

Westmar 2021 Limited - Westmar 2021

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Westmar 2021 Limited

Premises audited: Westmar 2021

Services audited: Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 15 November 2021 End date: 15 November 2021

Proposed changes to current services (if any): A letter from the Ministry of Health dated 24 September 2021 identified the intention to decreasing rest home care beds from 22 to 19 beds.

and increase dementia care beds to up to 13 beds. The service has a two-phase plan to reach the numbers identified. Phase one (verified during this partial provisional audit) is as follows:

The proposed reconfiguration of the service includes an increase in the dementia wing by adding six beds in the rest home to the dementia wing. This will increase the number of dementia rooms from seven to 13. This will decrease the number of rest home rooms from 21 to 15. The total number of beds will remain 28 beds.

Phase two has not yet started.

Total beds occupied across all premises included in the audit on the first day of the audit: 18

Executive summary of the audit

Introduction

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

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

General overview of the audit

Westmar 2021 (Ltd) is privately owned since May 2021 and provides rest home and dementia level of care for up to 28 residents. On the day of the audit, there were 18 residents in total.

The partial provisional audit was undertaken to verify the reconfiguration of current rest home and dementia beds. Six existing rest home beds will be added to the dementia wing. The total beds in the dementia wing will increase from seven to 13. The total number of beds in the rest home will then reduce from 21 to 15. The total number of beds will be unchanged.

The organisation consists of two directors who own the business. They have previous experience in aged care. One director operates as a part-time non-clinical manager and the other (a registered nurse) operates as the full-time facility manager.

The service has addressed the following shortfalls from their previous provisional audit around care planning, medication documentation, medication competencies, first aid certificates, and availability of hand sanitiser.

This partial provisional includes four shortfalls related to safe storage of chemicals, the building warrant of fitness, to secure the dementia wing and provide a hazards free environment.

Consumer rights

Not applicable to this audit.

Organisational management

Organisational performance is monitored through a number of processes to ensure it aligns with the identified values, scope, and strategic direction. The service has a business plan for 2021-2022. There are policies and procedures to provide appropriate support and care to residents at rest home and at dementia level care.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has 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 current roster provides sufficient and appropriate coverage for the effective delivery of care and support and can be adjusted for support acuity levels.

There is a transition plan to accommodate the reconfiguration of bed numbers. There are no changes required to staffing, rostering, orientation, and training as a result of the reconfigured rooms.

Continuum of service delivery

The registered nurses are responsible for the development of care plans which include interventions.

The diversional therapist implements the activity programme to meet the individual needs, preferences, and abilities of the residents. Community links are maintained. There are a variety of activities that are meaningful and age appropriate to the

residents. There are no changes planned to either increase hours or staffing when the rooms are reconfigured, and the programme will continue as planned.

There are medication management policies in place that meet the legislative requirements. Staff responsible for administration of medications complete annual medication competencies and education. Medication charts have photo identification and allergy status noted. Medication charts are reviewed three-monthly by a general practitioner. There are no changes required to the medication systems as a result of the increase in dementia beds and decrease in the number of rest home beds.

Kitchen services meet resident's individual dietary needs. There are snacks available over a 24-hour period. The same food service processes that are in place currently will be used when the change in bed numbers is confirmed.

Safe and appropriate environment

This partial provisional audit focused on the verification of the six bedrooms currently in the rest home to become six beds in the dementia unit. The bedrooms are suitable for residents in the dementia unit. The current dementia unit is secure.

There is an emergency management plan to guide staff in managing emergencies and disasters. Six monthly fire drills occur. Staff have been orientated to the changes in the dementia and rest home areas. Civil defence supplies are in place with no changes to the number of supplies required.

Restraint minimisation and safe practice

Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort. At the time of the audit there were no residents using restraint or enablers. Staff receive regular education and training around management of challenging behaviour.

Infection prevention and control

The infection control programme, its content and detail is appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator is responsible for coordinating and providing education and training for staff. The infection control coordinator has attended external training. The infection control manual outlined the scope of the programme and included a range of policies and guidelines. The infection control programme will not change because of the reconfigured service.

