

The Cascades Retirement Resort Limited

Introduction

This report records the results of a Certification 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 The DAA Group 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:	The Cascades Retirement Resort Limited
Premises audited:	The Cascades Retirement Resort
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 July 2015 End date: 16 July 2015
Proposed changes to current services (if any):	Re-designation of 6 rest home beds as suitable for dual purpose use as either rest home or hospital
Total beds occupied across all premises included in the audit on the first day of the audit:	74



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

The Cascades Retirement Resort (the Cascades) provides rest home and hospital level care for up to 74 residents. This certification audit also considered the management of six of the previously designated rest home rooms as suitable for hospital level care. These rooms had been approved by the Ministry of Health in January 2015 for use by hospital care residents. This audit confirmed the service is effectively managing its capacity of 32 hospital beds, 36 rest home and six dual purpose rooms.

There are additionally 32 apartments attached to the care facility which are approved for delivery of rest home care. On the days of audit three people living in the apartments were receiving rest home care.

This certification audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies and procedures, the review of residents' and staff files, observations, and interviews with residents, family, management and staff. A visiting general practitioner was unable to be interviewed.

The general manager (GM) is appropriately qualified for the position and is very experienced in working in the sector.

This audit did not identify any areas requiring improvement. Two areas were rated as continuous improvement in recognition of work that has resulted in safer and improved services for residents and staff. These are acknowledged in quality and risk management systems and evaluation of care.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.

Staff demonstrated good knowledge and practice of respecting residents' rights in their day to day interactions. Staff receive ongoing education on the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Families interviewed expressed satisfaction with staff who work in a caring and respectful manner. There are two residents who identify as Maori residing at the service at the time of audit. The service provider reported there are no known barriers to Maori residents accessing the service. Services are planned to respect the individual culture, values and beliefs of the residents.

Written consents are obtained from the residents' family/whanau, enduring power of attorney (EPOA) or appointed guardians. Signed consent forms were sighted in all residents' files reviewed.

The organisation provides services that reflect current accepted good practice. This is evidenced in the guidelines for service delivery. The care staff have completed, or are enrolled in, national unit standards for the care of the elderly.

Links with family and the community are encouraged and maintained.

The organisation has a known and effective complaints management system. All formal complaints are acknowledged in writing, investigated and the results of investigation are reported and shared as appropriate. These are logged in a complaints register held by the GM. Each complaint reviewed was closed off with a comment on the type of resolution reached by the parties concerned. There have been no known complaint investigations by the Office of the Health and Disability Commissioner. A complaint received by Waikato District Health Board is currently under investigation.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.



Standards applicable to this service fully attained.

The quality and risk management systems meet the standard and continue to be improved upon. The organisation clearly demonstrated an ethos and commitment to continual quality improvement. Information which monitors the quality and extent of the services being provided is consistently reviewed and benchmarked against another facility to identify where change is needed, and then acted upon.

All adverse events reviewed were reliably reported and investigated. The organisation has made one essential notification since the previous audit to Waikato District Health Board (WDHB) and the Ministry of Health (MoH).

Staff are being managed well according to policy and good employer practices. New staff have been recruited in ways that ensure their suitability for the position. Orientation to the service and its policies and procedures, including emergency systems, is provided to all new staff. Ongoing staff education is planned and coordinated to ensure that staff receive relevant and timely training on subjects related to older people. Training occurs at least monthly through in-service education sessions and through self-directed learning and presentations by external experts. Staff competency assessments and performance appraisals were occurring regularly.

There are sufficient numbers of clinical and auxiliary staff allocated on all shifts, seven days a week to meet the needs of residents who were assessed as requiring either hospital or rest home level care. Registered nurses (RNs) are on site 24 hours a day seven days a week.

Consumer information management systems meet the required standards. Archived records were being stored securely and all resident information is integrated and readily identifiable using relevant and up to date information.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		All standards applicable to this service fully attained with some standards exceeded.
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Pre-admission information clearly and accurately identifies the services offered.

Services are provided by suitably qualified and trained staff to meet the needs of residents. Residents have an initial nursing assessment and care plan developed by the registered nurse (RN) on admission to the service. The service meets the contractual times frames for the development of the long term care plan. When there are changes in the resident's needs, a short term care plan is implemented to reflect these. The care plan evaluations are conducted at least six monthly on all aspects of the care plan. All residents are being assessed as part of the interRAI programme.

Residents are reviewed by a GP on admission to the service and at least three monthly, or more frequently to respond to any changing needs. A team approach to care is provided, ensuring continuity of services. Referrals to other health and disability services is planned and coordinated, based on the individual needs of the resident. The families interviewed report that interventions are consistently implemented as planned.

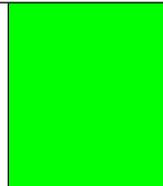
The service has a planned activities programme to meet the recreational needs of the residents. Residents are encouraged to maintain contacts with family and the community.

