

# TerraNova Homes & Care Limited - Riverleigh Residential Care

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## Introduction

This report records the results of a Surveillance 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:

<b>Legal entity:</b>	TerraNova Homes & Care Limited
<b>Premises audited:</b>	Riverleigh Residential Care
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 18 November 2014    End date: 18 November 2014
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	56

# Executive summary of the audit

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## Introduction

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

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

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

<b>Indicator</b>	<b>Description</b>	<b>Definition</b>
	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

Riverleigh Residential Care is an aged care service owned and operated by TerraNova Homes and Care Limited. The service provides both rest home and hospital level of care for up to 64 residents. There were 56 residents at the time of audit, 15 at rest home level of care and 41 at hospital level of care. The resident numbers include permanent and respite care as well as some younger residents under the age of 65.

An unannounced surveillance audit against the Health and Disability Services Standards and the services' contract with the District Health Board was conducted on 18 November 2014. The surveillance audit process includes the review of the services' risk and quality data and analysis related to hazards, incidents and accidents, falls, infection control and restraint minimisation. A selected number of rest home and hospital residents' files were reviewed and interviews with management, staff, residents, family and a general practitioner were conducted to verify the documented evidence.

No shortfalls were identified at the previous audit. There are no new improvements required identified at this audit.

The strengths of the service include the implementation and ongoing monitoring of the TerraNova quality and risk management systems, care planning documentation, care evaluation and the Life Enhancement activities programme.

## 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.		Standards applicable to this service fully attained.
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The service adheres to the principles of open disclosure and notifies residents and their families where necessary and appropriate, of any matters that may impact on them.

Complaints management is undertaken to meet policy requirements. There is an up to date complaints register sighted. The service does not have any open complaints at the time of audit.

## 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.
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The TerraNova mission, vision and values are clearly identified and displayed throughout the service. Services are planned, coordinated, and appropriate to the needs of the residents. The service is managed by a suitably qualified and experienced manager. Quality and risk management processes are documented and maintained, reflecting the principals of continuous quality improvement. Adverse, unplanned and untoward events are recorded and reported at both the service level and wider TerraNova level for review and benchmarking. Corrective action plans are implemented and reviewed to address any shortfalls identified through the quality and risk monitoring systems.

Residents receive appropriate services from suitably qualified staff. Human resources processes are managed in accordance with current employment practice, meeting legislative requirements. Staff have access to ongoing education and training programmes.

Care staffing levels are based on bed occupancy and the levels of need of the residents. There are adequate numbers of care staff to meet the required contractual agreement with the DHB and guidelines for safe staffing for aged care.

## 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.		Standards applicable to this service fully attained.
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There is evidence that residents' needs at Riverleigh Residential Care are assessed on admission by the multidisciplinary team. Care required is identified, co-ordinated, planned and reviewed in participation with the resident.

An activities programme, that includes a wide range of activities and involvement with the wider community, is enjoyed by residents.

Well defined medicine policies and procedures guide practice. Practices sighted are consistent with these documents.

Menus are reviewed by a dietitian as meeting nutritional guidelines for older people. Any special dietary requirements and need for feeding assistance or modified equipment is recorded and being met. Residents have a role in menu choice and those interviewed are satisfied with the food service provided.

## 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.
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The building has a current warrant of fitness. There have been no alterations to the layout of the building that have required changes to the approved evacuation plan.

## 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.

Policy identifies that enablers shall be voluntary and the least restrictive option to meet the needs of the resident to promote independence and safety. Currently the service has four enablers and two restraints in use (bedside rails or chair lap belt). The care staff demonstrate knowledge and understanding of safe restraint management processes, including enabler use.