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	1	2	0	0
Criteria	0	35	0	1	3	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>	<p>FA</p>	<p>Westmar 2021 (Ltd) can provide care for up to 28 residents. The service currently has a 21-bed rest home including three double rooms and 7-bed dementia care unit. On the day of the audit there were 18 residents in total. This includes 11 residents in the rest home and 7 residents in the secure dementia unit. There was one rest home resident on a younger person’s disability (YPD) contract and all other residents were under the Aged Residential Care (ARC) contract.</p> <p>This partial provisional audit has verified the reconfiguration of beds across the rest home and dementia unit. Six rest home beds will move to the dementia unit with the change of a secure door. The dementia unit will increase from seven to 13 beds and the number of rest home beds will decrease from 21 to 15. The total number of beds will remain at 28 beds.</p> <p>The provider has managed Westmar 2021 (Ltd) since May 2021. The owners are experienced directors/managers and have owned another rest home care facility for the past six years. The owner/ facility manager (a comprehensive registered nurse) oversees delivery of care services (30 hours a week) and is supported by a second owner for daily operations, finance, and maintenance. The management team are also supported by a part time registered nurse (RN), enrolled nurse</p>

		<p>(EN) and qualified diversional therapist (DT).</p> <p>The service has a business plan for 2021-2022. The mission statement sets out the vision and values of the service and is displayed at the entrance to the facility and in the information pack. The information pack includes information related to rest home care and dementia level of care.</p> <p>Both the managers and the registered nurse have attended at least eight hours education around the management of an aged care facility.</p> <p>There is a transition plan in place to guide the increase to the number of dementia beds and the decrease the number of rest home beds.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>During the temporary absence of the owner/ facility manager, the second owner, the registered nurse and diversional therapist ([DT] will oversee daily operations. In the absence of the part time registered nurse, the facility manager will provide clinical oversight.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resources policies including recruitment, selection, orientation and staff training and development. Five staff files reviewed (one DT, one RN, two caregivers and one cook) showed appropriate employment practices and documentation. Four staff files reviewed for staff who have been employed for more than 12 months contained a current annual performance appraisal. The recruitment and staff selection process requires that relevant checks be completed to validate the individual's qualifications, experience, and suitability for the role. Current annual practising certificates are kept on file.</p> <p>The orientation package provides information and skills around working with residents with rest home and dementia level care. Orientation documentation are job specific and also key elements including health and safety, emergency preparedness, documentation and reporting, infection control including hand washing competencies. Orientation to the reconfigured rest home and dementia unit has been completed by staff.</p> <p>There is an annual training plan in place for 2021. The service has implemented an online training programme to supplement face-to-face training sessions and through this there has been an increase in training attended by staff over the past six months. There are sufficient staff trained in dementia care to cater for the</p>

		<p>maximum of 13 residents at dementia level of care.</p> <p>The registered nurse (RN) is a CareerForce assessor and supports staff to complete education and obtain CareerForce qualifications. There is a total of 15 caregivers, who are encouraged to complete New Zealand Qualification Authority (NZQA) education. There are six caregivers with level 4 NZQA, two caregivers with level 3, and six caregivers with level 2. The caregivers with level 4 NZQA are currently working in the dementia unit. There are 2 registered nurses (including the manager), and both are competent in interRAI.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. The current and proposed roster provide sufficient and appropriate coverage for the effective delivery of care and support. The facility manager (registered nurse) is on call after hours for clinical and non-clinical issues and supported by the second owner (non-clinical issues). Caregivers have access to the 'extended rural care paramedic service' for afterhours care.</p> <p>The manager (registered nurse) works full time and is on site for six hours a day, five days a week (including weekend). She alternates her days with the availability of the second RN. There is a part time RN (24 hours) on site on a morning shift from 8 am to 4 pm twice a week and one night shift, an EN works Saturday and Sunday afternoon shifts.</p> <p>In the rest home (21 beds currently with 11 residents): there are two caregivers (one med comp) on the morning shift (7 am to 3.15 pm and 7 am to 3 pm), one caregiver (one med comp) on the afternoon shift (3 pm to 11.15 pm) and one on the night shift. There is a housekeeper daily from 8 am to 1.30 pm and divides her time between the two wings.</p> <p>In the dementia unit (seven beds and seven residents): there is one caregiver on the morning shift (7 am to 1.30 pm); one caregiver on the afternoon shift (3 pm to 11 pm) and one on the night shift. The DT/assistant manager oversees the activities in the rest home and dementia unit. All caregivers have completed training around the activity programme.</p> <p>Staff from the rest home relieve the caregiver in the dementia unit for a break where needed. All call bells have 'call assist,' another caregiver can be called to help where needed in the dementia unit.</p>