A safe medicine administration system was observed at the time of audit. Staff responsible for medicine management are assessed as competent to do so.

Residents' nutritional requirements are met by the service with likes, dislikes and special diets catered for and food available 24 hours a day. The service has a four week, summer/winter rotating menu which is approved by a registered dietitian

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.



Standards applicable to this service fully attained.

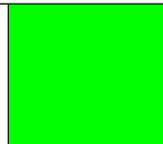
There is a current building warrant of fitness and all buildings, equipment and chattels are in excellent condition.

Resident areas are spacious, safe and appropriate for the people who use them. Essential emergency equipment and systems are known by staff and are being monitored and maintained. Cleaning and laundry services are well managed and meet the requirements.

Temperatures in all areas of the facility were comfortable on the days of audit.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.



Standards applicable to this service fully attained.

The service has established methods for determining safe and appropriate restraint and enabler use. On the days of audit the restraint register accurately reflected the restraint interventions in use. The methods used for assessment, consent and approval, monitoring, evaluation and review meet all the requirements of the Restraint Minimisation and Safe Practice Standards. Restraint use is minimised and staff education and training to prevent and/or safely manage restraint use is ongoing.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

The service has an appropriate infection prevention and control management system implemented to reduce the risk of infections to staff, residents and visitors. The infection prevention and control policies and procedures reflect current accepted good practice. Relevant education is provided for staff, and when appropriate, the residents. There is a monthly surveillance programme, where infections information is collated, analysed and trended with previous data. Where issues are identified actions are implemented to reduce infections. The infection surveillance results are reported at the staff meetings. Data is benchmarked with the other facility in the group.

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 Standards applicable to this service 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	1	49	0	0	0	0	0
Criteria	2	99	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The service policy states the Code is displayed and available to all residents and monitored to ensure the rights of residents are respected. The policy meets the intent of this standard. New residents and family are given a copy of the Code on admission and a copy is displayed on the wall in full view for residents, staff and visitors. On commencement of employment all staff receive induction training regarding residents' rights and their implementation.</p> <p>The clinical staff interviewed demonstrated knowledge on the Code and its implementation in their day to day practice. At the time of audit staff were observed to be respecting the residents' rights in a calm manner that de-escalates and redirects those residents with cognitive impairment.</p> <p>Family and residents reported on interview that they understand the Code of Rights and are treated with respect and dignity.</p>
<p>Standard 1.1.10: Informed Consent</p>	FA	<p>A detailed informed consent policy is in place. The service ensures</p>

<p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>		<p>informed consent is part of all care plans and contact with families. Every resident has the choice to receive services, refuse services and withdraw consent for services. If a resident is cognitively aware they will decide on their own care and treatments unless they indicate that they want representation. Informed consent is closely linked with the Residents' Code of Rights and Responsibilities.</p> <p>The residents' files reviewed had consent forms signed by the resident, family and enduring power of attorney (EPOA). The caregivers interviewed demonstrated their ability to provide information that residents require in order for the residents to be actively involved in their care and decision-making. Staff interviewed acknowledge the resident's right to make choices based on information presented to them. Staff also acknowledged the resident's right to withdraw consent and/or refuse treatment, with the staff demonstrating good knowledge on management of the resident's needs.</p> <p>Residents are given the opportunity to discuss advance directives with the GP and complete the related documentation if they choose.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>The advocacy policy documents that all residents receiving care within the organisation's facilities will have appropriate access to independent advice and support, including access to a cultural and spiritual advocate whenever required.</p> <p>The families/whanau interviewed reported that they were provided with information regarding access to advocacy services. Family/whānau are encouraged to involve themselves as advocates, as evidenced in interviews with families. Contact details for the Nationwide Health and Disability Advocacy Service is listed in the resident information booklet and with the brochure available at the entrances to the service. Related education for staff was last conducted as part of the in-service education programme.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p>	<p>FA</p>	<p>There are no set visiting hours and family are encouraged to visit. This is confirmed by families and residents interviewed. Residents are supported and encouraged to access community services with visitors</p>

<p>Consumers are able to maintain links with their family/whānau and their community.</p>		<p>or as part of the planned activities programme.</p>
<p>Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaint management system complies with right 10 of the Code and the requirements of this standard. At the time of this audit there had been four complaints received in 2015 and nine in 2014. None of these were serious or involved the Office of the Health and Disability Commissioner. A complaint received by the Waikato District Health Board is currently under investigation. Review of all complaint documentation and interview with the GM showed that the complaint procedures were adhered to, investigations occurred and actions happened in a timely manner which have resulted in resolution of complaints. Staff, residents and family interviewed demonstrated thorough understanding of the complaint process.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.</p>	<p>FA</p>	<p>A copy of the Code and information about the Nationwide Health and Disability Advocacy Service is provided to the resident and family on admission. The admitting staff go through the Code with the resident/family on admission.</p> <p>The family/whanau available for interview reported that the Code was explained to them on admission and was part of the admission pack. Interviews were also conducted with residents who were able to provide insight into their care, and they reported they are treated well and are happy at the facility.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>A dignity and privacy policy requires the visual privacy and personal space of residents to be respected and observed at all times and that staff will facilitate the use of private space for interaction with visitors and significant others. The family/whanau members interviewed reported that their relative was treated in a manner that shows regard for the resident's dignity, privacy and independence.</p> <p>The residents' files reviewed indicated that residents received services that are responsive to their needs, values and beliefs of culture, religion, and social and ethnic group. The family/whanau interviewed reported</p>

