

Oceania Care Company Limited - Awatere

Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

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

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

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

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Awatere
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 13 June 2019 End date: 14 June 2019
Proposed changes to current services (if any):	A new build of 92 dual purpose beds and the total number of beds remains 92
Total beds occupied across all premises included in the audit on the first day of the audit:	0

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

General overview of the audit

Services provided at Awatere (formerly known as Trevellyn) comprise of rest home and hospital levels of care at an existing building.

A new building has been built on a site adjacent to the existing facility. The new facility will provide services for up to 92 residents requiring rest home and hospital levels of care. Residents in the existing facility will be relocated to the new facility.

This partial provisional audit was conducted to review the new building of 92 dual purpose beds against the required subset of the Health and Disability Service Standards and the facility's contract with the district health board to establish the level of

preparedness to provide reconfigured health and disability service. The audit process included the review of policies and procedures, review of staff files, observations and interviews with residents at the existing facility, management and staff.

There were no areas requiring improvement at the previous audit.

The partial provisional audit did not identify any areas requiring improvement. The new facility is ready for occupation.

Consumer rights

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Organisational management

Oceania Healthcare Limited is the governing body responsible for the services that are currently provided at the existing facility and services which will be provided in the new facility. The mission, vision and values of the organisation are documented and communicated to all concerned.

The current facility is managed by an appropriately qualified and experienced business and care manager who will continue to manage services in the new building. The business and care manager is supported in their role by an acting clinical manager, clinical leader and the guest and services manager. The acting clinical manager is a registered nurse, responsible for clinical management and oversight of services. The management team is supported by the regional clinical quality manager and Oceania executive management team members.

Human resource policies and procedures guide practice and there is evidence that human resource processes are being followed. There is a role specific orientation programme and ongoing training to staff is provided. The service currently employs 100 staff and have recruited new staff for the planned relocation of residents to the new facility. This is documented in the transition plan to the new facility.

There is a documented rationale based on best practice for determining staffing levels and skill mix in order to provide safe service delivery. Staff and residents interviewed reported that there is adequate staff available. Proposed rosters reflect appropriate staffing requirements for the planned relocation and ongoing care in the new facility.

Continuum of service delivery

Medication is managed in a safe and appropriate manner in line with legislation, protocols, and guidelines. Medications are administered by staff who are competent to do so. No changes will be required for the service when administering medicines. The transition plan provides for a core team with appropriate skill mix, to transition with the residents to ensure medicines and care needs are provided to meet residents needs during this time.

The food service meets the nutritional needs of the residents, with individual requirements and resident preferences are catered for. Food is safely managed. All meals are prepared on-site in a large commercial kitchen. The kitchen manager and kitchen team are prepared for transitioning to the new building. There is an action plan in place to ensure food services will be provided during the transition of residents into the new building.

Safe and appropriate environment

The new building has been issued with a certificate for public use by the city council. Fire and Emergency New Zealand have approved the fire evacuation scheme of the new facility.

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

The new facility will provide residents' accommodation in studio care suites and one-bedroom care suites. All care suites have ensuite bathrooms. The care suites are spacious enough to allow for resident care and ease of movement. There are accessible and safe external areas, such as patios and balconies. Lounges and dining areas are located on each level of the new building and

are easily accessible. The facility has a functioning, monitored call bell system. Essential security systems are in place to ensure resident safety.

There are documented and implemented policies and procedures for cleaning, laundry and waste management. Cleaning services will be provided seven days a week by household staff and laundry services will be contracted offsite.

Restraint minimisation and safe practice

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Infection prevention and control

The infection control programme complies with legislative requirements and current best practice. The infection prevention and control programme is managed by a registered nurse who is experienced and appropriately trained for this role.

The programme aims to prevent and manage infections. Staff demonstrated good principles and practice around infection prevention and control.

The infection prevention and control policies guide staff practice.

Staff are supported with in-service and special education and training days. Infection prevention and control planning has been considered with the new facility design and build. The new building promotes a safe environment in relation to infection control for residents, staff and visitors. Pandemic resources are available in readiness should an infection control event occur.