## 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.

Surveillance of infections is occurring according to the descriptions of the process in the programme. Data on the nature and frequency of identified infections is collated and analysed. Surveillance results are reported through all levels of the organisation.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	0	0	0	0
Criteria	0	38	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

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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
Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>The service has an up-to-date complaints register which identifies the date of the complaint, the complainant, description of the issue and the actions taken. The register records one complaint that was received through the DHB, with this now closed. The complaints sampled for 2014 indicate that complaints are investigated within the time frames of Right 10 of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) There are no outstanding complaints regarding the service at the time of audit.</p> <p>Complaints data is a standing agenda item for all staff meetings. Residents and family interviews confirm they have had the complaints procedure explained to them and they understand and know how to make a complaint if required. They report the complaints process is easy to access and feel that they are listened to if they do make a complaint or provide feedback. Staff are aware of their responsibility to record and report any complaints they may receive.</p>
Standard 1.1.9: Communication  Service providers communicate effectively with	FA	TerraNova policies related to open disclosure are implemented by the service. Family/whānau confirm they are kept informed of the resident's status, including any adverse events, incidents or concerns staff may have. Family communication is

<p>consumers and provide an environment conducive to effective communication.</p>		<p>clearly documented in the residents' files and on incident/accident forms. Wherever necessary and reasonably practicable, interpreter services are provided. Contact details for the interpreter service are clearly set out in resident admission information and in policy. Residents are able to effectively communicate with staff.</p>
<p><b>Standard 1.2.1: Governance</b> The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The TerraNova vision, mission and values are clearly described in policy and displayed throughout the service. These were last reviewed in October 2014. The service has implemented the TerraNova 'Clinical Compass' clinical review system that provides guidelines in ensuring services are planned, coordinated, and appropriate to the needs of residents. These guidelines are developed for the aged care industry to reflect current best practice.</p> <p>The service is managed by a suitably experienced and qualified registered nurse (RN) with over 35 years' experience in the management of health and aged care services. The manager is supported by an onsite clinical nurse and administration worker, as well as by the TerraNova organisational and clinical management teams.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b> The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The TerraNova quality and risk management system is implemented at Riverleigh. The quality and risk management system is understood and being implemented by the manager and staff. Key components of service delivery are linked to the quality and risk systems. The internal audit programme includes the monitoring of service delivery and essential services, such as event reporting, complaints management, infection prevention and control, health and safety, and restraint minimisation. Results are documented on a 'balanced scorecard' with evidence of actions taken when results are above the accepted benchmarking threshold.</p> <p>Evaluation of internal audits, quality and risk data is undertaken. Audits sighted include the audit finding, summary of audit finding, areas for improvement, action plan/corrective action plan, outcomes and sign off when outcomes are completed. Corrective actions are put into place to address identified areas for improvement as appropriate. Corrective action plans sighted cover all aspects of service delivery and are linked to the quality management system at the service and organisational levels.</p> <p>Risks are identified in the risk management plan and hazard register. The risks are identified through staff, resident and family meetings, individual reports, health and safety reporting, concerns complaints, the internal audit programme, external auditing</p>

		<p>and participation in any benchmarking programmes. The risk management plan includes a description of each identified risk, the risk rating, the controls and actions that have been put into place to prevent the risk from reoccurring and/or how to deal with the risk in the event of its re-occurrence. Hazards are identified on the hazard register. The register is updated as new hazards are identified. Risks and hazards are monitored through the internal audit programme.</p> <p>Policies and procedures have been developed in line with current accepted best and/or evidenced-based practice and are reviewed regularly. The content of policy and procedures are detailed to allow effective implementation by staff. Policies are available in hard copy and via the TerraNova intranet. The document control system ensures policies and procedures are approved, up-to-date, readily available to staff and are managed to avoid the use of obsolete documents. Policies are reviewed at a minimum of two-yearly with more frequent reviews for those policies that require more frequent updates (eg, clinical policies). TerraNova managers and clinical co-ordinators have input into policy updates.</p> <p>Corrective actions are put into place where identified and are used to guide improvements. Monthly staff meetings have trended data and benchmarking results presented as part of the standing agenda. Meetings are used to review corrective actions put in place.</p> <p>The residents and family/whanau confirm any issues that are raised are addressed and that they are kept informed of the outcome. Family and resident feedback is provided through annual satisfaction surveys. Satisfaction survey results confirm overall satisfaction with the care and services provided at Riverleigh.</p>
<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>The manager understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required. The incident and accident reporting system is understood by staff. As part of the organisation's risk management strategy, serious or potentially serious or significant incidents/accidents/events are documented to ensure that the incident/accident/event is investigated to prevent re-occurrence of any adverse events.</p> <p>The service uses accident and incident forms to document adverse, unplanned or untoward events. This information is monitored, evaluated and benchmarked. Data is collected and collated monthly. Once data is collected, the results are benchmarked against other TerraNova facilities with evidence of analysis of the data. Shortfalls identified are used as opportunities to improve service delivery and manage risk.</p>

