services (if any): The decommissioning of 14 beds reducing the total number of beds in the facility from 84 to 70. The change of 23 hospital beds and 6 rest home beds to become dual purpose. The 70 beds in the facility will consist of 42 dual purpose beds and 28 rest home beds. The reconfiguration of services pertaining the 23 hospital rooms (one wing) to become dual purpose, also includes the refurbishment for potential use as occupational rights agreement or premium charge rooms.

Total beds occupied across all premises included in the audit on the first day of the audit: 61

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

Redwood Rest Home and Village provides rest home and hospital level of care for up to 70 residents. There were 61 residents in the facility on the first day of audit.

This surveillance audit was conducted against a sub set of the Health and Disability Service Standards and the service contract with the district health board. The audit processes included the review of policies, procedures, residents and staff files, and observations and interviews with residents, family, management, staff and a nurse practitioner.

A partial provisional audit was also undertaken to establish the feasibility and level of preparedness of the provider to provide a reconfigured service. The proposed changes consist of: 23 hospital rooms to dual purpose rooms as occupational rights agreement or premium rooms. There will be no change to the current floor plan. The completion of the partial provisional audit confirmed the provider's preparedness to provide a reconfigured service for 20 occupational rights dual purpose rooms (previously hospital) and 3 premium dual purpose rooms (previously hospital).

There are six rest home rooms for which Redwood Rest Home and Village has notified a request for change to dual purpose during this audit. The auditors verified that the six rest home rooms are suitable for dual purpose use.

The previous certification audit identified an area requiring improvement relating to dietary assessments that has now been closed. There was an area requiring improvement relating to the timeframes of clinical assessments which remains open.

This surveillance audit identified additional areas requiring improvement in relation to the complaints' management and the maintenance of equipment.

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.		Some standards applicable to this service partially attained and of low risk.
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Information regarding the Code of Health and Disability Services Consumers' Rights, the complaints process and the Nationwide Health and Disability Advocacy Service are all accessible and available to residents and their family.

Residents are informed and have choices relating to the care they receive. Residents and family confirmed their rights are being met, staff are respectful of their needs and communication is appropriate.

Policy and procedures relating to the complaints management process comply with Right 10 of the Code of Health and Disability Services Consumers' Rights.

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.
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Redwood Rest Home and Village is part of Oceania Healthcare Limited. Oceania Healthcare Limited mission statement and values are documented and communicated to all concerned. The facility is managed by a business and care manager who has senior

management experience and receives continuous professional education in aged care. The clinical manager is a registered nurse and has responsibility for the oversight of the clinical services in the facility.

The organisation has a documented quality and risk management system that supports continuous improvement in the provision of care and services. The quality and risk performance of the facility is regularly monitored and reported to Oceania Healthcare Limited regional and national management. The facility results are benchmarked and discussed with staff in meetings, and with residents if required. Action plans are developed to address areas identified as requiring improvement.

Policies and procedures are reviewed at Oceania support office. Document control processes are implemented in the facility.

A system is implemented to report, analyse and respond to adverse events. Adverse event information is shared with affected residents and their family members of choice where appropriate. Human resource policies are in place that support good employment practice. Orientation and annual education programmes are provided and completed by staff to acquire the necessary competencies to care for residents.

There is an Oceania documented rationale for determining staffing levels and skill mixes to provide safe service delivery that is based on best practice. Staff are allocated to the different areas of facility to support residents' individual needs and to provide required services 24/7. Current staffing and service levels meet the needs of the residents and compliance requirements for the planned reconfiguration.

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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission.

The interRAI assessment is used to identify residents' needs; these are completed within the required timeframes. The general practitioner completes a medical assessment on admission and reviews occur thereafter.

Person centred care plans are developed using an electronic system and implemented within the required timeframes, they are individualised and based on an integrated range of clinical information. Residents' needs, goals and outcomes are identified. Residents and their relatives are involved in the care planning process and notified regarding any changes in a resident's health status.

Short-term care plans are in place to manage short-term issues or problems as they arise. Handovers between shifts guide continuity of care and teamwork is encouraged.

An electronic medication management system is in place. Medication management is in line with the legislation and contractual requirements. Medications are administered by registered nurses and health care assistants who have completed current medication competency requirements.

The activity programme is managed by an activities coordinator. The programme provides residents with a variety of individual and group activities and maintains their links with the community. The service uses its facility van for outings in the community. Families are able to participate in the activities programme.

The food service meets the nutritional needs of the residents. All meals are prepared on-site. The service has a current food control certificate. Kitchen staff have food safety qualifications. Residents verified satisfaction with meals.

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.
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The facility has a current building warrant of fitness. There have been no alterations to the building since the last audit.

The facility has developed a preventative maintenance and compliance schedule to ensure that the physical environment meets the needs of the residents and health and safety requirements.

All residents' bedrooms are of an appropriate size for safe mobilisation, provision of cares and manoeuvring of mobility aids and care equipment. Lounges, dining areas, conservatories and alcoves are available for residents and visitors use. External areas and gardens have free access and are maintained to ensure safety.

