

# McKenzie Healthcare Limited - McKenzie HealthCare

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## Introduction

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

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

**Legal entity:** McKenzie Healthcare Limited

**Premises audited:** McKenzie HealthCare

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

**Dates of audit:** Start date: 24 March 2020 End date: 24 March 2020

**Proposed changes to current services (if any):** The facility has upgraded services, refurbished and built new wings. The following were verified as part of this partial provisional audit. (i) The current dementia wing (Pines wing) which includes six rooms has been extended to include a further four rooms (including one double room). The additional four rooms were originally part of Rata wing (dual-purpose wing). Total beds in the dementia unit will increase to 11. (ii) The new build (which is connected to the current facility) includes three wings (Willow, Beech and Smith) with a total of 24 new dual-purpose rooms, new administration area,

family room, offices and lounge/dining areas. One of the wings (Smith wing) is a specific palliative care unit with two resident rooms, separate/lounge dining and family room. (iii) The current village assisted care apartments (10 units) have been attached to the current facility off Birches wing by a covered corridor. All 10 apartments were assessed as suitable as dual-purpose units (3 large enough for couples and 7 suitable for single occupancy).

With the reconfiguration there will be a total of 86 beds (11 dementia beds, 62 dual-purpose beds in the care centre and 13 dual-purpose beds in the apartments). The service is planning to open the new wings early April.

**Total beds occupied across all premises included in the audit on the first day of the audit: 43**

# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

McKenzie HealthCare currently provides rest home, hospital and dementia level care to up to 49 residents. On the day of the audit, there were 43 residents.

This partial provisional audit was undertaken to assess the service the new purpose-built wings and reconfiguration of services. This audit was completed remotely with a live-streamed video tour of the environment, reviewing photos, documentation and interview with the manager.

The following were verified as part of this partial provisional audit. (i) The current dementia wing (Pines wing) which includes six rooms has been extended to include a further four rooms (including one double room). The additional four rooms were originally part of Rata wing (dual-purpose wing). Total beds in the dementia unit will increase to 11. (ii) The new build (which is connected to the current facility) includes three wings (Willow, Beech and Smith) with a total of 24 new dual-purpose rooms, new administration area, family room, offices and lounge/dining areas. One of the wings (Smith wing) is a specific palliative care unit with two resident rooms, separate/lounge dining and family room. (iii) The current village assisted care apartments (10 units) have been attached to

the current facility off Birches wing by a covered corridor. All 10 apartments were assessed as suitable as dual-purpose units (3 large enough for couples and 7 suitable for single occupancy). All areas reviewed as part of this partial provisional audit were verified as suitable for purpose.

With the reconfiguration there will be a total of 86 beds (11 dementia beds, 62 dual-purpose beds in the care centre and 13 dual-purpose beds in the apartments).

The service is managed by a general manager, who is also a registered nurse. The general manager is supported by a clinical coordinator.

The audit identified the new dual-purpose wings, extended dementia unit, serviced apartments, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home and hospital (medical and geriatric) and dementia level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new wings.

The improvements required by the service are all related to securing the dementia doors, approved fire evacuation scheme and the last of the landscaping.

## **Consumer rights**

**[Click here to enter text](#)**

## **Organisational management**

There is a current quality plan and transition plan around the increase in bed numbers. The clinical coordinator oversees the service in the absence of the general manager.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. An annual education schedule is being implemented and includes all required topics. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support and can be adjusted for support acuity levels.

## **Continuum of service delivery**

The organisations medication policy and procedures follow recognised standards and guidelines for safe medicine management practice.

Registered nurses that administer medications have completed annual medication competencies and medication education. Residents at the facility continue with their own GPs. The GPs are available on-call or directed to the on-call triage nurse. The pharmacy will continue to supply medications for the additional residents as numbers increase.

There is a fully functional kitchen and food is transported to each area and served from hot boxes. The kitchen manager is responsible for the daily meal service. The summer and winter menus have been reviewed by a dietitian. A dietitian is available as needed for residents at need. The food is transported in a hot box to the kitchenette in the combined dining lounge in each area.

## **Safe and appropriate environment**

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff.

The service has purchased all new equipment, and furniture for the new wings. There are handrails in hallways and ensuites. Hospital beds and furniture will be available in the apartments as needed.