		<p>high satisfaction with the way that the service meets the needs of their relatives.</p> <p>As observed on the day of audit and confirmed with review of the residents' files, residents receive services in the least restrictive manner. The family/whanau interviewed expressed no concerns in relation to abuse or neglect.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The policies acknowledge the organisation's responsibilities to Maori residents in accordance with the Treaty of Waitangi. The organisation is committed to identifying the needs of its residents and ensuring that staff are trained and capable of working appropriately with all residents in their care. The provision of culturally appropriate services and the identification and reduction of barriers are part of the organisation's objectives. The individual facilities are responsible for promoting and pursuing consultation, involvement and participation with the local iwi.</p> <p>The nurse manager (NM) reported there are two Maori residents at present and there are no concerns with admission of Maori residents. The care staff interviewed demonstrated good understanding of services that are commensurate with the needs of Maori residents.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The spiritual, religious and cultural standard operating procedure documents that the admission process includes assessment of specific cultural, religious and spiritual beliefs, which includes any cultural requirements.</p> <p>Staff receive annual training in cultural awareness across a number of cultures as seen in the training schedule for 2015. Family and residents reported they are given the opportunity to express their own cultural or spiritual needs and this was discussed on admission.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment,</p>	FA	<p>The staff files reviewed have job descriptions and employment agreements that have clear guidelines regarding professional boundaries. The family and residents interviewed reported they are</p>

<p>sexual, financial, or other exploitation.</p>		<p>happy with the care provided. The families interviewed expressed no concerns with breaches in professional boundaries and all reported satisfaction with the caring manner of the staff.</p> <p>Staff are trained in the management of challenging behaviours and all aspects of care to ensure all residents live in safe environment.</p>
<p>Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Evidence-based practice promotes and encourages good practice as evidenced in interviews with the NM and healthcare assistants (HCA). Examples included policies and procedures that are linked to evidence-based practice, regular visits by the GP, links with the local nurse practitioner (NP), palliative care services and the DHB and care guidelines which are utilised.</p> <p>There is regular in-service education and staff access external education that is focused on aged care and best practice. The HCA's interviewed reported they are satisfied with the relevance of the education provided.</p> <p>The family and residents interviewed expressed satisfaction with the care delivered.</p>
<p>Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed. The families interviewed confirmed they are kept informed of their relative's status, including any events adversely affecting the resident. Evidence of open disclosure is documented in the family communication sheets, on the accident/incident form and in the residents' progress notes.</p> <p>The cultural appropriateness standard operating procedure documents states that residents and relatives who do not speak English shall be advised of the availability of an interpreter. The service promotes an environment that optimises communication through the use of interpreter services as required and staff education related to appropriate communication methods. The service has access to interpreting services for the residents as required.</p>

<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>On the days of audit there were 74 residents. Forty two of these were assessed as requiring rest home care and 32 as hospital care. There were additionally three people living in the attached retirement apartments receiving rest home level care. Their occupational rights agreements and weekly fees have been amended and take into account the agreement for rest home level care. A senior care worker is allocated from 7am to midnight to attend to the needs of people living in the apartments. One resident under the age of 65 confirmed that their unique needs are taken into account, especially in regards to maintaining independence and contact with the external community. This audit included considering six rooms previously designated for rest home care as suitable for hospital level care. The MoH approved a request for reconfiguration in January 2015. Six additional hospital level care residents have been receiving safe and appropriate care. Residents are allocated rooms and are provided services according to their unique needs. For example, residents have a choice of which dining rooms or lounge areas to occupy, staff support the mobilisation of a rest home resident to attend exercises in another area of the home and an independently mobile hospital level care resident occupies a room close to a main entry to facilitate daily outings. Two or more registered nurses are on site 24 hours a day, seven days a week (24/7) and staff numbers are adjusted quickly in response to changing resident needs.</p> <p>The organisation has a clearly defined scope, direction and goals documented in the service marketing literature and the 2015 business plan and quality and risk plan.</p> <p>The general manager (GM) provides regular verbal and written reports to the directors on service delivery outcomes, quality improvement projects, financial issues, compliments, complaints, audit outcomes and staffing information. The GM who has been in the role for five years, oversees day-to-day service delivery and operations for two facilities and three retirement villages. This person is a NZ Registered Nurse with many years clinical and managerial experience working in physical rehabilitation, elderly, dementia and palliative care facilities. The GM is maintaining a nursing portfolio by attending ongoing, relevant education</p>