All rooms included in the reconfiguration plan meet the requirements of safe and appropriate environment for the residents who receive either rest home or hospital level of care.

The cleaning and laundry services are monitored. Personal protective equipment is readily available for staff.

Training, information, and equipment for responding to emergencies are provided. An appropriate call bell system is available that allows residents to access help when needed in a timely manner. Fire and emergency plans and procedures are in place. There is a system to ensure security within the premises 24/7.

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.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. On the day of the on-site audit, one restraint and seven enablers were in use. Restraint is only used as a last resort when all other options have been explored. Enablers are voluntary.

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.
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The infection control programme is appropriate to the size and complexity of the service. The infection control nurse is a registered nurse. Infection data is collated, analysed, trended and benchmarked. Monthly surveillance data is reported to staff and to the Oceania national office There have been no outbreaks since the previous audit.

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	22	0	2	1	0	0
Criteria	0	56	0	2	1	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	PA Low	<p>The organisation has a complaint policy and process to ensure that the complaints' management aligns with Right 10 of the Code. The complaint process is explained to new residents and family on admission and includes the provision of written information. Complaint forms were seen to be available in the facility foyer as well as a labelled, secure complaint box. Residents and family interviewed stated they would feel comfortable to make a complaint.</p> <p>Completed complaints forms and supporting documentation provided evidence that formal written and verbal complaints were investigated and resolved in a timely manner. Written communication to the person who made the complaint was consistently documented regarding the progress of the complaint investigation and the resolution process. However, acknowledgment of complaints did not align with the Code.</p> <p>A sighted complaints' register was current and records the date when the complaint is received, by whom, the object of the complaint, the resolution outcome, and the date of the sign off.</p> <p>The BCM stated that no complaints have been received from external agencies since the last audit.</p>
Standard 1.1.9:	FA	There is an organisation policy in place that promotes full and open disclosure to residents and families where there is an instance of actual or potential untoward event during the care of a resident. Interviews

<p>Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>with staff demonstrated understanding and implementation of the policy. Review of residents' electronic records indicated that residents and families are advised of incidents and accidents, urgent needs for review, and outcomes of cares. Interviews with residents and family confirmed they are kept informed of care progress.</p> <p>An information pack that contains all the information on the services is provided to residents and family on admission. Residents or enduring power of attorney (EPOA) sign admission agreements (sighted) on entry to the service.</p> <p>Meeting minutes evidenced residents' participation in quarterly resident meetings chaired by the business and care manager (BCM). A consumer advocate also attends. On observation, resident meetings are advertised through the activity calendar and copies of the minutes are available on display. Resident meetings provide opportunities for the BCM, the clinical manager (CM), and the heads of service departments to discuss information regarding their activities with the residents, and to receive feedback. This was verified in resident meeting minutes. Residents and staff interviewed stated that the BCM and CM are approachable and act on any concerns raised.</p> <p>There are Oceania Healthcare Limited (Oceania) policies to ensure that communication of information is adapted to the residents and families' needs.</p> <p>The CM interviewed described the use of alternative modes of interaction with people having communication impairments, including young people with a disability (YPD).</p> <p>Access to interpreters is organised through an external private service if required. Information on the of the Code of Health and Disability Services Consumers' Rights (the Code) was observed in the facility in English and te reo Māori. All residents had English as their first language at the time of audit.</p>
<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>Redwood Rest Home and Village is part of Oceania with the board, executive team, and clinical governance group providing direction and support to the service. The organisation has a vision, mission and values in place which are resident centred. The organisation values were displayed in the foyer of the facility.</p> <p>The BCM develops an annual operational and business brief for the facility that included documented goals around service performance, care standards and customer satisfaction.</p> <p>The BCM reports to a regional operations manager at least monthly and attends weekly meetings with the executive management team to coordinate services at a group level. The CM reports monthly to a regional clinical quality manager (CQM) and participates in weekly clinical forums chaired by Oceania general manager nursing and clinical strategy.</p> <p>The BCM has been in the role for almost two years. The BCM has a previous career in business</p>