The building is completed and furnished, and a CPU has been obtained. The facility includes an updated call bell system. There is a secure garden area off the dementia unit. There are other gardens, courtyard for rest home/hospital residents.

All new resident rooms in the dual-purpose wings and apartments have full ensuites. There are shared ensuites in the dementia unit. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

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

There are housekeeping and laundry policies and procedures in place. There is a laundry in the dual-purpose area. The majority of laundry is laundered off site. Laundry and cleaning processes are monitored for effectiveness.

There are emergency and disaster policies and procedures. The fire evacuation plan is in draft with the fire service. An on-site generator is available.

General living areas and resident rooms are appropriately heated and ventilated

## **Restraint minimisation and safe practice**

The restraint minimisation policy and procedures include definitions, processes and use of restraints and enablers. On the day of audit, there were four residents with bed rail enablers and no residents with restraint. Staff training on restraint and challenging behaviour management has been provided in 2019. An annual review was completed of the restraint minimisation programme December 2019.

## **Infection prevention and control**

McKenzie HealthCare has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The clinical coordinator (RN) is the designated infection control nurse. The monthly quality meeting and RN meetings oversees infection control. Minutes are available for staff. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on

orientation and as part of the annual training programme. There has been no outbreaks since their last audit. The service has updated the pandemic plan to prepare for Covid-19. Increasing the beds also is part of the update.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| <b>Standards</b>  | 0                           | 15                  | 0  | 2                                    | 0  | 0                                      | 0  |
| <b>Criteria</b>   | 0                           | 34                  | 0  | 3                                    | 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) |
|-------------------|--|------------------------------|--|--------------------------------|--|
| <b>Standards</b>  | 0  | 0                            | 0                                      | 0                              | 0                                      |
| <b>Criteria</b>   | 0  | 0                            | 0                                      | 0                              | 0                                      |

# Attainment against the Health and Disability Services Standards

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

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

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

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

| Standard with desired outcome   | Attainment Rating | Audit Evidence   |
|---|-------------------|--|
| <p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p> | <p>FA</p>         | <p>McKenzie HealthCare currently provides rest home, hospital (geriatric and medical) and dementia level care to up to 49 residents. On the day of the audit, there were 43 residents (six residents in the dementia unit, six rest home including one respite, 31 hospital including two YPD).</p> <p>This partial provisional audit was undertaken to assess the service, the new purpose-built wings and reconfiguration of services. This audit was completed remotely with a live-streamed video tour of the environment, reviewing documentation and interview with the manager.</p> <p>The following were verified as part of this partial provisional audit. (i) The current dementia wing (Pines wing) which includes six rooms has been extended to include a further four rooms (including one double room). The additional four rooms were originally part of Rata wing (dual-purpose wing). Total beds in the dementia unit will increase to 11. (ii) The new build (which is connected to the current facility) includes three wings (Willow, Beech and Smith) with a total of 24 new dual-purpose rooms, new administration area, family room, offices and lounge/dining areas. One of the wings (Smith wing) is a specific palliative care unit with two resident rooms, separate/lounge dining and family room. (iii) The current village assisted care apartments (10 units) have been attached to the</p> |



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|  |           | <p>current facility off Birches wing by a covered corridor. All 10 apartments were assessed as suitable as dual-purpose units (3 large enough for couples and 7 suitable for single occupancy). All areas reviewed as part of this partial provisional audit were verified as suitable for purpose.</p> <p>With the reconfiguration there will be a total of 86 beds (11 dementia beds, 62 dual-purpose beds in the care centre and 13 dual-purpose beds in the apartments).</p> <p>There is a documented 2017 – 2020 strategic/business and 2020 quality plan. The current general manager (RN) has been in the role for nine months. She is supported by a clinical coordinator.</p> <p>The management team have completed at least eight hours of professional development, related to managing an aged care residential facility including completing dementia specific training.</p>  |
| <p><b>Standard 1.2.2: Service Management</b></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 clinical coordinator provides cover during a temporary absence of the general manager.</p>  |
| <p><b>Standard 1.2.7: Human Resource Management</b></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>There are human resource management policies in place, which includes the recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of the registered nurse's practising certificate is kept.</p> <p>An orientation programme is provided to new staff. Since the last audit, all appraisals have been completed and are now up to date (sighted).</p> <p>There is an implemented 2020 in-service education programme. The 2019 and 2020 education register sighted demonstrated that all compulsory education sessions have been completed since the last audit. A competency programme is implemented for medication competent staff. A staff educator supports staff to complete education and obtain Careerforce qualifications.</p> <p>To date the service has employed a further HCA, and two more commence 30 March 2020. Advised the service has sufficient staff to cover the opening of more</p> |