		The interview with the facility manager confirmed staff numbers will remain the same for both the rest home and dementia unit when the reconfiguration takes effect.
<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 medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. Shortfalls identified at the previous audit in the documentation for medication reconciliation and medication competency required has been addressed. All medicines are stored securely. Registered nurses and caregivers' complete annual medication competencies and medication education. The shortfall related to competency of staff administering medication identified at the previous audit has been addressed. There are no controlled drug medications in use. The shortfalls related to medication management around controlled drugs identified at the provisional audit have been addressed.</p> <p>The medication room is centrally located in the rest home near the nurse's station. RNs or a medication competent caregiver complete the administration of medication in the rest home and continues with the medication trolley into the dementia unit. The medication fridge temperature and medication room temperature are being monitored daily and both were within acceptable limits. There will be no changes to the medication room location, medication trolley and current medication management practices.</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>All meals at Westmar are prepared and cooked on site. The kitchen is based in the rest home with a servery opening out to the rest home dining area. There is a four-weekly seasonal menu which has been reviewed by a dietitian. Dietary needs are known with individual likes and dislikes accommodated. All food preferences are met. Fridge and freezer temperatures are taken and recorded daily. End cooked food temperatures and food temperatures prior to the food being served to the residents are recorded. A current food control plan is in place expiring July 2022.</p> <p>There is a cook who is supported by kitchen hands, and all have completed food safety education. Residents' nutritional assessment including likes and dislikes are identified and provided to the kitchen on admission. The cook interviewed is knowledgeable regarding specific residents needs including those with diabetes,</p>

		<p>unintentional weight loss and recent dietitian input.</p> <p>Meals are plated in the kitchen and delivered on covered trays to the dining area of the dementia wing with meals served directly served from the kitchen to the dining room in the rest home. The kitchenette in the dementia wing has storage for cutlery and a fridge for storage of fruit and other food items. Snacks are available 24/7 and special cutlery is available when needed.</p> <p>The dining room in the dementia wing will easily accommodate the increase in resident numbers, sufficient seating and space is available. There are no changes expected to the food service or environment due to the reconfiguration of the service.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Five residents' (two from dementia unit and three rest home including LTS-CHC) paper based long-term care plans were reviewed. The interRAI assessment triggers and scores forms the basis of the long-term care plan. Residents care interventions documented support to meet their individual needs and goals. The long-term care plan identifies interventions that cover a set of goals including managing medical needs/risks. Alerts on the resident's profile page identify current and acute needs such as (but not limited to); current infection, wound or falls risk. Short-term needs are added to a short-term care plan. The two residents in the dementia wing files included a 24-hour activity plan and recreational plan with documented individual daily routine, behaviours, triggers, and activities to distract and de-escalate behaviours. The long-term care included specific medical risks and detailed behaviour management plan.</p> <p>Two rest home residents interviewed confirmed they are satisfied with the care provided to them.</p> <p>Care plans evidenced interventions to meet the needs of residents as identified through the assessment and care planning process. The shortfall identified at the provisional audit has been addressed.</p>
<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</p>	FA	<p>The DT is employed for 30 hours a week (Monday to Friday) and has been in the role for 14 years. The DT is implementing and overseeing the activities in the rest home and dementia wing. Three volunteers who assisted with delivery of activities across seven days a week prior to Covid-19 risk had been screened,</p>