		<p>in nursing, leadership and management.</p> <p>The clinical nurse manager employed in 2014 is a registered nurse with extensive clinical experience in senior roles within the NZ health sector.</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>The clinical nurse manager is the designated second in charge who fills in for the general manager when required. This person is suitably qualified and experienced for the role.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The quality and risk management system continues to be integrated with service delivery and reflects continuous quality improvement. Staff understands their role in relation to the system. A document review of policies, procedures and forms confirms that documents are controlled and policies are current and reflect best known practices. Quality monitoring includes regular checks and audits of service delivery and the collection, analysing and reporting of quality data. The quality coordinator prepares and collates quality data which is reported back to all levels of staff and used for benchmarking with its 'sister' facility. This information is presented and discussed at management meetings, staff meetings and to the quality committee. Where service improvements are required these are planned, documented, and timeframes and responsibility is allocated for completion.</p> <p>The service is rated as continuous improvement for the positive outcomes achieved by the implementation of a number of quality initiatives. Of note is a measurable reduction in resident falls following the implementation of an hourly rounding initiative, a reduced number of staff sprain and strain injuries, the review and reconfiguration of RN workloads to increase resident safety, and changes to the activities programme which resulted in a significant increase in resident satisfaction from 68.4% to 97.4% in the past year.</p> <p>All business risks are monitored by the GM and directors. Occupational health and safety risks continue to be managed by designated health and safety officers who support staff to understand and adhere to procedures. Chemical safety data sheets are located where hazardous chemicals are stored. Clinical risks are identified in residents' service</p>

		delivery plans.
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There are well established and managed processes for the reporting, recording, investigation and review of all incidents and accidents. Avoidable events are evaluated and actions are implemented to prevent recurrence. A sample of incident reports, family interviews and observation on the days of audit confirmed that incidents are reported in a timely manner and analysed to identify unwanted trends. Incidents are logged in each resident's record to facilitate a ready review of changes or increased risk.</p> <p>The GM is responsible for essential notification and reporting and understands the statutory and regulatory obligations. One notification has been made since the previous audit.</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>Recruitment for new staff adheres to best known employment processes. The GM vets all applicants and conducts a formal interview, verification of qualifications, contacting referees and carrying out police checks before confirming an employment agreement. Review of personnel records showed that the registered nurses and enrolled nurses have current practising certificates, each role has a job description and individual employment agreements which included a trial 90 day period signed by both parties.</p> <p>Staff training in the care of older people is regular and ongoing. The quality coordinator monitors each staff member's progress with their education goals and attendance at compulsory sessions, such as fire drill evacuations, manual handling, civil defence and emergency preparedness. The service supports its health care assistants (HCAs) to complete specific aged care education (ACE). Approximately 50% of HCAs have achieved or are progressing under the National Certificate Health, Disability and Age Support level 3. All HCAs must complete at least four modules of this education programme as part of their employment conditions. Care staff, activities staff and drivers are maintaining certificates in first aid. RNs and enrolled nurses (ENs) competency in medicines administration is being assessed at least</p>

		<p>annually.</p> <p>The education plan and attendance records showed that fire drills occur every six months. Other training subjects offered regularly included restraint and managing challenging behaviour, falls prevention and manual handling, infection prevention and control, palliative care, abuse and neglect, cultural safety, privacy, resuscitation, and chemical safety.</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>	FA	<p>The service has a clearly described staffing rationale. Rosters sighted and interview with different levels of staff confirmed there are more than the required numbers of skilled and experienced staff on all shifts, to meet the minimum requirements of the provider's agreement with the district health board (ARC contract). Staffing allocation takes into account the possibility of emergency call outs to the attached retirement village of 32 apartments. Review of the number of call outs in the past 18 months and discussion on how these were responded to and managed, revealed that care to rest home and hospital residents was not affected. There was evidence that auxiliary staff (e.g. cooks, cleaners, laundry and maintenance staff) are allocated sufficient hours to complete their duties.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>Residents' information and files are stored securely and are not on public display. Files are integrated and available for all health providers. The resident's name, date of birth and national health index (NHI) number are used as the unique identifier on all resident's information sighted. Clinical notes reviewed were current and accessible to all clinical staff in an integrated file. On the day of admission all relevant information is entered into the resident's file by the RN following an initial assessment and the doctor when he visits. All required resident information is accurately recorded as sighted in residents' files reviewed.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent,</p>	FA	<p>The service has an admission/enquiry form that records the preadmission information. An enquiry folder holds a record of all</p>

