

Ascot House Limited

Current Status: 27 June 2014

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Surveillance Audit conducted against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) on the audit date(s) specified.

General overview

Ascot provides rest home level of care for up to 27 residents with 26 residents including one resident using respite services on the day of the audit.

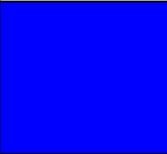
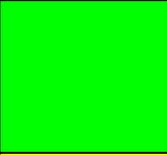
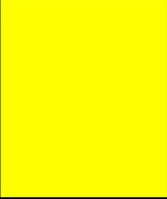
The service has continued to maintain a comprehensive quality and risk management programme that includes management of complaints, incidents, accidents, hazards with a health and safety programme in place. The two owners are active in providing operational management of the service with an experienced nurse manager providing clinical oversight.

Three improvements required at the previous audit have been addressed around advance directives, informing family if there is an incident and to integration of records. An improvement is required to notification of authorities if there is an outbreak of infection.

Audit Summary as at 27 June 2014

Standards have been assessed and summarised below:

Key

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
	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

Consumer Rights as at 27 June 2014

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.		Standards applicable to this service fully attained.
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Organisational Management as at 27 June 2014

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.		Some standards applicable to this service partially attained and of low risk.
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Continuum of Service Delivery as at 27 June 2014

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.		Standards applicable to this service fully attained.
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Safe and Appropriate Environment as at 27 June 2014

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.
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Restraint Minimisation and Safe Practice as at 27 June 2014

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Infection Prevention and Control as at 27 June 2014

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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HealthCERT Aged Residential Care Audit Report (version 4.2)

Introduction

This report records the results of an audit against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) of an aged residential care service provider. The audit has been conducted by an auditing agency designated under 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).

It is important that auditors restrict their editing to the content controls in the document and do not delete any content controls or any text outside the content controls.

Audit Report

Legal entity name:	Ascot House Limited		
Certificate name:	Ascot House Limited		
Designated Auditing Agency:	Health and Disability Auditing New Zealand Limited		
Types of audit:	Surveillance Audit		
Premises audited:	Ascot House Retirement Home		
Services audited:	Rest home care (excluding dementia care)		
Dates of audit:	Start date: 27 June 2014	End date: 27 June 2014	

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit:	27
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Audit Team

Lead Auditor	XXXXXXXX	Hours on site	7	Hours off site	4
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Other Auditors		Total hours on site	0	Total hours off site	0
Technical Experts		Total hours on site		Total hours off site	
Consumer Auditors		Total hours on site		Total hours off site	
Peer Reviewer	XXXXXXXX			Hours	2

Sample Totals

Total audit hours on site	7	Total audit hours off site	6	Total audit hours	13
Number of residents interviewed	5	Number of staff interviewed	5	Number of managers interviewed	2
Number of residents' records reviewed	5	Number of staff records reviewed	5	Total number of managers (headcount)	2
Number of medication records reviewed	10	Total number of staff (headcount)	16	Number of relatives interviewed	4
Number of residents' records reviewed using tracer methodology	1			Number of GPs interviewed	1

Declaration

I, XXXXXXX, Director of Christchurch hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Act.

I confirm that:

a)	I am a delegated authority of Health and Disability Auditing New Zealand Limited	Yes
b)	Health and Disability Auditing New Zealand Limited has in place effective arrangements to avoid or manage any conflicts of interest that may arise	Yes
c)	Health and Disability Auditing New Zealand Limited has developed the audit summary in this audit report in consultation with the provider	Yes
d)	this audit report has been approved by the lead auditor named above	Yes
e)	the peer reviewer named above has completed the peer review process in accordance with the DAA Handbook	Yes
f)	if this audit was unannounced, no member of the audit team has disclosed the timing of the audit to the provider	Yes
g)	Health and Disability Auditing New Zealand Limited has provided all the information that is relevant to the audit	Yes
h)	Health and Disability Auditing New Zealand Limited has finished editing the document.	Yes

Dated Tuesday, 29 July 2014

Executive Summary of Audit

General Overview

Ascot provides rest home level of care for up to 27 residents with 26 residents including one resident using respite services on the day of the audit. The service has continued to maintain a comprehensive quality and risk management programme that includes management of complaints, incidents, accidents, hazards with a health and safety programme in place. The two owners are active in providing operational management of the service with an experienced nurse manager providing clinical oversight. Three improvements required at the previous audit have been addressed around advance directives, informing family if there is an incident and to integration of records. An improvement is required to notification of authorities if there is an outbreak of infection.