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	0	0	0	0
Criteria	0	35	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Awatere Care Suites is a new build facility. A planned, staged relocation of current residents residing in the current building is documented. The building the residents are residing in currently is planned to be demolished. All current residents will be moving to the new facility. The residents' relocation timeframes are planned for early August 2019 following approval by HealthCERT. Viewing of the new building has been organised for groups of residents and their families. Residents interviewed confirmed have been kept informed of the building progress and planned relocation.</p> <p>Oceania Healthcare Limited (Oceania) has a documented vision, mission and values statements that are communicated to residents, staff and family through information in booklets, and to staff during their orientation and staff training.</p> <p>The facility is managed by a business and care manager (BCM) who is an enrolled nurse and has been in this position for two years. They have over 20 years of experience in aged residential care. The BCM is supported in their role by an acting clinical manager (ACM), clinical leader (CL) and guest services manager (GSM). The ACM is a registered nurse (RN) and has been in this position for two months and has had over four years of experience in aged residential care. The change of the clinical manager has been notified to HealthCERT. The GSM is new</p>

		<p>position and they have been employed for the new facility. The GSM commenced employment one month ago. The GSM responsibilities include, but not limited to: overseeing the cleaning services; residents' activities; hairdressing services; residents' external appointments and family support. The CL is a RN with over eight years of experience in aged residential care and has been in their current role for two years.</p> <p>The new facility is part of Oceania with the executive management team providing support to the facility. The Oceania operations manager, the project manager and the regional clinical and quality manager (CQM) provided support during this partial provisional audit. Communication between the service and Oceania executive management occurs monthly. The BCM provides monthly reports to the Oceania executive management team with progress against identified indicators.</p> <p>The service has contracts for residential care services for rest home and hospital levels of care, residential respite care and long-term support contract for chronic health conditions. The new building has been constructed to provide 92 dual purpose beds, comprising of 90 care suites of which 2 are double occupancy care suites.</p> <p>At the time of this partial provisional audit there were no residents residing at the new building. The current occupied facility's occupancy was at 76 residents on first day of the audit. There were 41 rest home residents and 35 hospital level residents. There were no respite residents at the facility or residents under 65 years of age. Included in these numbers there were four residents under the long-term support contract for chronic health conditions. These four chronic health contract residents include; three hospital and one rest home level of care.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>During a temporary absence of the BCM, the regional CQM would oversee the day to day operation of the service. This was confirmed at management interviews. The CQM would be supported by the ACM, CL, GSM, experienced RNs and the Oceania operations manager.</p> <p>In the absence of the ACM, the CL and an experienced RN, with the support and help of the BCM and the CQM, ensure continuity of clinical services.</p>
<p>Standard 1.2.7: Human Resource Management</p>	<p>FA</p>	<p>Oceania human resource management policies and procedures are documented</p>

<p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>and implemented and meet the requirements of legislation. The skills and knowledge required for each position is documented in job descriptions. Staff files reviewed demonstrated that recruitment processes for all staff include: reference checks; a signed employment agreement; specific job description; police vetting; and identification verification. An appraisal schedule is in place and all staff files reviewed evidenced a current performance appraisal.</p> <p>There are systems in place to ensure that annual practising certificates and practitioners' certificates are current. Current certificates were evidenced for all staff that require them.</p> <p>An orientation/induction programme is available that covers the essential components of the services provided. It requires new staff to demonstrate competency on a number of tasks, including residents' personal cares. Staff interviews confirmed that new staff are supported and buddied into their new roles.</p> <p>There are Oceania specific mandatory annual education, training modules and education days. Staff files and education records evidenced that ongoing education is provided. Training records evidenced that staff have undertaken an annual minimum of eight hours of relevant training. Additional education has been conducted for staff relating to new equipment at the new facility, such as: the use of the new overhead hoists which are installed in each care suite.</p> <p>Staff annual competencies are completed by care staff and include, for example: medication management; hand washing; moving and handling; wound management; infection control and restraint. Ten of the thirteen RNs have completed interRAI assessment training and competencies.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The Oceania staffing and skill mix policy provides guidance to ensure safe staffing levels within the facility meet the needs of residents' acuity and the requirements of the district health board (DHB) contract. Interviews with management and staff confirmed staffing levels are reviewed to accommodate anticipated workloads and appropriate skill mix of staff. Rosters sighted reflected that staffing levels meet resident acuity and bed occupancy for the acuity and occupancy of the current facility. Residents interviewed stated that current staffing meets their needs. Staff interviews confirmed that they have time to complete their scheduled tasks and resident cares.</p> <p>The plan for transition of residents to Awatere new build facility is documented.</p>