		<p>management and is engaged in continuous professional development relevant to aged care services' leadership, including clinical education. The CM is a registered nurse (RN) and has worked as a RN in the facility for over a year and has been appointed to the CM role five months prior to the audit. The CM has management experience in acute nursing overseas and is enrolled in an aged-care CM leadership course with Oceania.</p> <p>The facility is certified to provide rest home and hospital levels of care for up to 84 residents. This includes 48 rest home only beds, 23 hospital beds and 13 occupation right agreement (ORA) dual purpose suites (care suites). Oceania has applied to HealthCERT for approval to decommission 14 beds, reducing the total number of beds from 84 to 70. At the time of the audit, a number of resident rooms were used as storage and service areas. Consequently, the facility had 65 beds currently available.</p> <p>Occupancy on the first day of audit was 61 residents, which included 23 residents at hospital level and 38 residents at rest home level care.</p> <p>The facility held current sighted district health board (DHB) contracts for: aged related residential care (ARRC) services; residential respite services (one resident under this contract at rest home level of care); and YPD long-term support chronic health condition services (three residents under this contract). The three YPD residents included one resident with intellectual disability at rest home level of care, one resident with physical disability at rest home level of care, and one resident with physical disability at hospital level of care.</p> <p>A partial provisional audit was undertaken to verify that 23 hospital rooms located in one wing of the facility can be refurbished into ORA/premium dual purpose rooms. The BCM confirmed that the care capacity to deliver services for residents receiving either rest home or hospital care in this area remains the same and has no increased risk. Observations, interviews, and review of data indicated that 20 rooms are suitable for use as ORA dual purpose care suites, including 3 rooms which have already been refurbished into ORA care suites. Three rooms can be used as premium dual purpose rooms but not ORA, which was confirmed by the BCM interviewed</p> <p>Oceania has also applied to HealthCERT for approval to convert six rest home beds into dual purpose beds. The six rest home rooms to become dual purpose rooms are in the adjacent area to the hospital wing. Interviews with management, staff, and observations, confirmed that all the steps have been taken to maintain the services ability to meet the Health and Disability Standards requirements and the contract with the DHB when delivering care to this six-bed area.</p> <p>Total proposed changes relate to 70 beds in the facility that include 42 dual purpose beds and 28 rest home only beds.</p>
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<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The regional team organises relief managers to ensure the day-to-day operations of the facility in case of prolonged leave from either the BCM or the CM. In the temporary absence of the facility BCM, the CM would ensure the necessary duties with the support of the regional management team. The BCM would cover the CM responsibilities in the result of a short-term absence through the help of senior RNs and the support of the regional CM if required.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>The Oceania quality improvement policy and audit plan support a quality and risk management system that promotes collaboration between the senior management team, regional managers, the BCM and the CM. Interviews with the facility managers and review of internal meetings' minutes demonstrated that a quality management process supporting continuous improvement is implemented as per policy. In this process, the facility quality performance is continuously reported to the regional and national offices through internal audit results, indicators of performance, resident's satisfaction surveys and quality projects' outcomes. The facility organises a range of meetings according to an annual schedule where quality results, risks and quality initiatives are reviewed internally.</p> <p>The facility adheres to Oceania organisation-wide policies and procedures which are subject to revision to keep currency and to align with good practice.</p> <p>The BCM and CM stated that new and revised policies are communicated to them in a timely manner. Staff are advised of policy changes at handover, via email or through printed policies available in the staff room. The CM interviewed was cognisant of the requirements of Oceania's document control policy, which includes accessing current organisation policies online and replacing outdated copies of clinical policies in the master folder.</p> <p>Review of documentation indicated that the facility implements a quality audit schedule and conducts monthly clinical performance checks. Components of service delivery are captured through a range of quality activities that include but are not limited to: key clinical indicators; accidents/incidents and sentinel events; complaints; health and safety checks; and reviews of provided services. These systems and processes inform the quality management system and were reflected in the documentation of quality gaps and initiated actions.</p> <p>A review of quality data produced by the facility evidenced: collection; collation; and identification of trends and analysis. Areas for service improvements are identified and reported in the reviewed documents.</p> <p>Meeting minutes evidenced that quality data, evaluations and decisions are discussed monthly in quality improvement meetings between the BCM and the heads of service departments, and in committees'</p>

		<p>meetings for health and safety and infection control. Quality activities are shared with RNs and with all staff in meetings that occur every two to three months. Interviews with staff confirmed that they are informed of quality activities through meetings and meeting minutes. Staff reported that they are encouraged to take part in quality activities if they wish.</p> <p>The planned residents' meetings include the YPDs and provided a platform to discuss service quality developments. The BCM and CM indicated they also seek individual feedback from the YPDs and their family. Interview with a YPD resident verified that they are satisfied with the services and equipment provided, and that their requests and preferences are taken into consideration.</p> <p>The facility quality results are scored and benchmarked against other facilities, including the results of residents' surveys.</p> <p>On observation, corrective action plans and continuous improvement projects are developed, documented, and implemented to improve quality and mitigate risks. For example, a need to improve residents' meals was identified in the last two residents' surveys. A documented action plan and series of corrective measures were initiated in response. Another area requiring improvement in comparison with other facilities is the communication with families to 'stay in touch with the resident'. A corrective action plan is being documented and implemented to address this area.</p> <p>A current hazard register and completed health and safety declaration and investigation forms were observed that identify ongoing and emerging health and safety risks. Areas of risks included the environment, service and contractors' delivery and human resource management. All risks registered have an associated rating and are reviewed annually. Staff receive health and safety training as part of their orientation.</p> <p>Interview with a health and safety representative and meetings minutes evidenced that health and safety meetings are held monthly with representatives from each service category. Key health and safety information is relayed to staff in quality improvement meetings, RNs' and all staff meetings. Corrective action plans in response to identified risks and incidents were recorded that include a person responsible, a timeframe, and an evaluation of the risk mitigation.</p> <p>Health and safety requirements on the register have been updated to reflect the new configuration of services according to the BCM interviewed.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are</p>	<p>FA</p>	<p>The BCM and CM interviewed provided understanding of their statutory and regulatory obligations in relation to essential incident reporting. The notification of the appointment of the new CM under section 31 was evidenced. Notification to the ministry of health for a new unstageable pressure injury was being processed. Notification to the Ministry of Health relating to the reduction of the total number of beds to 70</p>