Outcome 1.1: Consumer Rights

Staff are able to demonstrate an understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents. Information regarding resident rights, access to advocacy services and how to lodge a complaint is available to residents and their family. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

Outcome 1.2: Organisational Management

Services are planned, coordinated, and are appropriate to the needs of the residents. Day-to-day operations are being managed efficiently and effectively with the two owners (one identified as the owner/manager) and nurse manager providing operational and clinical oversight respectively. This ensures the provision of timely, appropriate and safe services to the residents. Quality and risk management processes are documented and maintained, reflecting the principals of continuous quality improvement. Adverse, unplanned and untoward events are recorded in a systematic fashion and are reported to those affected in an open manner. Human resources processes are managed in accordance with good employment practice. Education and training needs are being met by the organisation with staff rostered on to meet the needs of residents.

Outcome 1.3: Continuum of Service Delivery

The nurse manager is using an electronic database to record assessments, plans and review of care needs of the residents. A multidisciplinary approach to care is provided and reviews occur at least six monthly with plans updated if there are short term changes in need. Medication management is safely implemented. The general practitioner reviews medication records three monthly or sooner if required. The general practitioner interviewed commented on the good relationship and communication between the nurse manager and staff. The activities programme is documented with participation being voluntary but encouraged. Staff also encourage residents to remain as independent as possible. The programme is displayed in the reception area and covers the needs of the residents incorporating a holistic approach to all activities provided. Food services policies and procedures are appropriate and the menu plans have been reviewed by the dietitian in 2013. The individual resident's assessed needs identified during the assessment process are addressed and choices are provided. Modified diets are made available to residents with assessed special requirements.

Outcome 1.4: Safe and Appropriate Environment

Ascot holds a current building warrant of fitness which expires on 14 July 2014. The building is well maintained with new carpets, extra lighting and heating installed. There are safe internal and external areas for residents.

Outcome 2: Restraint Minimisation and Safe Practice

The service has clearly described restraint minimisation and safe practice policies which comply with the standard. There is a philosophy of a restraint free environment and no restraint or enablers in use. Staff have received training in managing difficult or challenging behaviour and staff understand that the use of enablers is voluntary.

Outcome 3: Infection Prevention and Control

The infection prevention and control policies and procedures implemented by the service reflect accepted good practice and infection prevention and control principles in care delivery. There are adequate resources to allow for a managed environment which minimises the risk of infection to residents, staff and visitors. The programme is relevant to the size and scope of the service and surveillance monitoring occurs and is monitored by the infection control co-ordinator. Monthly surveillance infection surveillance data is recorded, collated, benchmarked and reported through staff and management meetings.

Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
Standards	0	17	0	1	0	0	0
Criteria	0	42	0	1	0	0	0

	UA Negligible	UA Low	UA Moderate	UA High	UA Critical	Not Applicable	Pending	Not Audited
Standards	0	0	0	0	0	0	0	32
Criteria	0	0	0	0	0	0	0	58

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.2.4: Adverse Event Reporting	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.	PA Low			
HDS(C)S.2008	Criterion 1.2.4.2	The service provider understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required.	PA Low	The service has not notified authorities of a suspected scabies outbreak that occurred in September 2013.	Notify the appropriate authority of any outbreaks or suspected outbreaks.	90

Continuous Improvement (CI) Report

Code	Name	Description	Attainment	Finding

NZS 8134.1:2008: Health and Disability Services (Core) Standards

Outcome 1.1: Consumer Rights

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, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs.

Standard 1.1.9: Communication (HDS(C)S.2008:1.1.9)

Service providers communicate effectively with consumers and provide an environment conducive to effective communication.

ARC A13.1; A13.2; A14.1; D11.3; D12.1; D12.3a; D12.4; D12.5; D16.1b.ii; D16.4b; D16.5e.iii; D20.3 ARHSS A13.1; A13.2; A14.1; D11.3; D12.1; D12.3a; D12.4; D12.5; D16.1bii; D16.4b; D16.53i.i.3.iii; D20.3

Attainment and Risk: FA

Evidence:

There is a policy around freedom from discrimination, coercion, harassment and exploitation, an open disclosure policy and a commitment described by staff including the owners (including the owner/manager) and the registered nurse around open communication.

D12: Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.

D16.1b.ii: The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement through the agreement and in discussion with the clinical nurse manager.

D16.4b: Four of four relatives state that they are always informed when their family members health status changes.

The facility has an interpreter policy and procedures available for access to interpreter services and residents (and their family) are provided with this information at the point of entry. Interpreters are available through the DHB if required. There is one resident who identifies as XXXXXXXX and the service has tried to get interpreters however, the resident does not want to engage with any interpreter. Family are able to interpret and live close by. There are signs on the wall in the resident room and staff use these to communicate.