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|   |           | <p>beds. Further staff will be employed as numbers increase. There are currently enough RNs to cover 24/7. Four of the 12 RNs are interRAI trained and an enrolled nurse is also interRAI trained. All registered nurses have an up to date first aid certificate.</p> <p>There are 15 HCAs that have completed the required dementia standards. The service does not allow staff to work in the dementia unit until they have completed the training.</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>An organisational staffing policy aligns with contractual requirements and includes skill mixes. The general manager and clinical coordinator work 40 hours per week and shares the 24/7 on-call duties with the senior nurses.</p> <p>There are at least two RNs on duty for the morning and afternoon shift and one on the night shift. The facility is split into seven dual purpose units; Manuka, Birches, Rata, Kauri, Willow (new wing), Beech (new wing) and Smiths (new palliative care unit) and Pines (dementia care) units.</p> <p>The current dual-purpose units (31 hospital and 6 rest home residents) are staffed by two registered nurses from 6.30 am to 3.15 pm. A third RN works from 9 am to 6 pm three days a week. The registered nurses are supported by seven HCAs (three full shifts and four short shifts). There is one RN rostered on afternoon shift supported by five HCAs (two full shifts and three shorter shifts). There is one RN and one HCA on night shift. A further RN will be added to each shift in the dual-purpose unit with an increase of 12 residents.</p> <p>The apartments are considered as part of the total increase in resident numbers and the draft roster reflects the allocation; for example, staff rostered to care for residents in Birches wing would pick up apartment residents.</p> <p>In Pines (six dementia residents), there is one HCA on duty in the morning shift and afternoon shift, and night shift. The RNs from the dual-purpose units and the clinical coordinator cover the Pines dementia care unit. An HCA from Rata wing assists with extra hours in the dementia unit.</p> <p>There is a draft roster (sighted) for the increase in 6, 12 and 22+ residents. HCA numbers/hours increase on each shift as numbers increase.</p> <p>There is a contracted physiotherapist that visits weekly and a dietitian available as needed.</p> |

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| <p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>        | <p>FA</p> | <p>The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. The service uses a medication software programme. The service uses a four-weekly blister pack system for tablets and other medicines are pharmacy packaged. There is a new purpose-built treatment room in the dual-purpose unit that is fully furnished and locked. Medication fridge and room temperatures have been commenced. The RN from the hospital also administers the medication to residents in the dementia unit.</p> <p>The manager described that a verification check is completed by the RN against the resident's medicine order when new medicines are supplied from the pharmacy. Education on medication management has occurred with competencies conducted for the registered nurses and senior healthcare assistants with medication administration responsibilities. A self-administer procedure is in place if needed.</p> <p>Medication audit was last completed March 2020 with a 100% outcome.</p> <p>All residents have their own GP. There are four GP practices involved with the service. There is one house GP that takes on new residents if they don't have a local GP. There is an after-hours system in place if no GPs are on-call. The service has a contract with a local pharmacy.</p> |
| <p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p> | <p>FA</p> | <p>There is a fully equipped commercial kitchen for the facility that has been gutted and refurbished December 2019. There is a head chef, two assistant cooks and two kitchen hands. All food is prepared and cooked on site. The kitchen is large enough to manage meals for the increase in resident numbers. All kitchen staff except a newly employed kitchenhand have completed food safety training. The menu has been approved by a dietitian and a food safety plan expires December 2020. A food services manual is available to ensure that all stages of food delivery to residents comply with standards, legislation and guidelines. All fridges and freezer temperatures are recorded daily on the recording sheet. Food temperatures are recorded daily. Meals were provided in three dining rooms and transported in hotboxes. Hot food temperatures were taken at each meal service and these are recorded. There snacks available for residents outside of mealtimes. A tray service is available if required by residents.</p>   |