<p>equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>enquiries. The resident admission agreement is based on the Aged Care Association agreement which is individualised to the service. The residents' records reviewed have signed admission agreements by the resident/family or EPOA.</p> <p>The entry criteria sighted and the service website clearly identifies what services are provided. Vacancies are updated daily through Eldernet and the facility also utilises their own website.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Risks are identified prior to planned discharges as confirmed by interview with the RN. A transfer form is used that identifies risks. There is open communication between the service and family related to all aspects of care, including exit, discharge or transfer. The discharge form and care plan summary is provided and covers all aspects of care provision and intervention requirements, including any known risks or concerns. The service uses the DHB's processes and forms for admission and discharge to and from the acute care hospital.</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>	<p>FA</p>	<p>The medication management policy and procedure clearly describes the processes to ensure safe administration of all medications. This includes competency requirements, prescribing, recording, the process when an error occurs as well as definitions for 'over the counter' medications that may be required by residents. The sighted policies meet the legislative requirements and best practice guidelines.</p> <p>Medicines for residents are received from the pharmacy in a pre-packed delivery system. A safe system for medicine management was observed on the days of audit. Medicines are stored in locked medicine trolleys and in the store room. Medicines that require refrigeration are stored in a separate fridge.</p> <p>The medicine charts reviewed have been reviewed by the GP at last three monthly, with this recorded on the medicine chart. All prescriptions sighted contained the date, medicine name, dose and time of administration. All medicine charts have each medicine individually prescribed. There is a specimen signature register maintained for all staff who administers medicines. All the medicine files reviewed have a</p>

		<p>photo of the resident to assist with the identification of the resident. Medicine signing sheets are completed on the administration of medicine on the day of admission.</p> <p>There are documented competencies sighted for the care staff designated as responsible for medicine management. The care staff administering medicines at the time of audit demonstrated competency related to medicine management.</p> <p>The rest home medication room is lacking in ventilation and an engineer is implementing a system to ensure the room temperature is within required temperature limits.</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>The Kitchen and Food Handling policy states the food handling areas and practices will meet the requirements of the Food Act 1981. It includes guidelines for cleaning with a separate cleaning schedule, temperature requirements, hygiene standards for staff, purchasing of food, checking, storage and waste handling.</p> <p>There is a four week rotating menu with summer and winter variations. The menu has been reviewed by a dietitian. Where unintentional weight loss is recorded, the resident is referred to a dietitian for review, as seen in one of the resident's files reviewed.</p> <p>A nutritional profile is completed for each resident by the RN at the time of admission and this information is shared with the kitchen staff to ensure all needs, wants, dislikes and special diets are catered for. There is food and nutritional snacks available 24 hours a day. The family and residents reported they are satisfied with the food and fluid services.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal comply with current legislation and guidelines. Fridge and freezer recordings are observed daily and recorded at least weekly, with the recordings sighted meeting food safe requirements. The kitchen staff have undertaken food safety management education appropriate to service delivery.</p>

<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The general manager (GM) interviewed reported that the service does not refuse a resident if they have a suitable Needs Assessment and Service Coordination (NASC) assessment for the level of care and there is a bed available. In the event that the service cannot meet the needs of the resident, the resident, family and NASC service will be contacted so that alternative residential accommodation can be found.</p> <p>If the resident's needs exceed the level of care provided, they are reassessed and an appropriate service is found for the resident. The resident agreement includes a statement for when a resident is required to leave the service. The admission agreement has a clause on when the agreement can be terminated and the need for reassessment if the service can no longer meet the needs of the resident.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The service has implemented the electronic interRAI assessment for all residents. The service uses some of the organisational paper tools for risk assessments and interventions required should a risk be identified. All assessment tools sighted are appropriate to the level of care. Initial assessments include falls, skin integrity, challenging behaviour, nutritional needs, continence, communication, self-medication and pain. Assessments are undertaken by a RN.</p> <p>The residents' files reviewed have initial assessments that include identifying behaviour particular to the resident. The files reviewed had specific risks identified in the initial or ongoing care reviews. The behaviour assessments sighted include the triggers, description of the behaviour, contributing factors and solutions/de-escalation techniques.</p> <p>The service has a continence assessment and management procedure, wound care management procedures, wound care protocols and behaviour management processes, which include seeking expert assistance, such as, mental health services, when required. Where a need is identified, interventions for this are recorded on the care plan. All of the files reviewed have falls risk assessments and pressure risk assessments.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>The residents' files reviewed have care plans that address resident's current abilities, level of independence, identified needs/deficits, and take into account the resident's habits, routines and idiosyncrasies. The strategies for minimising falls risks are based on assessment and use of techniques that are effective for the resident and are evidenced in the files reviewed. The care staff interviewed demonstrated knowledge on the management of falls risks for residents.</p> <p>The care plans and diversional therapy plans sighted in residents' files reviewed identified the resident's individual diversional, motivational and recreational requirements, with documented evidence of how these are managed over a 24 hour period. The residents' files reviewed demonstrated integration, with one clinical file that has input from care staff, activities staff, and medical and allied health services. The RN and care staff interviewed reported they receive adequate information to assist the continuity of care. The handover observed included updates for all residents.</p> <p>The families interviewed reported satisfaction with the quality of care provided at the service.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Clinical management policies and procedures include assessment on admission, weight and bowel management, clinical notes and referral information.</p> <p>As observed on the days of audit and from review of the care plans, support and care is flexible, individualised and focused on the promotion of quality of life. The RN and care staff demonstrated good knowledge and skill in minimising the need for restrictive practices through the management of challenging behaviour and redirection of wandering residents. The residents' files showed evidence of consultation and involvement of the family. The residents interviewed reported satisfaction with the care and services provided.</p> <p>The service has adequate dressing and continence supplies to meet the needs of the residents. The care plans reviewed recorded interventions that are consistent with the residents' assessed needs and desired goals. Observations on the days of audit indicated residents are</p>