<p>their needs, age, culture, and the setting of the service.</p>		<p>fully vaccinated and ready to return to assist with weekend activities.</p> <p>A resident profile is completed soon after admission. Each resident has an individual activity plan developed within three weeks, which is reviewed at least six-monthly.</p> <p>A monthly planner is developed by the DT for each unit (rest home and dementia unit) to include resident favourites such as housie, newspaper reading, word games, crafts, quizzes, exercises, manicures, and daily walks (weather permitting). Church services are held each Sunday, and communion is held for residents. Activities promote inclusion, interaction, and strong community values. Activities in the dementia unit have a strong focus on sensory stimulation and are unhurried. There is a small lounge available that is a quiet space for residents who do not want to participate in group activities. The environment in the dementia unit enables individuals to find their way with ease and independence.</p> <p>Volunteers in the dementia wing assist with activities between 3 pm and 5.30 pm. Activities are provided by caregivers and volunteers over the weekends. A DT cupboard has been set up in the dementia unit to support caregivers completing activities with the residents. The DT manager has trained caregivers around providing activities with residents. The activities are provided from 9.30 am to 5.30 pm in the dementia unit.</p> <p>The residents in the dementia wing have a 24-hour diversional plan to assist the caregivers in the individual's daily routine, specific behaviours, triggers, and de-escalating activities. On the day of the audit residents were observed to play bowls /petanque (including residents from the dementia wing) in the lounge. Being situated in a small community, close links with the community is supported and promoted within the Covid-19 restrictions allowed. There are twice weekly outings available, and the DT accommodates residents' interests. The service receives feedback on activities through one-on-one feedback, residents' meetings, and annual surveys. The last resident survey completed in June 2021 evidenced general satisfaction with activities provided, there were no corrective actions required for improvement of activities.</p> <p>Quality of life/DT internal audit is completed six monthly and last completed October 2021 and residents/relatives are encouraged to have input in activity choices through a six-monthly questionnaire.</p> <p>There will be no immediate changes to the activity programme or to staffing when the dementia unit beds increase (to 13) and the rest home beds decrease (to 15).</p>
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<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>PA Moderate</p>	<p>There are implemented policies in place to guide staff in waste management. Chemicals sighted were labelled correctly in the original containers, and safety data sheets and product information are readily available to staff. Not all chemicals were stored safely.</p> <p>Gloves, aprons, and visors are available, and staff were observed wearing personal protective clothing while carrying out their duties. RNs and caregivers interviewed confirmed enough pandemic supplies are available. Staff have completed chemical safety training. There are implemented policies in place to guide staff in waste management. There are hand sanitiser dispensers available and accessible to use at the entrance of each unit.</p> <p>The management of waste and chemicals will remain unchanged when the reconfiguration of the service is actualised.</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 Moderate</p>	<p>Westmar currently has 21 rest home beds currently and a secure seven bed dementia wing.</p> <p>This audit has verified the inclusion of the six rest home beds to be added to the dementia unit. This will increase the number of dementia wing beds to 13 and decrease the number of rest home beds to 15. The total number of beds remains at 28. The entry door to the current dementia unit is secure but the unit is not yet secure to include a further six beds.</p> <p>The facility has a building warrant of fitness (BWOFF) which expired on 20 August 2021.</p> <p>The owner is responsible for maintenance and has overall responsibility for building compliance. A maintenance folder is maintained, including a record for preventative and reactive maintenance electrical testing, and tagging, calibration of clinical equipment, and monthly hot water temperatures. Equipment has been tested and tagged. Medical equipment has been calibrated. Hot water temperatures in resident areas are maintained below 45 degrees. Essential contractors are available 24-hours.</p> <p>There are sufficient supplies of equipment including wheelchairs, oxygen concentrators, sensor mats, pressure relieving mattresses and equipment for clinical assessments such as thermometers and sphygmomanometers. The</p>