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|   |        | <p>Advised that all residents have a nutritional profile developed on admission, which identifies their dietary requirements, likes and dislikes. Advised that this profile is reviewed six monthly as part of their care plan review. Changes to residents' dietary needs are communicated to the kitchen staff. Special diets can be catered for. Alternative meals can be accommodated if needed.</p>   |
| <p><b>Standard 1.3.7: Planned Activities</b></p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>                              | FA     | <p>There are three activity staff (two diversional therapists, and an activities assistant) who are responsible for the planning and delivery of the individual and group activities programme with assistance from staff. There are organised activities for five days per week with activities staff. Planned weekend activities are delivered by the healthcare assistants. The DT supports HCAs to undertake activities with residents across the day in the dementia unit. The group activities programme is developed monthly, and a copy of the programme is available in the lounge and on noticeboards.</p> <p>The group programme includes residents being involved within the community. The service has its own van and access to a locally run community van which can take two wheelchairs and two residents. The DT drives the van and has a current first aid certificate.</p> |
| <p><b>Standard 1.4.1: Management Of Waste And Hazardous Substances</b></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> | FA     | <p>There were implemented policies to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons, and goggles are available. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals are stored safely throughout the facility, including the dementia unit. Safety datasheets are available. There are two sluices in the dual-purpose wings.</p>  |
| <p><b>Standard 1.4.2: Facility Specifications</b></p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>   | PA Low | <p>The building has a current building warrant of fitness. The building has been completed and the CPU has been obtained and sighted (26 March 2020). The maintenance person addresses daily maintenance requests. There is a 12-monthly planned maintenance schedule in place that includes the calibration of medical equipment and functional testing of electric beds and hoists. Hot water temperatures in the new resident areas have been monitored and stable between 43-45 degrees Celsius. Contractors are available for essential services. The new</p>   |

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|   |           | <p>wings have wide corridors with handrails and sufficient space for residents to mobilise using mobility aids. There is a corridor between the apartments and the Birches unit. There is a new administration entrance and offices. Nurses stations are well-positioned with windows into the lounges in the dual-purpose units and also in the dementia unit. The facility is carpeted throughout with lino in bathrooms and kitchenettes.</p> <p>New equipment has been purchased for the new wings including standing and sling hoists, shower chairs and shower bed. Hospital beds are available for assisted care unit residents that are assessed as rest home or hospital level care.</p> <p>The service employs grounds and garden staff that maintain the external areas. Residents have access to outdoor gardens and courtyards safely. Seating and shade is available. The dementia unit has an accessible and secure outdoor garden that has a circular walking track.</p> <p>There are some outdoor areas around the new wings that are still in the process of being fully landscaped and completed including a handrail off the Birches wing ramp.</p> |
| <p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p> | <p>FA</p> | <p>The 24 new dual-purpose rooms have all single ensuites that are spacious enough for mobility equipment. The extra four rooms that will become part of the dementia unit have shared ensuites. There are locks to maintain privacy. There were communal toilets located close to the communal areas. Toilets have privacy locks. All assisted care units have an ensuite. There is a mobility bathroom in the dual-purpose unit with shower bed.</p>  |
| <p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>   | <p>FA</p> | <p>All residents' rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and bathrooms. The new dual-purpose rooms in Willows and Beech have ceiling hoists. There are two double-rooms in Manuka and Rata wings that can be used for couples. These are currently used as single rooms. With the extension of the dementia unit there will be one double room. This will be used as a single and only used as a double if absolutely necessary and with family consent. Curtains are available for privacy as needed. Residents are encouraged to personalise their bedrooms.</p>   |