		<p>receiving care that is consistent with their needs. The RN and care staff interviewed reported that the care plans are accurate and kept up to date to reflect the residents' needs.</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 their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme outlines the scheduled programme that is to be delivered by an activity coordinator and care staff (in the weekend) so the residents have opportunities to pursue interests they have developed within their lifetime, to develop new interests and forge new friendships in a caring environment. The activity coordinators have been employed for one year and three weeks respectively. Both have supervision from a diversional therapist from another facility within the group.</p> <p>The weekly activities programme sighted had been developed based on the residents' needs, interests, skills and strengths.</p> <p>The activities programme covers cognitive, physical and social needs. There are group and individual activities that focus on sensory activities and reminiscence. The programme is changed based on the level of interest in activities as they are occurring and there is the flexibility to change activities based on the resident's response.</p> <p>The service provides easy access to outside areas that enable the resident to wander safely. There are tactile objects and plants in the outside areas. There is a courtyard that allow residents to wander safely.</p> <p>The residents' files reviewed have activities and social assessments that identify the resident's individual diversional, motivational and recreational requirements over a 24 hour period.</p> <p>Daily activity attendance sheets are maintained and reviewed at the end of each month to assess the enjoyment and interest of the residents. The goals are updated and evaluated in each resident's files six monthly. Where possible, residents' independence is encouraged to maintain links with family and community groups. Families are encouraged to attend activities.</p> <p>The family/whanau reported that their relative enjoys the range and</p>

		variety of planned activities.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	CI	<p>The residents' files reviewed had a documented evaluation that has been conducted within the past six months. Evaluations are resident focused and indicate the degree of achievement or response to supports/interventions and progress towards meeting the desired outcomes.</p> <p>If a resident is not responding to the services/interventions being delivered, or their health status changes, then this is discussed with their GP. Residents' changing needs are clearly described in the care plans reviewed. Short term care plans are sighted for wound care, pain, infections, and changes in mobility, changes in food and fluid intake and skin care. These processes are clearly documented on the short term care plan, medical and nursing assessments and in the resident's progress notes. The care staff interviewed demonstrated good knowledge of short term care plans and reported that these are identified at handover.</p> <p>The family reported that they can consult with the staff at any time if they have concerns or there are changes in the resident's condition.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Residents are provided with options if required to access other health and disability services (e.g. public or private). There is one GP who visits the service weekly, although residents are able to maintain their own GP if they wish. The RN or the GP arrange for any referral to specialist medical services when it is necessary. The RN interviewed reported that services respond promptly to referrals sent. Records of the process are maintained as confirmed in all residents' files reviewed, which included referrals and consultations with the mental health services, general medicine services, psychiatrist, radiology, gerontological nurse specialist, podiatry and dietitian.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous</p>	FA	<p>There are clearly described policies and procedures for the safe and appropriate disposal of waste, infectious or hazardous substances</p>

<p>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>which comply with local government and legislative requirements and the requirements of this standard and the ARC contract.</p> <p>Visual inspection on the days of audit revealed that chemicals were stored securely and that there is safe disposal of body waste and contaminated or potentially infectious products. Sluice rooms are conveniently located to service areas and are being well maintained as clean and functional. Personal protective equipment is available and seen to be used on the days of audit.</p> <p>Staff interviewed demonstrated knowledge and understanding of safety issues around managing waste and hazardous substances. Staff are being provided with ongoing information, education and support by the organisation and external suppliers.</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>	FA	<p>The buildings were being well maintained, in excellent condition and were fit for purpose. The current building warrant of fitness expires in May 2016.</p> <p>Interview with maintenance staff, review of records and observations on the days of audit showed that electrical testing and tagging is completed by a certified electrician annually, and calibrations of scales and medical equipment occurs. Fire safety equipment and hoists are regularly checked for safety. All vehicles have a current warrant of fitness and registration.</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 rooms have a toilet and shower ensuite. There have been no issues with maintaining consumer privacy when attending to personal hygiene needs. Hot water monitoring is occurring monthly and when temperatures have exceeded 45 degrees plumbers are immediately called in to investigate and rectify the heating system. Residents and families interviewed were very happy with the toilet, shower and bathing facilities.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p>	FA	<p>All rooms have a single occupant in them. The rooms are spacious and</p>