D11.3: The information pack is available in large print if required and advised that this can be read to residents.

Five of five residents and four of four family members interviewed state that there is good communication with the nurse manager and other staff.

All family members' state that they are informed when there is an incident.

Seven of seven incident forms reviewed include documentation that the family has been informed with one indicating that it is not necessary to call the family.

Criterion 1.1.9.1 (HDS(C)S.2008:1.1.9.1)

Consumers have a right to full and frank information and open disclosure from service providers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.1.9.4 (HDS(C)S.2008:1.1.9.4)

Wherever necessary and reasonably practicable, interpreter services are provided.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.1.10: Informed Consent (HDS(C)S.2008:1.1.10)

Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.

ARC D3.1d; D11.3; D12.2; D13.1 ARHSS D3.1d; D11.3; D12.2; D13.1

Attainment and Risk: FA

Evidence:

There are advanced directives completed in line with legislative requirements in five of five files reviewed (including for the resident requiring respite services). Only the resident deemed competent completes the advance directive. The improvement required at the previous audit is met.

Criterion 1.1.10.7 (HDS(C)S.2008:1.1.10.7)

Advance directives that are made available to service providers are acted on where valid.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.1.13: Complaints Management (HDS(C)S.2008:1.1.13)

The right of the consumer to make a complaint is understood, respected, and upheld.

ARC D6.2; D13.3h; E4.1biii.3 ARHSS D6.2; D13.3g

Attainment and Risk: FA

Evidence:

The service has in place a complaints policy and procedure that aligns with Code 10 of the Code of Rights. A complaints register is maintained and this is current with complaints documented for 2013 (none for 2014).

One complaint was tracked for monitoring purposes to ensure that it is actioned according to timeframes in the policy and these identify that a complaint is resolved in a timely manner. Tracking indicates that it is resolved within timeframes as per the policy.

D13.3h. A complaints procedure is provided to residents within the information pack at entry.

Five of five residents and four of four family members interviewed confirm that they know how to make a complaint and all state that there is no reason for them to make a complaint but feel that any concerns would be resolved.

The nurse manager confirms that there have been no complaints with the Health and Disability Commissioner, Ministry of Health or the District Health Board since the last audit.

There is an audit of abuse, advocacy and complaints last completed for October 2012-October 2013. This documents the success of the 'gripes' book that is noted to be working well with residents and others writing in the book of any concerns.

Criterion 1.1.13.1 (HDS(C)S.2008:1.1.13.1)

The service has an easily accessed, responsive, and fair complaints process, which is documented and complies with Right 10 of the Code.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.1.13.3 (HDS(C)S.2008:1.1.13.3)

An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Outcome 1.2: Organisational Management

Consumers receive services that comply with legislation and are managed in a safe, efficient, and effective manner.

Standard 1.2.1: Governance (HDS(C)S.2008:1.2.1)

The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.

ARC A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.3d; D17.4b; D17.5; E1.1; E2.1 ARHSS A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.5

Attainment and Risk: FA

Evidence:

The organisation's purpose, values, scope, direction and goals are identified in the business plan which is directly linked to quality and risk plans. Plans are reviewed at least annually to ensure services are planned, co-ordinated and appropriate to meet the needs of residents. Information is shared and understood by staff at all levels.

The organisation and services are managed by a suitably qualified and experienced management team who have clear lines of authority, accountability and responsibility including the two owners (one identified as an owner/manager) who have extensive management experience. They are supported by the nurse manager who has been with the service for two years (current annual practicing certificate sighted).

The owners have owned the business since April 2000 and both describe a commitment to excellence of care and quality improvement.

There is a job description of the owners – last reviewed August 2013 including one for the owner/manager. A job description for the registered nurse is also documented.

Criterion 1.2.1.1 (HDS(C)S.2008:1.2.1.1)

The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.1.3 (HDS(C)S.2008:1.2.1.3)

The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.3: Quality And Risk Management Systems (HDS(C)S.2008:1.2.3)

The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.

ARC A4.1; D1.1; D1.2; D5.4; D10.1; D17.7a; D17.7b; D17.7e; D19.1b; D19.2; D19.3a.i-v; D19.4; D19.5 ARHSS A4.1; D1.1; D1.2; D5.4; D10.1; D16.6; D17.10a; D17.10b; D17.10e; D19.1b; D19.2; D19.3a-iv; D19.4; D19.5

Attainment and Risk: FA

Evidence:

The service has a quality and risk management system that is overseen by the two owners including the owner/manager. The nurse manager provides oversight of clinical activities and service delivery.