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| <p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p> | FA     | <p>There is a combined lounge and dining room in the dementia unit that is large enough for an increase in residents. There is a new lounge and dining room in the newly built dual-purpose wings. There is another large lounge in the current dual-purpose wings. All areas are large enough for mobility equipment. There are also two resident/visitor lounges available. There are seating alcoves available for quiet private time or for visitors. The communal areas were easily and safely accessible for residents. There is a small lounge/dining area in the assisted care unit (apartments). All residents in the apartments also have their own lounge and kitchenette. Residents can also access the main lounge/dining area in the dual-purpose unit.</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>The facility has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits were completed as per the internal audit programme. The laundry has an entry and exit door with defined clean/dirty areas. The service has a secure area for the storage of cleaning and laundry chemicals for the laundry. Laundry is laundered off site and picked up and delivered daily. Only personal laundry is completed on site.</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>  | PA Low | <p>There are emergency and disaster manuals to guide staff in managing emergencies and disasters. Emergency management, first aid and CPR are included in the mandatory in-service programme. There is a first aid trained staff member on every shift and accompanying residents on outings. McKenzie HealthCare has updated their fire evacuation plan which is currently with the fire service awaiting approval. Fire evacuation drills occur six monthly, with the last drill occurring 23 March that included the newly built wings and apartments.</p> <p>Smoke alarms, sprinkler system and exit signs are in place. The service has alternative cooking facilities (BBQ) available in the event of a power failure. There are two back-up generators and diesel fuel supplies to run this, the heating is diesel fuelled and can continue in a power outage. There are civil defence kits in the facility and sufficient stored water in tanks.</p> <p>Call bells are evident in resident's rooms, lounge areas, and toilets/bathrooms in</p> |

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|  |    | all new areas. Advised that residents will be given call bell pendants in apartments. The call bell system is currently an integrated Wi-Fi/internet-based system provided by "Ascom" and currently alerts pagers only. Advised that the call bell system will change this week to have the ability for each pager to be a telephone providing both internal and external communication.  |
| Standard 1.4.8: Natural Light, Ventilation, And Heating<br>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.                      | FA | General living areas and resident rooms are appropriately heated and ventilated. There are radiators in residents' rooms and heat pumps in community areas. There is a combination of underfloor heating and heat pumps in the new wings. All rooms have external windows or sliding doors to patios with plenty of natural sunlight.   |
| Standard 3.1: Infection control management<br>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service. | FA | McKenzie HealthCare has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The clinical coordinator (RN) is the designated infection control nurse. The monthly quality meeting and RN meetings oversees infection control. Minutes are available for staff. Audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation and as part of the annual training programme. There has been no outbreaks since their last audit. The service has updated the pandemic plan to prepare for Covid-19. Increasing the beds also is part of the update. |
| Standard 2.1.1: Restraint minimisation<br>Services demonstrate that the use of restraint is actively minimised.  | FA | Restraint practices are only used where it is clinically indicated and justified, and where other de-escalation strategies have been ineffective. The policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. On the day of audit, there were four residents with bed rail enablers and no residents with restraint. Staff training on restraint (97% staff completed) and challenging behaviour management (76% staff completed) has been provided in 2019. An annual review was completed of the restraint minimisation programme December 2019 (sighted).  |





## Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

| Criterion with desired outcome   | Attainment Rating | Audit Evidence  | Audit Finding  | Corrective action required and timeframe for completion (days)                               |
|--|-------------------|---|--|--|
| Criterion 1.4.2.6<br>Consumers are provided with safe and accessible external areas that meet their needs. | PA Low            | The dementia unit has an accessible and secure outdoor garden that has a circular walking track. There are internal courtyards and external areas available for residents. There are some outdoor areas still in the process of being fully landscaped and completed including a handrail off a ramp. | There are some outdoor areas still in the process of being fully landscaped and completed including a handrail off a ramp. | Ensure all landscaping and paths are completed or fenced off until completed.<br><br>90 days |
| Criterion 1.4.7.3<br>Where required by legislation there is an approved evacuation plan.                   | PA Low            | There is a current fire evacuation procedure that has been updated and is with the fire service. All fire exits and required smoke alarms have been completed and signed out as part of the CPU.  | There is an updated fire evacuation procedure in draft that is with the fire service.                                      | Ensure the fire evacuation is approved.<br><br>60 days                                       |
| Criterion 1.4.7.6  | PA Low            | The door between Rata and Pines   | The door between Rata and Pines  | Ensure the doors to  |

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| <p>The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.</p> |  | <p>(dementia) will be moved with the extension of the Pine unit. The locked door between Pines unit and Smith unit is currently closed off. This will become a secure entrance door into Pines unit. Doors are not yet activated.</p> | <p>(dementia) will be moved with the extension of the Pine unit. The fire door between Rata and Pines is yet to be moved and with fob entrance activation. The locked door between Pines unit and Smith unit is currently closed off and not yet activated.</p> | <p>the dementia units are fully secure with fob access for staff.</p> <p>Prior to occupancy days</p> |
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.