	<p>Review of the transition plan evidenced staff planning prior to residents' relocation to the new facility to prepare for residents' transition. Rosters for the transition have been drafted for clinical, maintenance; cleaning; administration; laundry and kitchen staff. Rosters include the number of staff, skill mix and hours of work.</p> <p>Resident transition records have been commenced with daily plans of the number of residents relocating to the new facility; the location of their new care suites; and staffing requirements for morning, afternoon and night shifts. The transition is planned to occur over a three-day period.</p> <p>Present rosters evidenced the BCM, ACM, CL and GSM work Monday to Friday each week. The staff roster evidenced three senior RNs providing the on-call service and staff interviews confirmed their awareness of the on-call processes.</p> <p>Management interviews and records reviewed confirmed there are new positions of dining room assistants that have been created and will commence upon the transition of residents to the new facility. The dining room assistants will be rostered for seven days a week, on both lunch time and evening meal service and be responsible for the servery and dining room functions on each floor of the facility.</p> <p>A physiotherapist is contracted to the service and a physiotherapy assistant is employed for 40 hours a week. Physiotherapy room was sighted on level 2 of the new facility furnished with appropriate equipment.</p> <p>The activities team members include: one diversional therapist, one activities coordinator and one activities assistant. Interview with management confirmed additional activities assistant will be employed for additional three hours a day, five days a week for the new facility. This appointment has been made.</p> <p>There was documented evidence of arrangements made with an external employment agency to provide additional nursing and trade staff on a day to day basis during the residents' transfers to the new building. There was evidence of four additional agency health care assistants (HCA) on every shift during the transfer/moving days.</p> <p>There is one contracted general practitioner (GP) for the facility and management interviews confirmed they have been kept informed of the proposed transfer days and will provide their services as previously.</p> <p>The service has a staffing plan with incremental staffing increases to ensure the needs of residents are met with the opening of the new facility. Interviews and the</p>
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		<p>proposed roster sighted demonstrated appropriate staff numbers and skill mix on each floor of the new facility. There are nurses' stations in each of the levels which are centrally positioned and enable prompt access to all care suites.</p> <p>The least number of staff at the facility will be on night shifts and will comprise of three RNs (one on each level of the building) and six HCAs (two on each level of the building).</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>The Oceania Healthcare Limited policies and processes guide medication management and is in line with required legislation and guidelines. Current medication processes will be implemented at the new facility following transition.</p> <p>Medications are checked against their prescription by a RN on arrival from the pharmacy. Medicines reconciliation is completed by the RN and GP on admission. All staff authorised to administer medicines had current competencies. Education and training in medicine management processes is provided. The drug register is maintained, and weekly checks and six-monthly physical stocktakes occur.</p> <p>Medication rooms reviewed in the current and new facility are appropriate and secure with a medicine dispensing system, free from heat, moisture and light.</p> <p>An electronic medication management system is used that meets the current legislative requirements and safe practice guidelines. Electronic administration records and specimen signatures are maintained. The medication round was observed at lunch time at the current facility and evidenced safe practice.</p> <p>The medication fridge is checked weekly and records evidenced temperatures within the recommended range. There were no residents self-administering medicines at the time of audit. Residents' can request to self-administer medicines and the ACM interviewed confirmed the process would be followed as per policy. There were no standing orders in use at time of audit.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>Food services is managed by a full-time kitchen manager (KM). The KM is supported by an executive chef and cooks, providing meals seven days.</p> <p>The new facility has a large commercial kitchen. Equipment has been purchased and installed ready for transition. Current kitchen processes will be implemented at the new facility following transition.</p>