Discussions with the owner, owner/manager, nurse manager, three caregivers and review of meeting minutes demonstrates staff involvement in quality and risk activities. There are monthly staff meetings which include quality control and monthly management meetings and meeting minutes indicate that there is discussion around topics relevant to each meeting. All aspects of the quality and risk management programme are reviewed through the staff and management meetings.

Resident meetings are held every six months – meeting minutes sighted. Minutes are documented.

There are satisfaction surveys annually with the resident satisfaction survey in May 2014 showing a high satisfaction with the service. The family satisfaction survey completed last in November 2013 also shows a high satisfaction with the service. The service also completes satisfaction surveys are also completed throughout the year although topics may differ. For 2013, there have been satisfaction surveys for food last in April/May 2013.

D5.4 Service appropriate management systems, policies, and procedures are developed, implemented and reviewed for the sector standards and contractual requirements and the nurse manager, the owner and the owner/manager review these to align with standards. The quality and risk system is documented and links with associated policies/procedures.

There is a document control process implemented.

D19.3: There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management. Health and safety is addressed through the staff and management monthly meetings at times. A risk register is documented and hazard identification forms identify that any hazards are addressed in a timely manner and discussed at meetings.

D17.10e: There are procedures to guide staff in managing clinical and non-clinical emergencies.

D19.2g: Falls prevention strategies such as staff supervision and a review of any incidents around falls are implemented.

There are implemented internal audits and audits identify corrective actions required with sign off of resolution in a timely manner. The audit schedule and reports indicate that all aspects of the business is monitored with a quality plan in place that identifies key goals for the forthcoming year. Corrective actions with evidence of resolution are documented in the corrective action plans or in meeting minutes.

The service has refurbished the facility with carpets replaced, heating added and extra lighting in hallways.

The general practitioner interviewed confirms confidence in the service.

Criterion 1.2.3.1 (HDS(C)S.2008:1.2.3.1)

The organisation has a quality and risk management system which is understood and implemented by service providers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.3.3 (HDS(C)S.2008:1.2.3.3)

The service develops and implements policies and procedures that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at regular intervals as defined by policy.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.3.4 (HDS(C)S.2008:1.2.3.4)

There is a document control system to manage the policies and procedures. This system shall ensure documents are approved, up to date, available to service providers and managed to preclude the use of obsolete documents.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.3.5 (HDS(C)S.2008:1.2.3.5)

Key components of service delivery shall be explicitly linked to the quality management system.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.3.6 (HDS(C)S.2008:1.2.3.6)

Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.3.7 (HDS(C)S.2008:1.2.3.7)

A process to measure achievement against the quality and risk management plan is implemented.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.3.8 (HDS(C)S.2008:1.2.3.8)

A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.3.9 (HDS(C)S.2008:1.2.3.9)

Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whānau of choice, visitors, and those commonly associated with providing services. This shall include:

- (a) Identified risks are monitored, analysed, evaluated, and reviewed at a frequency determined by the severity of the risk and the probability of change in the status of that risk;
- (b) A process that addresses/treats the risks associated with service provision is developed and implemented.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.2.4: Adverse Event Reporting (HDS(C)S.2008:1.2.4)

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.

ARC D19.3a.vi.; D19.3b; D19.3c ARHSS D19.3a.vi.; D19.3b; D19.3c

Attainment and Risk: PA Low

Evidence:

D19.3b; There is an incident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing.

The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Incidents are tracked using the XXXXXXXX system with the data linked to individual incident reports which are completed for each incident/accident with immediate action noted and any follow up action required.

Seven of seven incident forms include a corresponding entry on the electronic database and documentation of sign off by the nurse manager.

Meeting minutes from the staff meetings reflect discussion of incidents and accidents.

All seven incidents reviewed are identified in resident files with corresponding notes in the progress records with care plans updated as necessary.

All five files reviewed record that the family have been included in any incident with notification occurring in a timely manner.

The improvement required at the previous audit is met (previously 1.2.4.4).

The owner and owner/manager identifies that the following situations would be reported to statutory authorities: infectious diseases; serious accidents to the Department of Labour; unexpected death; specific situations to the Ministry of Health.

The service has not notified authorities of a suspected scabies outbreak that occurred in September 2013. An improvement is required.

Criterion 1.2.4.2 (HDS(C)S.2008:1.2.4.2)

The service provider understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required.

Attainment and Risk: PA Low

Evidence:

The owner and owner/manager identify that the following situations would be reported to statutory authorities: infectious diseases; serious accidents to the Department of Labour; unexpected death; specific situations to the Ministry of Health.

Finding:

The service has not notified authorities of a suspected scabies outbreak that occurred in September 2013.

Corrective Action:

Notify the appropriate authority of any outbreaks or suspected outbreaks.