<p>systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>and the reconfiguration of 6 rest home beds to dual purpose was initiated at the time of audit.</p> <p>Staff interviewed were aware of the organisation policies and procedures regarding the reporting and management of adverse events and near misses affecting residents.</p> <p>Review of accidents/incidents in electronic records demonstrated that staff document adverse and untoward events, and notify the residents family/EPOA, the nurse in charge, and the medical services when required. This was the case for the reporting of falls, wounds, medication errors, and pressure injuries for example.</p> <p>The CM is responsible for reviewing clinical accidents/incidents and for developing corrective actions that mitigate future risks.</p> <p>The examined sample of accidents/incidents evidenced that the CM reviews and closes off the accidents/incidents in a timely manner.</p> <p>Accidents/incidents are reported in the quality meetings. They inform clinical quality improvements in the organisation. For example, the CM has launched a Plan-Do-Act-Check quality improvement project based on the medication errors observed in the accidents/incidents database.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Human resources management follows an existing staffing policy which adheres to the principles of good employment practice and the Employment Relations Act 2000. The staff files reviewed demonstrated a recruitment process conformed to policy. There was evidence of referee checks, police vetting, signed employment contracts against the relevant job descriptions, a six month appraisal for newly appointed positions, and annual appraisals for other employees.</p> <p>The RNs employed by the facility have a current practising certificate on record. Specific practising certificates were identified for all general practitioners (GPs) involved with the facility, the podiatrist, physiotherapist, dietitian, four pharmacists, and nurse practitioner (NP). Copies of current driving licences were on file for those who might drive the van. The full time activities coordinator was receiving diversional therapy training and was supported by an activities assistant.</p> <p>Non-clinical staff included three cleaners, four gardeners, a maintenance person, an office administrator, two cooks and five kitchen assistants.</p> <p>The number of appointed clinical staff covers for unexpected leave and the needs of the residents. Two casual support care workers and dedicated health care assistants (HCAs) are available to support services in the ORA areas.</p> <p>The needs of the residents in the planned reconfigurations are catered for. The pool of employed HCAs and RNs has been increased.</p>

		<p>Staff files contain evidence of staff orientation to core competencies that include knowledge of the Health and Disability Consumers' Rights. The CM explained that continuous professional development takes place through an annual education calendar that conforms to legislated requirements. Education relevant to the YPDs was witnessed in the annual programme.</p> <p>An electronic learning system is used to manage training completion. Enrolment of staff into the system was verified and showed that competencies were completed, or an upcoming training was booked.</p> <p>Staff reported that the induction and training programmes are engaging and support their capacity to deliver services for the resident population.</p> <p>Interview with the CM and a recruit indicated that staff are trained to be flexible across hospital and rest home areas. The BCM and a health and safety representative confirmed that current staff agility across areas of cares and upscaling of skills support the care delivery and safety for the planned reconfigurations.</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>On interview the CM described a roster model based on bed capacity (70 beds) rather than occupancy, which means that any potential increase in the number of residents after the reconfiguration refurbishments are already accounted for.</p> <p>Skill mixes and staffing levels are maintained Monday to Sunday. Clinical staff is allocated to two main physical areas identified as 'hospital side' and 'rest home side' according to the residents' acuity needs. There is one nursing station in each side.</p> <p>The hospital side contains hospital beds and dual purpose beds. It is made up of two long connected wings in a T-bar shape, with the current ORA care suites in one wing, and the current 23 hospital beds for reconfiguration in the other. The hospital side has one RN on each shift. In the morning, there are three HCAs on long shift and one HCA on short shift for the whole area, plus one supernumerary HCA who stays in the ORA wing. In the afternoon shift, there are three HCAs on long shift for the whole area and one care support worker who provides specific support to the ORA residents. In the night, there are two HCAs who divide themselves between the two wings, ORA and hospital.</p> <p>The rest home side contains rest home beds and three rest home beds occupied by residents receiving hospital level of care. The rest home side is similar in shape to the hospital side, with two connected wings. The rest home side has one RN in the morning and evening shifts. At night, the RN located in the hospital side provides cover for the rest home side. In the morning, there are two HCAs on a long shift and one HCA on short shift. In the afternoon, there are two HCAs on long shift, one in each wing. At night, there is one HCA who covers both wings.</p> <p>The six rest home beds proposed to become dual purpose beds in the reconfiguration notification, are in the rest home side. They form a cluster and are physically closed to the hospital side. The HCAs</p>