		<p>There is a current food control plan. There is a four weekly seasonal menu last reviewed by a dietitian at organisational level in March 2019. Diets are modified as and when required. The kitchen caters to specific requests when needed.</p> <p>The KM confirmed that the RNs completes each resident's nutritional profile on admission with the aid of the resident and family. The kitchen is notified daily of changes. Meals are plated in the kitchen and delivered straight to the dining rooms on each floor. Food end cooked temperatures are monitored and are within the required temperatures. A tray service is available.</p> <p>Residents requiring extra support to eat, and drink are assisted, as observed at lunch during the on-site audit at the current facility.</p> <p>The kitchen services meet food safety requirements. A kitchen manual is available for staff in the kitchen. All staff working in the kitchen have completed food safety training.</p> <p>Food and fridge/freezer temperatures are checked and documented daily. Food in the chillers was observed to be covered and dated. All food was observed to be stored off the floor. A cleaning schedule is maintained, and chemicals are stored appropriately.</p> <p>Food audits are carried out according to their annual internal audit schedule.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are documented policies, procedures and guidelines for the management of waste and hazardous substances, compliant with current legislation and territorial authority requirements.</p> <p>The management of waste and hazardous substances at the current facility will continue in the new building. Processes for collection, storage and disposal of biomedical waste, single use items, household rubbish and recyclables are in accord with infection control principles and comply with local body requirements. A hazardous substances register is maintained and was sighted during on-site audit. The domestic waste disposal meets council requirements and is removed from site as required. Biomedical waste is disposed of in appropriate containers and these are securely stored until they are collected by a contractor. Material safety data sheets are available in the new building and were sighted.</p> <p>Staff receive training on the use of personal protective equipment (PPE) and the management of waste and hazardous substances. Personal protective equipment</p>

		<p>is available and was sighted in the new facility.</p> <p>Sluice rooms are on each level of the new facility and stocked with appropriate equipment, PPE and built to infection control standards.</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>FA</p>	<p>The new building of 92 dual purpose beds has been completed. Observation/tour of the new building evidenced building and internal fit out that is fit for purpose and ready for occupation. A certificate for public use was issued by the Hamilton City Council on 11 June 2019. This certificate for public use expires on 11 December 2019 or upon issue of the code compliance certificate, whichever is the earliest. Application for the code compliance certificate has been submitted to the territorial authority. The building warrant of fitness will be issued 12 months following the issue of the code compliance certificate, as confirmed by the Oceania project manager.</p> <p>The new building comprises of a ground floor, first floor and second floor. There are 47 studio care suites and 43 one bedroom/separate living care suites at the facility. Two care suites are of double occupancy bringing the total number of beds to ninety-two. The upper level care suites have balconies.</p> <p>Management interviews and observation confirmed there is equipment available to support residents including but not limited to: wheel chairs; shower chairs; ceiling hoists. Equipment sighted confirmed that this includes new purchased equipment, such as: beds; dining room tables and chairs; and lounge chairs.</p> <p>There are two lifts in the building, both large enough for bed/gurney access. Access to stairs is by swipe card only.</p> <p>The building has an internal courtyard with gardens, grassed area and paved space with external seating. On the external areas of the building, there are gardens and paths to allow for safe access for residents, staff and visitors. The driveway has space for cars/vans/ambulance access to the main entrance. Parking is provided. Fencing around the facility has been completed.</p> <p>A planned maintenance schedule is documented and has commenced on the new building. There was documented evidence hot water temperatures have been checked in all rooms in the new building. The hot water temperature monitoring schedule is to be conducted monthly. An interview with maintenance confirmed that where hot water temperatures had been above the recommended safe temperature, action was taken and rechecking of the temperature occurred to</p>

		<p>ensure a safe temperature was maintained.</p> <p>A reactive maintenance schedule comprises of staff identifying maintenance issues in a maintenance log book. Urgent requests are attended to promptly. A review of maintenance requests and interviews confirmed staff awareness of the processes for maintenance requests and that repairs were conducted in a timely manner. This system for reactive maintenance will continue in the new building, as confirmed at interviews.</p> <p>Staff and resident interviews and visual observation confirmed there is adequate equipment to support care, including care for residents with disabilities. There is a system to ensure that the facility van that is used for residents' outings is routinely maintained.</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>All care suites have ensuites with toilets, hand basins and showers. There are additional toilets located on each level for residents, staff and visitors. All ensuites have handrails and call bells for assistance. All doorways are wide to facilitate ease of mobility and residents' independence.</p> <p>Communal toilets are located in close proximity to lounge and dining areas, have a system to indicate vacancy and have disability access.</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>Each care suite has been designed to sufficient size to allow residents to mobilise safely around their personal space and bed area, with mobility aids and assistance.</p> <p>Residents will be able to personalise their rooms with their own furniture and belongings. Arrangements have been made to relocate residents' personal belongings from their current rooms in the existing facility to their new care suites.</p> <p>There are designated areas to store equipment such as: wheelchairs and walking frames.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age</p>	FA	<p>There are dining rooms and lounges on each level of the new building. The dining rooms are fully equipped with dining tables and chairs of appropriate design for residential care. There are two dining areas which can be divided into separate</p>