		<p>Examples include actions implemented when there is unexplained weight loss and there are increased falls. The review of falls data has resulted in the implementing of management strategies at increased times of falls, or specific interventions for residents who are 'frequent fallers'. Results of incident and accident trend analysis are discussed at the monthly staff and management meetings.</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>	<p>FA</p>	<p>Professional qualifications are validated, including evidence of registration and scope of practice for staff members. The manager ensures that staff who require practising certificates have them updated annually. The TerraNova human resources practices are implemented for the appointment of staff to ensure that staff have appropriate skills and knowledge. There are annual staff appraisals, with these used to identify ongoing educational needs.</p> <p>There is a planned and documented orientation programme for all new employees to ensure that individual resident's needs are met by staff with the appropriate knowledge and information. The orientation/induction programme includes a tour of the facility, 'buddy shifts' with a staff member and specific induction procedures. There are designation specific procedures to be completed within the first three months, with a three month appraisal to be completed which includes a review of the new staff member's competence at their role. Within the first six months all caregivers are to complete the Aged Care Education (ACE) modules 1-4 (unless already completed prior to employment).</p> <p>The in-service education programme includes individual site education sessions offered as well as the organisational wide education. All staff are required to attend all of the sessions listed, that are applicable to their role, at least annually. Attendance records are maintained for education attended. The compulsory session topics are included initially in the orientation programme booklet. Appropriate external and professional courses are offered to staff. The care and activities staff are encouraged to complete the National Certificate in Aged Care. The organisation offers career pathways for ENs, RNs, and clinical coordinators.</p> <p>The residents, family and satisfaction survey results confirm services are delivered in a manner to meet required needs. The residents and families report overall satisfaction with the quality of the care. One resident did comment, that though they are overall satisfied with their care and reports that the some staff are 'excellent', there are some staff 'that are better than others with some staff not as caring as others'. This was discussed with the manager at the time of audit and the manager</p>

		reports they have already identified this and implemented actions to address the areas of concern.
Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	<p>The sighted staff management policy clearly documents the process which determines the nursing and caregiving levels and skill mixes in order to provide safe service delivery. Staffing is based on bed occupancy and the 'indicators for safe staffing levels in aged care'. This takes into consideration the number of rest home and hospital level of care residents and their needs.</p> <p>At the time of audit the level the staffing is reflective of the decrease in bed occupancy and the distribution and number of the hospital and rest home level of care residents. The caregiving staff did comment that they felt they have a heavy workload at present. The caregiving staff concerns regarding the workload was discussed with the manager. The manager acknowledges that with reduced occupancy the staffing levels have also reduced to reflect this, whilst still maintaining appropriate staffing levels. The rosters confirm caregiving and registered nursing staff rostered is more than the minimum contractual requirements and reflective of the services safe staffing indicators.</p> <p>There are adequate numbers of support staff, that include administration, cooks, kitchen assistants, cleaning and laundry staff and activities coordinators.</p> <p>The residents and family/whanau interviewed report that they receive adequate quality of care at Riverleigh.</p>
Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	<p>The Medication Management Policy at Riverleigh Residential care is comprehensive and identifies all aspects of medicine management including safe and appropriate prescribing, dispensing, administration, review, storage, disposal and medicine reconciliation in order to comply with legislation, protocols and guidelines.</p> <p>Medicines for residents are received from the pharmacy in the robotic delivery system and checked for accuracy by the RNs. A safe system for medicine management is observed on the day of audit. Staff who administer medicines have current medication competencies (sighted). Staff observed demonstrate good knowledge and a clear understanding of their roles and responsibilities related to medicine management.</p> <p>Controlled drugs are stored in a separate locked cupboard. Controlled drugs, when</p>

