

# Ranfurly Village Hospital Limited

---

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Ranfurly Village Hospital Limited
<b>Premises audited:</b>	Bob Reed Unit  Ranfurly Care and Veterans Facility
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 14 January 2015      End date: 15 January 2015
<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>	76

# Executive summary of the audit

---

## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
Yellow	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
Red	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

Ranfurly Village Hospital Ltd provides hospital – medical and geriatric services, rest home care and dementia level care for up to 83 residents across three units (one dementia and two rest home/hospital). There were 76 residents at the time of audit. Residents and family interviewed spoke positively of the service.

Ranfurly Village Hospital Limited is managed by a registered nurse who has experience of working as an operations manager and general manager in aged care facilities both in New Zealand and Australia.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the District Health Board. This audit process included the review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family, management and staff.

Five of five shortfalls identified at the previous audit have been addressed. These were around around advance directives, documentation of residents beliefs and values, the use of clinical assessments, aspects of medication management, documentation of activity/recreational plans and chemical safety.

## 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.
--	--	--

The service practices open disclosure and the general manager and care manager operate an open door policy. Families are informed of changes in resident's health status or incidents in a timely manner. Complaints processes are implemented and complaints and concerns have been managed and documented. Residents and family interviewed verified on-going involvement with community. Consents were obtained from residents in accordance with accepted best practice.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
---	--	--

The service has an established quality business plan. Key components of the quality management system link to a number of meetings including quality meetings. An annual resident/relative satisfaction survey has been completed and there are regular resident/relative meetings. Quality and risk performance is reported across the facility meetings. The quality and risk management systems are continually reviewed. Quality actions have resulted in a number of quality improvements for both residents and staff. There is an active health and safety committee. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There is a comprehensive in-service training programme covering relevant aspects of care and support and external training is well supported. There is a charter in place which includes standards of care and minimum staffing levels and aligns with contractual requirements and includes skill mixes. Staffing levels are monitored closely with staff and resident input into rostering.

## 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.
--	--	--

Service delivery is overseen by onsite registered nurses every day in all areas. Each resident is comprehensively assessed and interventions have been planned in consultation with the resident and their families where appropriate. Plans of care were developed by registered nurses in consultation with the resident's general practitioner and other specialist staff. Each resident had an individual and group activities plan to maximise their health and independence. Residents were evaluated on a regular basis and at least six monthly. Residents were seen by the general practitioners at least monthly.

A new electronic medicine management system of charting was being piloted by the service, which was working well in practice. The new system had improved the way medicines were being charted by the general practitioners and had addressed concerns noted at the previous audit. The medicine management system was managed appropriately in line with required guidelines and legislation.

The food service has changed since the previous audit and was being provided by staff rather than a contracted agency. The new food service has been redesigned to provide residents with a restaurant style choice of food typically used in the hospitality industry. Residents chose their meals from a menu of choices which were displayed to them by staff using electronic hand held devices. This information was then conveyed electronically to the Chef and the pre-ordered meals were then prepared and delivered. Residents and relatives interviewed spoke very highly of the care provided, the range of activities on offer and the food service. Ranfurly was the winner of two excellence in care awards, from the New Zealand Aged Care Association In October 2014 where it won the "Excellence in Food Award" and also the supreme "Overall Excellence in Aged Care Award".

## 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.
--	--	--

Both the hospital/rest home building and the Bob Reed Unit are well maintained and each has a current building warrant of fitness.

## 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.
---	--	--

Restraint practices are only used where it is clinically indicated and justified and other de-escalation strategies have been ineffective. The policies and procedures include definitions, processes and use of enablers.

The policy includes that enablers are voluntary and the least restrictive option. There were no residents with an enabler in use and five residents requiring the use restraints (bedrails).

## Infection prevention and control

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



Standards applicable to this service fully attained.

The infection control co-ordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	20	0	0	0	0	0
<b>Criteria</b>	0	43	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The previous audit identified that resuscitation forms (i.e., advanced directives) were not always completed correctly. These forms have since been reviewed and all forms sighted were completed correctly in the sample of residents' records reviewed.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has in place a complaints policy and procedure that aligns with Code 10 of the Code of Rights. D13.3h. A complaints procedure is provided to residents within the information pack at entry. The complaints register for 2014 is documented. Twelve complaints were tracked, indicating that they had been actioned according to investigation/follow-up letter timeframes and all identified resolution. The staff and quality meetings identified discussion of complaints and outcomes. Discussion with nine residents (four hospitals and five rest homes) and eight relatives confirmed they were provided with information on complaints and complaints forms.</p> <p>E4.1biii. There is written information on the service philosophy and practices particular to the Bob Reed unit included in the information pack.</p>