<p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>		<p>contain a bed that suits the needs of the resident, at least one easy chair, wardrobe and clothes storage units and bedside tables. There is enough room for the resident to move around safely with or without a mobility aid. Residents and families interviewed were very happy with the facilities. The service meets the requirement of the ARC contract and this standard.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>There are two large lounges and dining rooms at either end of the facility and these are located within easy walking distance from resident's bedrooms. Activities occur in various other locations within the facility.</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>Sufficient numbers of cleaning and laundry staff are allocated enough hours seven days a week to carry out these services. The organisation conducts regular reviews and internal audits of cleaning and laundry services to ensure these are safe and effective. The chemical supplier provides ongoing support and information to staff about safe handling of the cleaning products in use. Current material safety data sheets about each product are located with the chemicals. Residents and families are very satisfied with the cleaning and laundry services provided.</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 service has clearly documented emergency plans, and the emergency and security systems are well established and known by staff. There is an approved fire evacuation scheme; fire drills are occurring every six months and staff attendance is monitored. Staff receive information on emergency procedures at orientation and there is ongoing training about civil defence processes and keeping residents safe during emergencies.</p> <p>Review of staff training records and rosters and interviews showed there were sufficient numbers of registered nurse on site and on call twenty-four hours a day, seven days a week to manage emergencies. There is a known and effective system for staff to respond to residents in the attached retirement apartments. An EN or senior care staff is on</p>

		<p>duty from 7am to midnight. From midnight to 7am one of six night staff attends emergency call outs initially to assess the situation and determine the need for additional support or an ambulance. The number of call outs is reported and reviewed by the GM. Night staff report that staffing adjustments are made quickly in response to resident needs.</p> <p>All RNs, ENs, activities staff and drivers are being supported to maintain certificates in first aid.</p> <p>Interview and inspection of the emergency/civil defence stores confirmed there was sufficient stock of water, food, equipment and essential supplies in the event of a natural disaster or power outage. The facility has back up lighting. The call bell system was observed to be functional during the onsite audit and residents and families interviewed confirm that staff respond to call bells in a timely ways. The provider meets the requirement of ARC contract.</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>Visual inspection revealed sufficiently sized windows and large opening doors for ventilation in all areas of the facility. Common areas are automatically heated and the temperature in resident's bedrooms can be individually controlled. Residents expressed satisfaction with the heating, light and ventilation of their rooms and the communal areas.</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>The service has a documented infection control programme which is reviewed as part of the annual quality programme review. The infection control programme minimises the risk of infections to residents, staff and anyone else visiting the facility.</p> <p>The infection control coordinator is the NM who has a position description with guidelines for the accountability and responsibilities of the role.</p> <p>If there is an infectious outbreak this is reported immediately to staff, management, and where required, to the DHB and public health departments.</p> <p>The infection control coordinator reported that the staff have good</p>

		<p>assessment skills in the early identification of suspected infections. Residents with infections are reported to staff at handover, have short term care plans developed and documentation in the progress notes.</p> <p>A process is identified in policy for the prevention of exposing providers, residents and visitors from infections. Staff and visitors suffering from infectious diseases are advised not to enter the facility by notices at entrances. When outbreaks are identified in the community, notices are placed at the entrance not to visit the service if the visitor has come in contact with people or services that have outbreaks identified. Sanitising hand gel is available throughout the facility and there are adequate hand washing facilities for staff, visitors and residents. Residents suffering from infections are encouraged to stay in their rooms if required, though the infection control coordinator reports that this can be difficult at times with residents with cognitive impairment.</p> <p>The RN and care staff interviewed are able to demonstrate good infection prevention and control techniques and awareness of standard precautions, such as hand washing.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>A NM has the role of infection prevention and control coordinator. The infection control committee meets quarterly and reports any issues at staff meetings. External specialist advice on infection prevention and control issues is available from the DHB infection control nurse specialist, the diagnostic service, and the GP. The infection control coordinator undertakes education in infection prevention and control through the in-service education programme and updates from the DHB. The RN and care staff interviewed demonstrated good knowledge of infection prevention and control.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service</p>	FA	<p>An infection control policy sets out the expectations the organisation uses to minimise infections. This is supported by an infection control manual and a suite of policies and procedures that deal with specific areas, including antibiotic use, methicillin resistant staphylococcus aureus (MRSA) screening, bandaging, wound management, blood and body spills, cleaning, disinfection and sterilisation, laundry and standard</p>