		<p>physical environment in both areas allows easy access/movement for the residents. Hazards were identified during the audit.</p> <p>The furniture in the rest home and dementia areas is appropriate for the number of residents including accommodation of the reconfiguration of the units and is adequate to accommodate the proposed reconfigure of the beds.</p> <p>There have not been any structural changes made to the facility to accommodate the current reconfiguration.</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>Resident rooms have handwashing facilities. All communal toilets and showers have appropriate signage and locks on the doors. Fittings, fixtures, and flooring is appropriate. Communal staff and visitor toilets are identifiable and equipped with locks, flowing soap, and paper towels. All rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids.</p> <p>The number of toilets and showers in both the rest home and dementia units have not been changed since the reconfiguration. The reconfigured dementia wing (13 beds) has four toilets and two communal showers which is adequate for the increased number of residents in that unit.</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 resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms.</p> <p>The six beds that have been changed to accommodate residents who require dementia level of care are appropriate to the needs of residents. There are no changes to the bedrooms, and personal spaces are appropriate to accommodate the level of care required. There are three certified double rooms in the rest home.</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</p>	FA	<p>In the dementia wing, there is a combined dining and lounge area to meet the dining and seating for relaxation requirements. There is also a quiet lounge in the dementia unit.</p> <p>In the rest home, there is a dining room adjacent to the kitchen area that provides</p>

<p>relaxation, activity, and dining needs.</p>		<p>adequate space for rest home residents to enjoy their meals. There is a large lounge used for activities and a separate lounge area adjacent for residents who choose not to participate in activities to enjoy.</p> <p>All areas are easily accessible for the residents. The furnishings and number of seating are appropriate for the resident groups in both the rest home and dementia unit. Residents were seen to be moving freely within the communal areas throughout the audit.</p> <p>There are no further proposed changes to the communal areas.</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>There is a designated housekeeper who completes the cleaning and laundry service. The cleaning trolley is well equipped, and all chemicals are labelled. Protective wear including plastic aprons, gloves, masks, and goggles are available in the laundry. There is a sluice available adjacent to the laundry for soiled linen. Staff observed on the day of audit were wearing correct protective clothing when carrying out their duties. There is a documented process to utilise colour coded laundry bags, buckets with lids to transport incontinence products and soiled linen.</p> <p>The laundry has a clean/dirty flow. Internal audits monitor the effectiveness of the laundry and cleaning service. An external contractor services and maintains laundry equipment. Residents expressed satisfaction with cleaning and laundry services.</p> <p>There will be no proposed changes to the cleaning or laundry services to accommodate the change in bed configuration.</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>PA Low</p>	<p>There is an emergency management plan to guide staff in managing emergencies and disasters. The facility has an updated and approved fire evacuation scheme letter, dated 12 January 2021. There have not been any structural changes made since the fire evacuation scheme was signed off. Fire evacuation drills are completed every six months (last occurred in September 2021).</p> <p>Emergency preparedness and evacuation procedures are part of staffs' initial orientation and conducted annually. Civil defence supplies are checked six-monthly. The facility has back-up lighting for up to four hours, a generator for</p>