		<p>interviewed confirmed that staff from the hospital side work collaboratively with staff on the rest home side to provide care in this area when required.</p> <p>A sample of rosters from last year verified that staff cover is ensured 24/7 at a safe staffing level. In the last six months, unplanned absences were covered by existing staff and an agency RN with a short-term contract for continuity of services.</p> <p>Residents and family confirmed adequacy of staff levels and skills to complete the required cares. Staff commented that they were sufficient in number and in levels of experience to support current cares.</p> <p>The CM and BCM are on call to support the facility with emergency matters after hours.</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>	FA	<p>A current medication management policy identifies all aspects of medicine management. Medication practices are in line with legislation and guidelines. A safe system for medicine management using an electronic system was observed on the day of audit. The required three-monthly reviews by the GP were recorded electronically. Resident allergies and sensitivities were documented on the electronic medication chart and in the clinical record.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. There are no standing orders used at the facility.</p> <p>Review of the medication fridge evidenced that the service does not store or hold vaccines and interviews with the RN confirmed this. The medication refrigerator temperatures are monitored weekly.</p> <p>Medications are stored securely in accordance with requirements. Medications are checked by two staff for accuracy in administration. Weekly checks and six-monthly stocktakes of medications are completed.</p> <p>The staff at interview demonstrated knowledge and clear understanding of their roles and responsibilities related to each stage of medication management. The RNs oversee the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness on the electronic medication record, sighted. Current medication competencies were evident in staff files.</p> <p>There was one resident self-administering medication during the on-site audit. A process is in place to ensure ongoing competency of the residents self-administering medication. Self-administration of medication is authorised by the GP. The residents under the YPD contract do not wish to self-administer medication.</p>
Standard 1.3.13: Nutrition,	FA	All meals are prepared on site and served in the dining room or in the residents' rooms if requested. The

<p>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>seasonal menu has been reviewed by a dietitian, with the summer menu implemented at the time of audit. The food control plan expires in March 2021.</p> <p>Food temperatures are monitored appropriately and recorded. The kitchen staff have relevant food hygiene and infection control training. The kitchen was observed to be clean and the cleaning schedules sighted.</p> <p>A nutritional assessment is undertaken for each resident on admission by the RN to identify the residents' dietary requirements and preferences. The dietary profiles are communicated to the kitchen staff and updated when a resident's dietary needs change and when dietary profiles are reviewed (refer to 1.3.3.3). Diets are modified as needed and the cook interviewed confirmed awareness of the dietary needs, likes and dislikes of residents. These are accommodated in daily meal planning.</p> <p>Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary. Residents and family interviewed stated that they were satisfied with the meals provided.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal sighted at the time of the audit comply with current legislation and guidelines. The cook is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges, a freezer and cool store. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>The previous corrective action related to residents' dietary requirements is now closed.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Long-term care plans are completed by the RN and based on assessed needs, desired outcomes and goals of residents. Care planning includes specific interventions for long-term problems (refer to 1.3.3.3).</p> <p>Short-term care plans are in place for all short-term problems</p> <p>The NP interviewed verified that medical input is sought in a timely manner, medical orders are followed, and care is of a high standard.</p> <p>Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. There is evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds are assessed in a timely manner and reviewed at appropriate intervals. Where wounds required additional specialist input, this was initiated.</p> <p>Monthly observations such as weight and blood pressure are completed and are up to date.</p> <p>The nursing progress notes are recorded and maintained. Family communication is recorded in the progress notes. Interviews with residents and families confirmed that care and treatment met residents'</p>

		needs.
<p>Standard 1.3.7: Planned Activities</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>	FA	<p>The residents' activities programme is implemented by the activity coordinator. They are assisted by an activities assistant who works one day a week. Activities for the residents are provided six days a week, Monday to Saturday. On Sunday a resident coordinates word games and HCAs implement activities which have been planned by the activities coordinator, for example, movies, jigsaws and quizzes.</p> <p>The activities programme was displayed on the resident noticeboards. The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. Regular van outings into the community are arranged. There are weekly church services. Residents with family living out of town or overseas are assisted to use zoom or facetime to keep in touch.</p> <p>The residents under the YPD contract confirmed that they are satisfied with activities provided, for example assisting with the garden, one on one pamper sessions and outings to maintain their community links. Two of the residents under the YPD contract enjoy independent outings with family and friends.</p> <p>The residents' activities assessments are completed within three weeks of the residents' admission to the facility in conjunction with the admitting RN. Information on residents' interests, family and previous occupations are gathered during the interview with the resident and their family and documented. The residents' activity needs are reviewed at the same time as the care plans (refer to 1.3.3.3).</p> <p>The residents and their families reported satisfaction with the activities provided. Over the course of the audit residents were observed engaging and enjoying a variety of activities.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Person centred care plan evaluations are documented by the RN. The interRAI assessments are completed within the required timeframes. Evaluations include the degree of achievement towards meeting desired goals and outcomes (refer to 1.3.3.3).</p> <p>Residents and family interviewed confirmed involvement in the evaluation process and any resulting changes. Contact with family was verified in the resident's records and documented in the individual resident files reviewed.</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>The facility follows Oceania policies and procedures for the management of waste and hazardous substances which comply with legislated requirements. Procedures described by staff for the disposal of categories of waste aligned with policies.</p> <p>Supply and management of chemicals is contracted to an external provider. Chemicals are accessed through an inline dispensing system and secure storage is provided. All chemicals in use were observed to be labelled. Mandatory education includes safe use of chemicals, waste management and infection control for all staff.</p> <p>Relevant protective clothing and equipment (PPE) supply was observed as being available to staff in different service areas and stores through the facility. On observation, staff were suitably equipped during duties that involved a risk of cross-contamination.</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>A current building warrant of fitness is displayed in the entrance to the facility. There have been no changes to the building since the last audit. The proposed reconfigurations of rooms and services does not require planned alterations to the building.</p> <p>An on-site maintenance person was five weeks into employment and is responsible for the maintenance of the rest home environment four days a week. The maintenance person is supported by the BCM during orientation to comprehend the maintenance systems required, as witnessed during the audit. A gardening team ensures the maintenance of the external grounds for the rest home and the attached village.</p> <p>There was documented and interview evidence that maintenance issues are addressed in a timely manner. The testing and tagging of equipment and calibration of medical equipment is outsourced to external providers and was observed to be current. A preventative and reactive maintenance programme is documented which covers all aspects of building, plant, and equipment maintenance to comply with standards. However, the temperatures of fridges in residents' individual rooms were not consistently tested in practice.</p> <p>A tour of the environment evidenced adequacy of the premises and equipment to support cares, which was confirmed by residents, family and staff interviewed.</p> <p>The BCM and the YPD resident interviewed confirmed that YPDs have their own personal equipment and that the physical environment is modified when possible to support mobility access and the carrying out of functional activities.</p> <p>Interviews with management indicated that additional equipment and supplies will be sourced, as required, for the planned reconfiguration. Conversion of rooms into ORA involves the fitting of kitchen cabinetry with a bench area, a small fridge, a microwave and a kettle. Upgrading of rooms to premium involves additions of light decorative fixtures but no kitchenette. The six rest home rooms do not need physical alterations to</p>