provided.		precautions. They are easily understood and appropriate for service requirements.
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>Infection control education is included in orientation and as part of the ongoing in-service education programme as sighted on the provider's training calendar. The infection prevention and control education is provided by the infection control coordinator and external specialists as required. The infection control coordinator demonstrated knowledge of current accepted good practice in infection prevention and control.</p> <p>The RN and care staff interviewed demonstrated good knowledge of infection prevention and control. Resident education is conducted as required. The infection control coordinator reported that if a resident has cognitive impairment, education with the resident can be difficult, though during personal care delivery residents are prompted with infection control measures, such as hand washing after toileting.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The infection control surveillance that is undertaken is appropriate to the size and complexity of the service as shown in the infection control programme. All staff are required to take responsibility for surveillance activities as shown in policy. Monitoring is clearly described in the quality plan and management meetings, to describe actions taken to ensure residents' safety.</p> <p>There is a monthly infection surveillance report. The service monitors urinary tract infections (UTIs), eye infections, and upper and lower respiratory tract infections, wound infections, multi-resistant organisms, diarrhoea and vomiting and other infections. The monthly analysis of the infections includes comparison with the previous month, the reason for any increase or decrease and actions taken to reduce infections. The analysis includes the feedback that is provided to staff.</p> <p>The data is benchmarked with the other facility within the group.</p>
Standard 2.1.1: Restraint minimisation	FA	The service restraint policy meets the standards and the definition of an

<p>Services demonstrate that the use of restraint is actively minimised.</p>		<p>enabler is congruent with the definition in the standard.</p> <p>On the days of audit the restraint register listed three residents using bed rails and one resident using a lap belt when sitting. There is one resident listed as using bed rails as an enabler. The resident records contained evidence that ongoing assessment for use is conducted, alternatives had been tried before initiating the restraint intervention, approval granted by the restraint committee and valid consent obtained by either the resident or their welfare guardian. There was evidence of ongoing monitoring and review of each restraint intervention. The overall number of residents with a restraint has reduced significantly since the previous audit. The service is using ultralow beds, sensor mats and bed props in preference to bed rails where this is assessed as necessary and appropriate for the resident.</p> <p>Training records and interviews showed that all staff attend at least one education session on restraint and management of challenging behaviour and use of de-escalation each year. All new staff are provided with information about the restraint policy, philosophy and approach during their orientation.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	<p>FA</p>	<p>Policy and procedures for restraint use and approval are clearly defined in the policy. The clinical nurse manager is the designated restraint coordinator. The role and responsibilities are described in the coordinator's position description. This person clearly understands the requirements and has introduced improvements in the system. The restraint committee is comprised of the GM, the quality coordinator, the RN team leader, an HCA/cultural representative with input from the GP and auxiliary staff. It convenes at least monthly to consider all restraint matters. There was clear approval for use of restraint in the clinical records reviewed.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	<p>FA</p>	<p>Each of the resident records reviewed for restraint use, contained a comprehensive account of the assessment made prior to use. These included current falls risk, a history of incidents, alternatives tried and reasons for the assessment being conducted. Any risks associated with</p>

		the bed rail or lap belt were identified and highlighted.
Standard 2.2.3: Safe Restraint Use Services use restraint safely	FA	The service has reduced the amount of restraint in use through the purchase of ultralow beds, sensor mats and 'noodles' to deter roll out of bed. Records of restraint use show a steady decline in the past 18 months. The alternatives considered and trialed were documented in the restraint forms and in the care plan. Care staff are aware of alternatives and seek new ideas. All staff must pass an annual restraint competency test. The restraint register records the type of restraint in use, the frequency of monitoring and review and the date it was initiated.
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	Documents, including resident care records, and staff interviews confirmed that ongoing restraint use is appropriately evaluated and reviewed at least every six months by the restraint coordinator. Staff state they try different approaches to reduce restraint use and minimise unwanted behaviour. The restraint coordinator maintains ongoing communication with families and support to staff. The service provider has complied with the requirements of this standard.
Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.	FA	The restraint committee meet monthly to review matters related to restraint. This includes the care and treatment of residents with challenging behaviour and any events related to this, monitoring how staff manage the events, and review of staff training needs. An annual quality review in July 2015 of restraint use, practices, staff interventions and skills and the service philosophy confirmed that interventions were safe and effective and that strategies to reduce the use of restraint are succeeding.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.3.1</p> <p>The organisation has a quality and risk management system which is understood and implemented by service providers.</p>	CI	The service is rated as continuous improvement for the positive outcomes achieved by the implementation of a number of quality initiatives.	Improvements in resident and staff safety and satisfaction is demonstrated by the reduced number of resident falls, a reduction in staff injuries, reconfiguration of RN workloads to increase resident safety, and an increase in resident satisfaction with the activities programme.
<p>Criterion 1.3.8.3</p> <p>Where progress is different from expected, the service responds by initiating changes to the service delivery plan.</p>	CI	A project was undertaken following a concern that all staff were not aware of changes in the care plan and commencement of a short term care plan. This included staff meetings and staff input with suggestions. The evaluation showed that having a separate short term care plan in a folder as part of the handover pack has improved staff satisfaction and reduced the risk that changes are not made	Improved resident care and safety levels of care. Staff interviewed reported increased confidence with knowing any changes that may be occurring regarding changes to resident care.

		to the resident's care and care plan.	
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End of the report.