Timeframe (days): 90 (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.4.3 (HDS(C)S.2008:1.2.4.3)

The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.7: Human Resource Management (HDS(C)S.2008:1.2.7)

Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.

ARC D17.6; D17.7; D17.8; E4.5d; E4.5e; E4.5f; E4.5g; E4.5h ARHSS D17.7, D17.9, D17.10, D17.11

Attainment and Risk: FA

Evidence:

Five staff files reviewed include a signed contract, job description, application, referee checks and performance appraisal that is completed annually.

D17.7d: There are implemented medication competencies for all relevant caregivers and nurse manager around medication.

Five of five files reviewed indicate that staff have completed an orientation programme that is relevant to support for people using rest home level care with the service having a low turnover rate.

The nurse manager confirms that she has completed at least eight hours training a year (training records sighted).

Five of five residents and four of four family members interviewed state consistently that staff are competent, caring and knowledgeable.

There is an annual training plan and the caregivers interviewed confirm that they find the training valuable.

Current practicing certificates are sighted for the nurse manager, doctors, dietitian and physiotherapist.

There are training sessions around specific aspects of the service.

Staff interviewed including the nurse manager and caregivers have a sound knowledge of what should be provided.

Criterion 1.2.7.2 (HDS(C)S.2008:1.2.7.2)

Professional qualifications are validated, including evidence of registration and scope of practice for service providers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.7.3 (HDS(C)S.2008:1.2.7.3)

The appointment of appropriate service providers to safely meet the needs of consumers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.7.4 (HDS(C)S.2008:1.2.7.4)

New service providers receive an orientation/induction programme that covers the essential components of the service provided.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.7.5 (HDS(C)S.2008:1.2.7.5)

A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.8: Service Provider Availability (HDS(C)S.2008:1.2.8)

Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.

ARC D17.1; D17.3a; D17.3 b; D17.3c; D17.3e; D17.3f; D17.3g; D17.4a; D17.4c; D17.4d; E4.5 a; E4.5 b; E4.5c ARHSS D17.1; D17.3; D17.4; D17.6; D17.8

Attainment and Risk: FA

Evidence:

Staff levels and skill mixes are appropriate for the service of this type (rest home level care). There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.

There is 16 staff employed in the service including the owner, owner/manager, nurse manager, cook, activities coordinator and caregivers.

The service contracts with allied health professionals on an as required basis.

Staffing is as follows (14 current residents):

A review of rosters identify that the skills mix on each shift is undertaken to provide safe service delivery as identified in policy. The rosters for the care staff evidence the following staffing levels:

- morning shift: one nurse manager/registered nurse and three caregivers.
- afternoon shift: two caregivers
- night shift: one caregiver

There is a nurse manager on duty five days a week (full time equivalent) and on call after hours.

D17.3a.ii. Additional staff are available and rostered to meet the needs of the residents if required.

Five of five residents and four of four family members interviewed report there are always enough staff on duty and all praised the staff for the care and support provided.

Staff turnover is low.
The owner and owner/manager are available with an office on site.

Criterion 1.2.8.1 (HDS(C)S.2008:1.2.8.1)

There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.9: Consumer Information Management Systems (HDS(C)S.2008:1.2.9)

Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.

ARC A15.1; D7.1; D8.1; D22; E5.1 ARHSS A15.1; D7.1; D8.1; D22

Attainment and Risk: FA

Evidence:

The provider uses an electronic client management system (XXXXXXX) with this falling out of the InterRAI documentation). Resident records are well maintained to an acceptable standard. Resident information is documented in an appropriate and timely manner. All files are integrated apart from the medication records which are in a separate folder (appropriate to the service). The improvement required at the previous audit is completed.

Criterion 1.2.9.10 (HDS(C)S.2008:1.2.9.10)

All records pertaining to individual consumer service delivery are integrated.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Outcome 1.3: Continuum of Service Delivery

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.

Standard 1.3.3: Service Provision Requirements (HDS(C)S.2008:1.3.3)

Consumers receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcome/goals.

ARC D3.1c; D9.1; D9.2; D16.3a; D16.3e; D16.3l; D16.5b; D16.5ci; D16.5c.ii; D16.5e ARHSS D3.1c; D9.1; D9.2; D16.3a; D16.3d; D16.5b; D16.5d; D16.5e; D16.5i

Attainment and Risk: FA

Evidence:

D16.2, 3, The nurse manager completes the assessment on admission, with the initial care plan completed within 24 hours of admission in five of five files reviewed. Within three weeks, the long-term care plan is developed as evidenced in all rest home resident files sampled.

Files reviewed includes a signed agreement completed on the day of admission apart from one file noting that the service has had difficulty in obtaining any signed agreement. The owner and owner/manager state that they have repeatedly followed this up with family and the resident records note that the family has been asked to sign the agreement.