<p>appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>areas to allow for private functions by residents and family when requested. The ground floor has a café area for residents and visitors to use. The library is located on level one of the building. The physiotherapy room is on level two.</p> <p>All internal communal areas have appropriate seating and external views and balconies. In addition, there are external areas with seating and shade. Areas can be easily accessed by residents, visitors and staff. There are areas available for residents to access with their visitors if they wish.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>The new building has a laundry and service area on the ground floor. Residents' personal laundry completed on site and all other linen services will be provided by an external contractor. Clean and dirty areas are clearly delineated in the new laundry area. Colour coded, covered laundry trolleys and bags were observed to be ready for use. Staff interviewed confirmed knowledge of their role including management of any infectious linen. Linen storage areas are located at all levels of the new building.</p> <p>Cleaning services will be conducted by employed staff, seven days a week. Cleaning products will be dispensed from an in-line system. The installed dispensing system was sighted. There are safe storage areas for cleaning equipment and chemicals in the new facility.</p> <p>Sluice rooms are available for the disposal of soiled water/waste on each level of the facility. Hand washing facilities are available throughout the facility.</p> <p>The effectiveness of cleaning and laundry processes are monitored through the internal audit process. Management interviews confirmed the monitoring processes will continue in the new building.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>The facility has an emergency and business continuity plan that includes guidance for staff in the event of an emergency or disaster. It includes a variety of possible emergency events such as: fire; earthquake; flooding; hazardous substance spills; evacuation; robbery; challenging behaviour or a missing person. The plan identifies the contingency plans for potential service failures and includes considerations of all levels of resident need.</p> <p>A letter of approval from Fire and Emergency New Zealand of the evacuation scheme for the new building dated 28 May 2019 was sighted. Trial evacuations in</p>

		<p>accordance with the approved evacuation scheme are scheduled prior to the residents moving to the facility. Management interviews and records review confirmed a planned trial evacuation which is compulsory for all staff.</p> <p>Staff files and training records demonstrate that orientation and annual training includes emergency and disaster procedures and fire safety. A sprinkler system is installed throughout the facility and exit signage displayed.</p> <p>The staff competency register evidenced current first aid certificates for staff. According to the roster sighted and management interviews, there are staff members on each shift with a current first aid certificate.</p> <p>Supplies are available to sustain staff and residents in an emergency situation. Alternative energy and utility sources in the event of the main supplies failing are in place. These include but are not limited to a barbeque and gas bottles; torches and lanterns; emergency lighting; continence supplies; food and water. The capacity of the water tank for emergency supply of water is 5000 litres. The facility has a generator.</p> <p>Call bells to summon assistance when required are operational in all care suites and residents' areas. Call bells have been checked for activation and visual display by the maintenance person.</p> <p>Security services are contracted to an external security firm.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All residents' care suites and communal areas accessed by residents have safe ventilation and external windows providing natural light. Heating and cooling of communal and residents' care suites is provided by air conditioning units. There are gas fires in all residents' lounges.</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>	<p>FA</p>	<p>Awatere implements the Oceania group infection control programme. Infection control processes at the current facility will continue to be implemented at the new facility.</p> <p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control management programme is guided by the infection control manual developed at organisational level. The infection control programme and manual are reviewed</p>

		<p>annually.</p> <p>The infection control nurse (ICN) who is also a RN, has completed relevant training for this role. The ICN's responsibilities are clearly outlined in a position description. The ICN is supported by the infection prevention and control committee which includes kitchen, laundry, activities and care staff. The ICN reports directly to the ACM and the BCM. Infection prevention and control meetings are held monthly and minutes of meetings were reviewed. Infection control matters, inclusive of surveillance results, are reported monthly to the ACM and tabled at the quality and risk meetings.</p> <p>Staff interviews confirmed their knowledge of the infection prevention and control programme. The internal audit schedule includes infection control audits are completed. The ICN confirmed availability of resources to support the programme and any outbreak of infection. There have been no infection outbreaks since the last audit.</p> <p>Hand gel is available throughout the current facility and new facility.</p>
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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.

No data to display

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.