		<p>administered are checked by two RNs for accuracy in administration. The controlled drug register evidences weekly stock checks, six monthly pharmacist checks and accurate records.</p> <p>The records of temperature for the medicine fridge have readings documenting temperatures within the recommended range.</p> <p>The medicine prescription is signed individually by the GP. The GP's signature and date are recorded on the commencement and discontinuation of medicines. Residents' photos, allergies and sensitivities are recorded on the medicine chart. Sample signatures are documented. Medicine charts (four rest home and eight hospital charts) reviewed have completed medicine prescriptions and signing sheets including approved abbreviations when a medicine has not been given. The three monthly GP review is recorded on the medicine chart.</p> <p>Some residents at Riverleigh are self-administering their creams and inhalers at the time of audit. Documentation and monitoring is consistent with Riverleigh's policies for self-administration.</p> <p>The clinical coordinator monitors to ensure all staff who administer medications have current competencies and RNs are assessed for medication competency yearly (documentation sighted).</p> <p>Standing orders are used at Riverleigh Residential Care. The written authorisation (sighted), signed by the resident's GP, identifies the directions and indications for each medicines use. The standing order specifies the medicines that may be administered under the standing order, the treatment and condition to which the order applies, the recommended dose range, the number of doses the standing order allows, the contraindications for use, the method of administration and the documentation required.</p>
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	<p>The food, fluid and nutritional requirements of the residents at Riverleigh Residential Care are provided in line with recognised nutritional guidelines for older people as verified by the dietitians recent documented assessment of the menu (sighted). All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. A Lower Hutt City Council food premises evaluation in June 2014 evidences an A+ rating for Riverleigh (sighted).</p> <p>Training records verify the cooks and kitchen hands are trained in food and hygiene</p>

		<p>safety.</p> <p>The effectiveness of chemical use, cleaning, and food safety practices in the kitchen is monitored by an external provider. The facility receives monthly reports and recordings on the effectiveness of the programme. A cleaning schedule is sighted as is verification of compliance.</p> <p>Evidence supports sufficient food is ordered and prepared to meet the resident's recommended nutritional requirements.</p> <p>Between meal snacks are available at all times and verified by resident, staff and family/whanau interviews.</p> <p>A dietary assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences of the residents, special diets and modified nutritional requirements are known to the cook and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs is sighted. Evidence of resident satisfaction with meals is verified by resident and family/whanau interviews, sighted satisfaction surveys and resident meeting minutes.</p> <p>Sufficient staff are observed on duty in the dining rooms at meal times to ensure appropriate assistance is available to residents as needed, as sighted and seen in rosters reviewed. The dining rooms are clean, warm, light and airy to enhance the eating experience.</p> <p>When food is delivered it is checked for 'use by date' and damage then stored in well organised and appropriately temperature controlled storage. Fridge, freezer, and cooked meat temperatures are monitored daily. Records sighted verify records within accepted parameters.</p>
Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	<p>Files reviewed, observations and interviews verify the provision of care provided to residents at Riverleigh Residential Care is consistent with residents' physical, social, spiritual and emotional needs and desired outcomes. Interventions are detailed, accurate and meet current best practice standards. Riverleigh's contracted general practitioner (GP) visits every Tuesday and Friday. An interview with the GP verifies Riverleigh seeks prompt and appropriate medical intervention when required and responds appropriately to medical requests and that 'well organised appropriate care is provided'.</p> <p>Interviews with residents and family/whanau members expressed satisfaction with the</p>