There is evidence of resident and/or family/EPOA involvement in the care planning process.

The nurse manager completes an activities assessment as part of the assessment and care planning documented on InterRAI with a summary completed using XXXXXXXX. An activity plan is developed. Care plans are used by caregivers to ensure care delivery is in line with the residents assessed needs and caregivers (three of three) can describe the use of the care plan in guiding care.

A range of assessment tools available for use on admission includes continence, falls pressure area and dietary assessments. An assessment and care plan is expected to be completed six monthly and this is recorded in five of five files reviewed.

There is a handover for staff at the beginning of each shift. Any resident concerns or events are communicated to the oncoming staff. The caregivers can describe a handover at the beginning of each duty that maintains a continuity of service delivery.

All five files identified integration of information from health professionals including the general practitioner.

Medical assessments are completed within 48 hours of admission in five of five rest home resident files sampled. The general practitioner completes routine three month visits and medication reviews or more frequently as documented and required. The general practitioner states that there is 'good quality of care' and confirms that the general practitioner is informed if there are significant issues noting that minor issues or changes are managed within the ability of the nurse manager and staff.

Tracer methodology; Rest home resident

XXXXXX *This information has been deleted as it is specific to the health care of a resident.*

Criterion 1.3.3.1 (HDS(C)S.2008:1.3.3.1)

Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is undertaken by suitably qualified and/or experienced service providers who are competent to perform the function.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.3.3 (HDS(C)S.2008:1.3.3.3)

Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.3.4 (HDS(C)S.2008:1.3.3.4)

The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.3.6: Service Delivery/Interventions (HDS(C)S.2008:1.3.6)

Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.

ARC D16.1a; D16.1b.i; D16.5a; D18.3; D18.4; E4.4 ARHSS D16.1a; D16.1b.i; D16.5a; D16.5c; D16.5f; D16.5g.i; D16.6; D18.3; D18.4

Attainment and Risk: FA

Evidence:

Resident care plans are completed by the nurse manager.

When a resident's condition alters, the nurse manager initiates a review and if required, general practitioner or specialist consultation – sighted in files reviewed. The general practitioner confirms that the general practitioner is notified when required in a prompt and timely manner.

The three caregivers interviewed state that they have all the equipment referred to in support plans necessary to provide care, including scales, continence products that are individualised, pressure area mattresses, lifting belts, gloves, aprons and masks. All products and equipment is sighted as being calibrated annually and checked on the day of the audit.

The service has access to physiotherapy services for equipment assessment and advice.

D18.3 and 4: Dressing supplies are available and the treatment room is well stocked. Staff report that there are adequate dressing supplies. There are two residents currently with wounds. All three wounds have assessments and care plans documented in XXXXXXXX with evidence of review at each dressing change. Wound care plans are able to be described for minor skin tears and wounds.

Dietary profile forms that include specific dietary requirement, likes and dislikes are completed on admission for all new admissions. Dietary profiles are reviewed six monthly. Copies are sent to the cook and kept in a folder in the kitchen. The cook confirms dietary profiles and any special requests are received from the nurse manager with knowledge around who is gaining and losing weight. One resident reviewed indicates that there is long-term weight loss with the resident prescribed fortisip. Another has sustogen prescribed and progress notes and monthly (weekly for one resident) describe appropriate weight management.

One file reviewed is for a resident using respite care. The resident has a comprehensive assessment and care plan documented and after a month of care and support, the resident states that the support has been 'excellent'.

Criterion 1.3.6.1 (HDS(C)S.2008:1.3.6.1)

The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.7: Planned Activities (HDS(C)S.2008:1.3.7)

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.

ARC D16.5c.iii; D16.5d ARHSS D16.5g.iii; D16.5g.iv; D16.5h

Attainment and Risk: FA

Evidence:

The service employs an activities coordinator for three days a week.

There are visits from community groups including entertainers.

The nurse manager completes a social and activity assessment using the XXXXXXXX planning tool as part of the documentation of the care plan and the activities coordinator documents weekly progress notes noting engagement in the programme. All five files reviewed include an assessment and plan that is individualised with progress notes documented. One resident whose file is reviewed does not engage in activities (confirmed by the resident interviewed). Progress notes are still documented weekly stating that the resident does not want to engage.

The activities coordinator documents a programme and this is displayed on the noticeboard for resident to see. Residents were observed being engaged in activities on the day of the audit.

Criterion 1.3.7.1 (HDS(C)S.2008:1.3.7.1)

Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.8: Evaluation (HDS(C)S.2008:1.3.8)

Consumers' service delivery plans are evaluated in a comprehensive and timely manner.