		<p>become dual purpose.</p> <p>External gardens were observed to be accessible by residents with mobility aids and provide seating and shade.</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>	FA	<p>There are adequate numbers of accessible showers, hand basins and toilets identified in the facility for residents to attend to personal hygiene. Bedrooms throughout the facility have either: full ensuites; own toilet ensuites; shared toilets; or access to communal toilet/bathing facilities. There are separate toilets for visitors in common areas.</p> <p>Handrails and call bell systems are present in all areas for safety. There are locks on communal bathrooms doors to indicate vacancy and residents' privacy was maintained by staff observed to provide assistance.</p> <p>The proposed reconfiguration of hospital beds to dual purpose ORA or premium has no bearing on the current toilet/shower/bathing arrangements or the personal hygiene services, as confirmed with the BCM.</p> <p>On inspection, the six rest home bedrooms to become dual purpose have access to toilets and showers close to the rooms. Those toilet/shower facilities are communal or private and can be accessed with mobility equipment.</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>All current bedrooms provide single accommodation. There is one set of adjacent rooms with connecting doors that can be unlocked to make a double room unit for residents who would require a shared space. Inspected bedrooms were personalised with residents' own decor and small furnishings. Bedrooms are organised to provide a seating area for the residents.</p> <p>All sighted bedrooms have enough space to move freely, including free circulation with mobility aids when required. This includes space for YPDs with a physical disability. Personal walking frames are kept at residents' bedside, while wheelchairs and mobility scooters are stored in dedicated accessible areas.</p> <p>Three hospital rooms have already been converted into ORA care suites and include the fitting of a standalone kitchenette cabinet. On observation the three rooms continued to meet the space requirements for either hospital or rest home use.</p> <p>The BCM verified in interview that the physical layout of the 20 remaining hospital rooms for reconfiguration will not be altered in the refurbishment. There is one room with no ensuite and a plan to create an opening into an existing adjacent bathroom that will match the flow observed in the other hospital rooms.</p> <p>Review of room floor measurements, the planned kitchen cabinetry measurement, and visual inspection of the rooms' configuration/flow evidenced that: three hospital rooms cannot accommodate the fixtures</p>

		<p>required for an ORA dual purpose care suite in terms of remaining space, but they can be converted into premium dual purpose rooms; seventeen hospital rooms are fit for purpose as ORA dual purpose rooms according to the current reconfiguration planning.</p> <p>The six rest home rooms that are proposed to be changed to dual purpose rooms were measured and inspected. There is enough space in those rooms to provide dual purpose care (hospital and rest home) and to manoeuvre equipment.</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>The facility offers a diversity of communal areas to meet the recreation and dining needs of the residents, which all have seating and external views. These include two dining rooms, two lounges, and smaller seating areas/alcoves throughout the buildings. Two conservatory areas and a library/meeting room offer space for private gatherings, including for the YPDs. All areas are freely accessible.</p> <p>Furniture is appropriate to the setting and the needs of the residents.</p> <p>On touring the facility, all communal areas were observed to be used by residents to engage in dining activities, relaxation, social entertainment, or to gather in small social groups and met with family/visitors.</p> <p>Two dining areas provide a table service to residents that promotes independence, as observed.</p> <p>There is a hairdresser salon on site.</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>Cleaning and laundry services are continuously monitored through residents' surveys, internal audits and complaints. Documented results showed a high satisfaction score for those services in the past year.</p> <p>Chemicals used by cleaners are provided by an external contractor who monitors formula effectiveness. A team of cleaners covers morning duties, seven days a week. The facility was noticed to be clean and tidy. Cleaning trolleys were seen to be attended by cleaning personnel or locked in dedicated rooms.</p> <p>The laundry is performed off site by another facility, except for personal items that can be washed on site when urgent. The laundry was toured and evidenced three distinct areas in use for the cleaning, collection and the delivery of laundry. Physical barriers were in place to avoid cross-contamination.</p> <p>Systems and processes for hygienic handling of the laundry were observed, which includes different coloured bags and covered bins and trolleys for its transfer.</p> <p>One sluice room was identified for the disposal of dirty fluids and waste, and the washing of care equipment. Cleaning facilities were arranged in a manner that respected a dirty and clean flow. The HCAs interviewed explained they use trolleys with closed lid containers to transport dirty items to the sluice room.</p>