		<p>power and sufficient food and personal supplies to provide for its maximum number of residents in the event of a power outage.</p> <p>There are alternative cooking facilities available with a gas barbeque and gas cooker. There is a water tank (1,000 litres) situated at the back of the facility that ensures sufficient water supply. The staff are responsible for checking the facility for security purposes on the afternoon and night shifts.</p> <p>Call bells in the dementia wing include a 'call assist' button and can be heard in the rest home. There is a list of staff and numbers for emergency contacts. The nurse call system is appropriate for the size of the facility and call bells are accessible in the rooms, toilets, and communal lounge area. There is a staff member on each shift with a current first aid certificate. The DT is the designated van driver and has a current first aid certificate. The shortfall in the provisional audit has been addressed</p> <p>There are sufficient pandemic supplies and isolation kits stored. A first aid kit is available in the van and at the nurse's station.</p> <p>There are no changes required to emergency systems. Changes to the secure door into the unit is yet to occur.</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>General living areas and all resident rooms are appropriately heated and ventilated. Panel heaters, ceiling heating and a heat pump are in place. All resident rooms and the communal area have external windows that open, allowing plenty of natural sunlight.</p> <p>In the dementia unit, there is a heat pump in the lounge/dining area and individual electric heaters in the resident rooms and hallways.</p> <p>There are no changes to lighting, ventilation, or heating with the reconfiguration of the service.</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</p>	<p>FA</p>	<p>Westmar 2021 (Ltd) has an established infection control programme. The infection programme is appropriate for the size, complexity and degree of risk associated with the service. An RN (part time) is the designated infection control person with support from all staff. There is a job description available with clear lines of responsibilities. Infection control matters are routinely discussed at all</p>

<p>scope of the service.</p>		<p>quality/staff meetings. Education has been provided for staff including use of PPE, donning, and doffing and handwashing. The infection control programme has been reviewed in March 2021.</p> <p>There are hand sanitiser dispensers available throughout the facility.</p> <p>There is a site specific Covid-19 prevention plan to align with the appropriate guidelines. Staff and residents are all fully vaccinated against flu and Covid-19. Visitors and staff are required to sign in, complete symptom declarations, wear masks and complete contact tracing.</p> <p>Staff were observed practising effective handwashing techniques.</p> <p>There are no proposed changes to the infection control programme with the change to the service.</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>The restraint policy includes a definition of enablers as voluntarily using equipment to maintain independence. The registered nurse is the restraint coordinator. The service philosophy includes that restraint is only used as a last resort. At the time of the audit there were no residents using restraint or enablers. Staff receive regular education and training around management of challenging behaviour.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.4.1.1</p> <p>Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.</p>	<p>PA</p> <p>Moderate</p>	<p>There is a locked cupboard available to safely store chemicals. The laundry is situated in the rest home, the door is a sliding door which cannot be locked, however there is a locked cupboard for storage in the laundry area. During visual inspection of the laundry and external area there were laundry and garden chemicals not safely stored away.</p>	<p>Not all chemicals were stored safely.</p>	<p>Ensure all chemicals are stored safely in a locked cupboard when not in use.</p> <p>30 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	<p>PA</p> <p>Moderate</p>	<p>The owner has contracted a different contractor than the one previously used to conduct fire inspections and fire compliance.</p> <p>The new contractor stated that sprinkler system is required for the external scooter area. The owner consulted a fire engineer who confirmed that a sprinkler was not required in the scooter area and the BWOFF is now being processed. The building</p>	<p>The building warrant of fitness has expired.</p>	<p>Display a current building warrant of fitness.</p> <p>30 days</p>

		warrant of fitness has expired.		
<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	<p>PA Moderate</p>	<p>The internal and external areas are appropriate for safe mobility and access. There is no clutter or equipment in the hallways however there were several hazards including electrical cords, appliances with elongated cords and a power bar in communal areas that potentially posed a hazard for residents.</p> <p>The current dementia unit for seven residents is secure. The door separating the rest home from the 13-bed dementia unit has not yet been secured (link 1.4.7.6).</p>	<p>Potential trip hazards were identified in communal areas.</p>	<p>Ensure the physical environment minimises risk of harm.</p> <p>30 days</p>
<p>Criterion 1.4.7.6</p> <p>The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.</p>	<p>PA Low</p>	<p>The dementia unit is secure. There is already a door with a fob lock in place to accommodate the extension to include the extra six rooms. This door is open and not yet secure.</p>	<p>(i).The door to the current dementia unit is secured and will need to be disarmed.</p> <p>(ii).The new entry door is in place with lock but is not yet activated.</p>	<p>(i).The current door to be de activated.</p> <p>(ii)Ensure the new relocated door is secure and activated to incorporate the extension of six beds</p> <p>Prior to occupancy days</p>

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.