ARC D16.3c; D16.3d; D16.4a ARHSS D16.3c; D16.4a

Attainment and Risk: FA

Evidence:

The nurse manager completes a review of the long-term care plan at least six monthly. Changes to health status are included in the care plan as sighted in five of five files reviewed.

The service updates the care plans if there are short term cares required – sighted in files reviewed e.g. for infections, skin tear.

The general practitioner reviews the resident at least three monthly and each resident has a review of weight, blood pressure and pulse monthly or as required noting that one resident has weekly weights documented to monitor weight loss.

D16.4a Care plans are evaluated six monthly more frequently when clinically indicated.

There are annual multi-disciplinary reviews that occur as documented in five of five files reviewed.

Criterion 1.3.8.2 (HDS(C)S.2008:1.3.8.2)

Evaluations are documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.3.8.3 (HDS(C)S.2008:1.3.8.3)

Where progress is different from expected, the service responds by initiating changes to the service delivery plan.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.12: Medicine Management (HDS(C)S.2008:1.3.12)

Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.

ARC D1.1g; D15.3c; D16.5e.i.2; D18.2; D19.2d ARHSS D1.1g; D15.3g; D16.5i..i.2; D18.2; D19.2d

Attainment and Risk: FA

Evidence:

There are policies and procedures in place for all aspects of medicine management. These comply with the current safe practice guidelines. During the audit a medication round was observed and practice was seen to be safe and according to the policies and procedures. The caregiver completing the medication round is able to describe the process as per the policy.

A blister pack system is in place and medicines are supplied by a local pharmacy. On arrival from the pharmacy the nurse manager checks medicines against the prescription chart – sighted.

There is a controlled drug safe which complies with the drug regulations. The controlled drug register was verified as accurate with a check of controlled drug balances for one resident.

Medicines are stored securely in a locked cupboard in the locked nurse manager's room. The keys are held on the person of the staff member administering medications.

Allergies are recorded on the prescription charts and in the files. Any errors are reported via the incident accident reporting system. Review of medication errors show that there are few errors and these are always investigated and followed up by the nurse manager.

A total of ten medication prescription and administration records were sighted. Specimen signatures are recorded. There is a policy and procedure in place for the safe self-administration of medicines with three residents deemed competent to self-administer medication. There is a safe place in each room to store medicines.

All medication charts are reviewed at least three monthly by the general practitioner and medicines are administered as prescribed.

Staff are trained by the nurse manager in medication administration procedures and all staff files reviewed for staff who give medications have an annual medication competency.

The nurse manager has been away for a week. In the nurse manager's absence, the acting registered nurse has transcribed some instructions around medication. The incidents in four files clearly indicate that this is because of the relieving nurse and the nurse manager states that all staff are aware that there is not to be any transcribing.

The nurse manager has not prescribed any instructions before or after the week away and therefore this is not considered an improvement required. The owner and owner/manager and nurse manager state that they are going to follow the error up with the acting registered nurse on the day after the audit.

Criterion 1.3.12.1 (HDS(C)S.2008:1.3.12.1)

A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.12.3 (HDS(C)S.2008:1.3.12.3)

Service providers responsible for medicine management are competent to perform the function for each stage they manage.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.12.5 (HDS(C)S.2008:1.3.12.5)

The facilitation of safe self-administration of medicines by consumers where appropriate.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.3.12.6 (HDS(C)S.2008:1.3.12.6)

Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.13: Nutrition, Safe Food, And Fluid Management (HDS(C)S.2008:1.3.13)

A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.

ARC D1.1a; D15.2b; D19.2c; E3.3f ARHSS D1.1a; D15.2b; D15.2f; D19.2c

Attainment and Risk: FA

Evidence:

Fluids are provided with each meal and afternoon tea and supper is provided.

Any dietary requirements are identified on admission by the nurse manager and the cook interviewed is familiar with dietary needs.

The cook interviewed explained that the kitchen staff can cater for all dietary requirements and there are instructions related to what is required.

The kitchen is clean and has cooking appliances for the numbers to be catered for. All food supplies are delivered on a regular basis to meet the menu requirements.

Food is stored safely, labelled with contents and expiry dates are monitored. There are daily temperature recordings of the freezers and chiller and food temperatures are recorded with documentation indicating that all food temperatures are in the correct range.

The cook has attended food safety training and completed the necessary requirements.

Five of five residents and four of four family members interviewed confirm that the food meets the approval of the resident / family member and residents appeared to enjoy the meal at lunchtime.

Meals on the day of the audit are appetising and hot.

The food is delivered directly from the kitchen to the residents in the dining room.