<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>The facility follows Oceania documented systems for emergency planning, pandemic planning and environment security. A civil defence list was customised for the facility and reviewed. The systems in place are relevant to the needs of YPDs.</p> <p>All staff complete fire and emergency training as part of their recorded orientation and annual education. There is a nominated fire warden on duty in the main areas of the facility 24/7, including the areas where the current and proposed ORA care suites are located.</p> <p>Review of the competency log evidenced that required staff have completed their first aid training or are enrolled to renew their certificate. Verification of rosters showed that at least one staff member with a first aid certificate is on duty 24/7 in each side of the facility, the rest home side and the hospital side. The hospital side includes the current ORA care suites and the rooms to be reconfigured as ORA care suites.</p> <p>An approved New Zealand Fire Service fire evacuation plan was sighted. Interview with staff and documentation evidenced that fire evacuation drills are conducted six-monthly. A sprinkler system was observed throughout the buildings and visible signs indicated fire exits. The maintenance person undertakes monthly verification of fire doors and smoke systems, which was confirmed through interview and documentation.</p> <p>No change to the current fire evacuation plan is required.</p> <p>Stores of civil defence emergency supplies were sighted and are adequate for the size of the facility and the number of residents. Emergency stores included but are not limited to blankets, torches, batteries, cooking barbeques, and enough food for three days. Fresh emergency water is bottled, dated and was current. The BCM articulated a plan to bring a generator on-site should the main energy supply fail. Contingence supplies are in stock to cater for the needs of residents in an emergency. A stock of PPE is kept on site to address pandemic outbreaks.</p> <p>Call bells are available to summon assistance in all residents' rooms, bathrooms and toilets. Documentation and interview with the maintenance person demonstrated that the call bell system is audited monthly and maintained to be operational. The whole calling system that includes wiring is reviewed annually.</p> <p>Display systems to visualise the location of a call bell were observed in the residents' corridors and in the nursing stations. Call bells in the hospital side and the rest home side have a different sound. In the hospital side, there is always one HCA allocated to supervise the ORA beds, and one HCA allocated to supervise the hospital beds that are part of the ORA reconfiguration proposal. Hospital staff work in close proximity of the six rest home beds subject to dual purpose change on the rest home side. Staff interviewed voiced that call bells in this area are attended by staff from the hospital side if required.</p>

		<p>Interviews with staff confirmed they can locate and attend the call bells promptly wherever they work. Residents and family interviews and observations evidenced that call bells were answered without delay.</p> <p>A private company ensures the night security of the buildings. At night, outside gates, doors, and windows are locked with restricted entry. There is a system in place to track access of visitors and contractors during the day.</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>On inspection, the facility buildings were heated at a comfortable temperature by panel heaters, underfloor heating and heat pumps throughout. Fans, heat pumps on air conditioning mode, and opening of the doors let fresh air in during warm days.</p> <p>Rooms and common living areas receive natural light and are ventilated. All residents' rooms have long panel windows that can open from inside.</p> <p>The proposed bedrooms' reconfiguration has no impact on the current placement of heaters or the access to windows.</p> <p>The facility has a designated external smoking area for the residents, which provides seating and a roof.</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>Redwood provides an environment that minimises the risk of infection to residents, staff and visitors by implementing an infection prevention and control programme. The infection control nurse (ICN) has access to external specialist advice from the DHB ICN.</p> <p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control programme is reviewed annually. Staff are made aware of new infections through daily handovers on each shift, progress notes and clinical records. There are processes in place to isolate infectious residents when required. Hand sanitisers and gels are available for staff, residents, and visitors to use.</p> <p>The current infection control programme is suitable to meet the needs of the residents in the future proposed reconfiguration at Redwood.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities,</p>	FA	<p>Oceania surveillance policy describes the requirements for infection surveillance and includes the process for internal monitoring. The ICN is an RN and is responsible for infection prevention and control in the facility and has a signed position description, which includes requirements of the role and responsibilities. The ICN has completed the Ministry of Health online training for infection control.</p>