		<p>care provided.</p> <p>There are sufficient supplies of equipment that complies with best practice guidelines and meets the residents' needs (sighted).</p>
<p><b>Standard 1.3.7: Planned Activities</b></p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The company's 'life enhancement' programme sets out guidelines for the organisation's activity programmes and includes activities that focus around garden club, 'blokes' shed and 'ribbons and lace'. The activities programme at Riverleigh is provided by two full time and one part time activity personnel, one of whom is a trainee diversional therapist. Photographs around the facility offer insight into the events, beach outings and museum visits that have recently taken place.</p> <p>Residents of Riverleigh are assessed on admission to ascertain their needs and appropriate activity requirements. The activities assessments and plans include the resident's preferences, social history, and past and present interests. Activities assessments are analysed to develop an activities programme that is meaningful to the residents. The planned monthly activities programme sighted matches the skills, likes, dislikes and interests evidenced in the activity assessment data. Activities reflect ordinary patterns of life and include normal community activities. Family/whanau and friends are welcome to attend all activities. Group activities are developed according to the needs and preferences of the residents who choose to participate.</p> <p>Individual activity assessments are updated or reviewed at least six monthly with a monthly summary of the resident's response to the activities, level of interest and participation recorded. The goals are developed with the resident and their family, where appropriate.</p> <p>A residents' meeting is held monthly and is run by the activities officers. Meeting minutes evidence the activities programme is discussed and that management are responsive to requests. Residents and family interviews verify satisfaction with the activities offered. The trainee diversional therapist (interviewed) reports feedback is sought from residents during and after activities.</p>
<p><b>Standard 1.3.8: Evaluation</b></p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Evaluation of resident care at Riverleigh Residential Care is undertaken on a daily basis and documented in the progress notes. If any change is noted it is reported to the RN who may contact the resident's GP. Family/whanau are kept informed of changes.</p>

		<p>Formal care plan evaluations are conducted at least six monthly or as needs change. Where progress is different from expected changes are initiated to the service delivery plan. A short term care plan is initiated for short term concerns such as infections, wound care, changes in mobility and the resident's general condition.</p> <p>The RNs undertake and documents all care plan evaluations, at least every six months. Short term care plans are reviewed daily, weekly or fortnightly as indicated by the degree of risk noted during the assessment process. Evidence of evaluation is sighted in files reviewed. Resident and family interviews and documentation verifies they are included and informed of all care plan updates and changes.</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 Building Warrant of Fitness expires 24 September 2015. No alterations have occurred to the building that require changes to the building warrant of fitness or evacuation plan.</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>In line with Riverleigh Residential Care's infection control policy and procedures, monthly surveillance is occurring. The type and frequency of surveillance is as determined by the infection control programme. All new incidents of urine, chest, eye, gastro-intestinal and soft tissue infections occurring each month are recorded on an infection report form and graphed. Incidents of infections are sighted and are low. These are collated each month and analysed by an external benchmarking contractor to identify any significant trends or possible causative factors. A yearly comparison based on previous incidents is used as a comparison to analyse trends. It is noted rates of infections in the rest home and hospital are lower than last year. Any actions required are presented to staff at staff meetings and any necessary corrective actions discussed, as evidenced by meeting records. Six monthly teleconference with the groups clinical coordinators, records discussion in regards to infection control. The above is verified by infection control records, meeting minutes, files reviewed and staff interviews.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint minimisation policy identifies that enabler use is voluntary as is any equipment that limits normal freedom of movement, with the intent of promoting independence, comfort and/or safety. The care staff interviewed understand their responsibilities when there is restraint or enabler use. At the time of audit there are</p>

		four residents who require the use of bed rails as an enabler and two residents assessed as requiring bed rails and/or lap belt for restraint.
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## **Specific results for criterion where corrective actions are required**

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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
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## **Specific results for criterion where a continuous improvement has been recorded**

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

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

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

No data to display

End of the report.