Food is covered and dated in the fridge/freezers and all food is off the floor in the pantry.

There is a summer/winter menu and the menu has been reviewed by a dietician – sighted as being completed in 2013. Staff have had training around infection control related to the kitchen last in May 2014.

Criterion 1.3.13.1 (HDS(C)S.2008:1.3.13.1)

Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.13.2 (HDS(C)S.2008:1.3.13.2)

Consumers who have additional or modified nutritional requirements or special diets have these needs met.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.13.5 (HDS(C)S.2008:1.3.13.5)

All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Outcome 1.4: Safe and Appropriate Environment

Services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensures 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.

Standard 1.4.2: Facility Specifications (HDS(C)S.2008:1.4.2)

Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.

ARC D4.1b; D15.1; D15.2a; D15.2e; D15.3; D20.2; D20.3; D20.4; E3.2; E3.3e; E3.4a; E3.4c; E3.4d ARHSS D4.1c; D15.1; D15.2a; D15.2e; D15.2g; D15.3a; D15.3b; D15.3c; D15.3e; D15.3f; D15.3g; D15.3h; D15.3i; D20.2; D20.3; D20.4

Attainment and Risk: FA

Evidence:

The facility has a current building warrant of fitness that expires 14 July 2014.

There is a reactive and planned maintenance system and one of the owners is responsible for completing some maintenance with contractors called as necessary.

Residents are observed moving freely about the home and accessing the communal areas with ease.

ARC D15.3; There is adequate equipment available for the rest home including pressure area mattresses, lifting belts, mobility aids, scales.

Equipment has been calibrated in 2013.

The facility has had new carpet, heating and lighting put in over the last year. The family members and residents state that it is like a 'family home' and they enjoy living in it.

The site is safe both inside and out with rails appropriately placed to support residents.

There are deck areas outside for residents to use.

Residents, general practitioner, family and staff praised the environment for being a 'quality' environment.

Criterion 1.4.2.1 (HDS(C)S.2008:1.4.2.1)

All buildings, plant, and equipment comply with legislation.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.2.4 (HDS(C)S.2008:1.4.2.4)

The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.2.6 (HDS(C)S.2008:1.4.2.6)

Consumers are provided with safe and accessible external areas that meet their needs.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

NZS 8134.2:2008: Health and Disability Services (Restraint Minimisation and Safe Practice) Standards

Outcome 2.1: Restraint Minimisation

Services demonstrate that the use of restraint is actively minimised.

Standard 2.1.1: Restraint minimisation (HDS(RMSP)S.2008:2.1.1)

Services demonstrate that the use of restraint is actively minimised.

ARC E4.4a ARHSS D16.6

Attainment and Risk: FA

Evidence:

The policy around restraint and enablers is applicable to the type and size of the service (rest home).

The service has a restraint free philosophy.

Restraint is not used and there are currently no enablers used.

The policies and procedures are comprehensive, including definitions, processes and use of enablers.

The policy includes that enablers are voluntary and the least restrictive option.

Strategies are in place to minimise the use of restraint including mobility aids and supervision of residents.

The three caregivers and nurse manager interviewed confirm knowledge of restraint, enablers and management of challenging behaviours.

Staff have had training around restraint and enablers last in March 2014 and around managing challenging behaviours last in April 2014.

An annual audit (last completed in September 2013) ensures that there is monitoring of any potential use of restraints or enablers.

Criterion 2.1.1.4 (HDS(RMSP)S.2008:2.1.1.4)

The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

NZS 8134.3:2008: Health and Disability Services (Infection Prevention and Control) Standards

Standard 3.5: Surveillance (HDS(IPC)S.2008:3.5)

Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.

Attainment and Risk: FA

Evidence:

The infection control surveillance policy describes the surveillance programme. The staff and management meetings held monthly include discussion of infection control and discussion of the monthly data.

All infections are collected via the infection report form. There is a collated report of infections monthly and a graph generated.

Trends and individual outcomes are noted and acted upon by the nurse manager as stated by the nurse manager. Surveillance methods and processes including individual infection reports adequately identify the risk factors and needs of the residents.

The infection control coordinator is the nurse manager.

Staff interviewed including the caregivers confirm knowledge of best infection control practice and of surveillance data.

There has been a suspected outbreak of scabies in September 2013 with a report documented. Eighteen residents/staff are noted as being treated for scabies (refer 1.2.4).

Criterion 3.5.1 (HDS(IPC)S.2008:3.5.1)

The organisation, through its infection control committee/infection control expert, determines the type of surveillance required and the frequency with which it is undertaken. This shall be appropriate to the size and complexity of the organisation.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 3.5.7 (HDS(IPC)S.2008:3.5.7)

Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*