<p>and methods that have been specified in the infection control programme.</p>		<p>Short-term care plans are developed for all infections.</p> <p>Internal infection prevention and control audits are completed. Infection data is collated monthly by the CM and is submitted to Oceania national office via the electronic system. Monthly surveillance data is collated and analysed to identify any trends, possible aetiology and any required actions. This data is reported at the monthly infection control and clinical meetings.</p> <p>Benchmarking against other Oceania facilities occurs. Results are fed back to the RNs at the clinical meetings.</p> <p>Staff have received training about Covid-19 and completed competencies relating to hand hygiene, donning and doffing of personal protective equipment and how to use the outbreak kit.</p> <p>Interview with the ICN confirmed there have been no outbreaks since the previous audit. Infection prevention and control resources were available should a resident infection or outbreak occur.</p> <p>Covid-19 information is available to all visitors to the facility. Oceania information including Ministry of Health information was available on site.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Policies and procedures meet the requirements of restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers.</p> <p>The CM is the restraint coordinator and has undertaken training for this role.</p> <p>On the day of audit there was one resident using restraint (bedrails and a chair brief) and six residents using enablers (lap belts or bedrails). Use of restraint is approved by the GP following discussion with the EPOA, CM and BCM. Restraint is used as the last resort after all other alternatives have been tried. Use of enablers is voluntary. This was evident from documentation reviewed and staff interviews.</p> <p>The restraint register was sighted. All documentation for restraint and enablers in use was in line with policy.</p> <p>Restraint minimisation and safe practice education is provided to all staff at orientation/induction to the service and ongoing education is provided to staff annually.</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 1.1.13.1</p> <p>The service has an easily accessed, responsive, and fair complaints process, which is documented and complies with Right 10 of the Code.</p>	PA Low	<p>The BCM is responsible for the management of complaints. The BCM demonstrated at interview their knowledge of responsibilities in resolving complaints in a timely manner and in communicating about the actions taken to close the complaint.</p> <p>Review of complaints received in relation to care and services confirmed that the manager acted promptly in response to complaints. For all sampled complaints, there was evidence that the complainants were kept informed of the complaint investigation outcomes in writing and in the required timeframes. Communication to the complainants included the availability of advocacy services and an apology for the situation that arose.</p> <p>Records indicated that verbal conversations between the BCM and the complainants occurred close to the time when the complaint was made.</p> <p>However, the BCM interviewed confirmed that there was no procedure in place to acknowledge the complaint in writing within five working days of receipt when the complaint was not resolved within this timeframe. As a result, not all complaints observed were acknowledged in writing within five working days as per</p>	<p>Not all residents' complaints were acknowledged in writing within five working days of receipt as per Right 10 of the Code and the organisation policy.</p>	<p>Ensure all residents' complaints are acknowledged in writing within five working days of receipt.</p> <p>90 days</p>

		requirements.		
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	<p>PA Moderate</p>	<p>The initial assessment, interim care plan and initial interRAI in all clinical records sampled were completed within the required timeframes. However, in one out of five clinical records sampled, the six-monthly review of assessments and six-monthly evaluation of the PCCP was two months overdue. Another clinical record which was reviewed also evidenced that although restraint use had been reviewed within the two-month timeframe as per policy, review of other assessments and evaluation of the PCCP had not been completed (reference 2.1.1). Therefore, sampling was extended and a further four files were reviewed. In three out of four of the extended sample the required assessments and evaluation of the PCCP had not been completed within the required timeframes.</p> <p>All residents are reviewed by the GP or NP three-monthly or more often as needed. However, review of documentation and interview with the CM demonstrated that the exception from monthly visits when the resident's condition is considered stable is not being approved or documented by the GP or the NP. This is evident in the clinical records of residents admitted since the introduction of the electronic records system.</p>	<p>i) Six-monthly assessments and evaluations of PCCP are not carried out consistently within the required timeframes.</p> <p>ii) Not all residents have the exception from monthly reviews by the GP or NP documented as required under the ARRC contract.</p>	<p>i) Ensure six-monthly assessments and evaluations are carried out within the required timeframes.</p> <p>ii) Ensure all residents who are reviewed three-monthly by the GP or NP have an exemption from monthly reviews documented by the GP.</p> <p>90 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	<p>PA Low</p>	<p>There is a documented schedule of mandatory safety checks, routine maintenance and repairs that apply to the facility buildings and the equipment. Verification of sensor mats have been recently added to the schedule.</p> <p>Complete van checks, including current registration, warrant of fitness, first aid kit, fire extinguisher, and the hoist were observed and current. Hot water temperatures are assayed and documented monthly, with evidence of immediate corrective interventions when they depart from the required range. Regular calibration of the digital probe used for hot water assessment is recorded.</p> <p>There were 19 fridges in residents' individual rooms at the time of audit, which</p>	<p>The refrigerators' temperatures were not consistently monitored in the rooms where the residents have their own</p>	<p>Ensure temperatures of residents' individual fridges are consistently monitored.</p> <p>90 days</p>

		<p>included 16 ORA rooms and 3 non-ORA. The BCM stated that personal fridges will be supplied as part of the proposed reconfiguration into ORA care suites, adding at least 16 fridges to the current stock.</p> <p>The BCM articulated a plan to monitor the temperatures of the residents' fridges monthly. Oceania national office issued a new policy requirement that supports this practice.</p> <p>At the time of audit, the plan was yet to be fully implemented in the facility.</p>	fridge.	
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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.