<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>The previous audit identified that spiritual needs were not always documented in care plans. Staff had training around spirituality and care planning in January 2014 and all seven files sampled (two from the rest home, two from the dementia unit and three from the hospital) have spirituality needs included in the assessment and then documented in the care plan where needs exist. The previous shortfall has been addressed.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Full information is provided at entry to residents and family/whānau in user friendly formats and can be read to residents. Families are involved in the initial care planning and in on-going care and regular contact is maintained with family including; if an incident/accident, care/medical issues or complaints arise. D16.4b Relatives (four hospital, one rest home, two dementia care) stated that they were always informed when their family members health status changes. Staff interviewed (three health care assistants from the dementia unit and four from the rest home/hospital, one RN from the dementia unit and three from the rest home/hospital, the health and safety and education coordinator, the quality coordinator, the care manager, one diversional therapist and one activities coordinator) report on-going communication with residents and families. Access to interpreter services is identified as through Auckland DHB.</p> <p>D12.1 Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The Ministry of Health “Long-term Residential Care in a Rest Home or Hospital – what you need to know” is provided to residents on entry.</p> <p>D16.1bii; The information pack and admission agreement included payment for items not included in the services. A site specific Introduction to Dementia unit booklet providing information for family, friends and visitors visiting the facility is included in the enquiry pack along with a new resident’s handbook providing practical information for residents and their families.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>There is a quality and business plan 2015 that documents goals over 10 domains. A more detailed plan with specific goals to meet the overall goals is then developed by the person responsible for each domain. Progress toward goals is discussed and documented at the monthly operational management meeting. More strategic goals are developed by the director who works with the general manager to ensure these</p>

		<p>are implemented.</p> <p>Ranfurly Village Hospital Limited provides hospital - medical, geriatric, rest home and dementia level care for up to 83 residents across three units. There were 22 rest home residents, 34 hospital residents and 20 residents receiving dementia level care at the time of audit.</p> <p>The general manager (GM) is a registered nurse with health management experience in New Zealand and Australia. She is supported by the care manager who is a registered nurse (RN) that has been at Ranfurly for 21 years. There are job descriptions for both positions that include responsibilities and accountabilities. A quality coordinator (RN) and an educator and health and safety coordinator (RN) are part of the management team.</p> <p>ARC, D17.3di (rest home), D17.4b (hospital), the general manager has maintained at least either hours annually of professional development activities related to managing a hospital.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Ranfurly Village Hospital Limited has an established quality and risk management system. Quality and risk performance is reported across the quality circle meeting in each unit and monthly reports placed in each unit.</p> <p>The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. All quality manuals can be accessed on line.</p> <p>Key components of the quality management system link to the monthly quality reports provided from departments. There are monthly quality reports completed by the quality coordinator that break down the data collected across the rest home, dementia and hospital units and staff incidents/accidents. Complaints are included in the GM monthly report to the company director.</p> <p>The monitoring programme includes all key areas. Frequency of monitoring is determined by the internal audit schedule. Audit summaries and action plans are completed where a noncompliance is identified. Issues are reported to the appropriate committee e.g. quality. The service is active in analysing data collected and corrective actions are required based on audit outcomes. Feedback is provided via graphs and reports.</p>

		<p>Since November 2014, 24 quality improvement programmes have been developed and 21 of these have been completed with outcomes analysed. Staff, resident and family satisfaction surveys show a high level of satisfaction with corrective action plans developed around lower scoring areas.</p> <p>D19.3: There is a comprehensive health and safety and risk management programme in place. Hazard identification, assessment and management policy guides practice. The hazard management plan is current with a copy of significant hazards for each area, displayed in that area.</p> <p>D19.2g Falls prevention strategies are in place.</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>D19.3b; The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Individual incident reports are completed for each incident/accident with immediate action noted and any follow up action required. All incidents are discussed at the regular meeting between the care manager and the general manager and monthly analysis forms are signed by both. Minutes of the unit quality circle meetings and the health and safety meeting reflect a discussion of results.</p> <p>A sample of 23 incident forms reviewed for November 2014 identified incident forms were fully completed and included the treatment/assistance given, and preventative actions to be implemented (where appropriate) and documented contact with family.</p> <p>Discussions with management confirms an awareness of the requirement to notify relevant authorities in relation to essential notifications. The outbreak management plan sighted documented Public Health and DHB were notified of an outbreak of diarrhoea and vomiting in May 2014. Following an external investigation instigated by Ranfurly management a section 31 notification was appropriately made to the Ministry of Health.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>A register of all health professionals practising certificates is maintained. Six staff files reviewed all had up to date performance appraisals. All staff files included a personal file checklist.</p> <p>The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is</p>

		<p>developed specifically to worker type and includes documented competencies. Completed orientation booklets are on staff files.</p> <p>There is a completed training plan for 2013 and 2014 that covers all core areas. The service is moving to on line self-directed education packages that include competency assessments. The training plan for 2015 has been developed. External education is available via the DHB.</p> <p>A competency programme is in place with different requirements according to work type.</p> <p>D17.7d: RN's complete annual competencies on a range of areas.</p> <p>There are 15 staff who work in the Bob Reed (dementia) unit. All 15 of these have completed ACE dementia education modules.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a charter in place which includes standards of care and minimum staffing levels. The charter specifically outlines hours per resident per day numbers for registered nurses and health care assistants. These staffing levels adhere to best practice guidelines and are compliant with the aged related residential care agreement. Nursing/caring hours per resident day for the various client groups are documented.</p> <p>The service provides 24 hr. RN cover. Interviews with relatives and residents and staff all confirmed that staffing numbers were good.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medicines management system was being managed appropriately in line with required guidelines, legislation and organisational policies. A system of electronic medicine charting was being piloted by the general practitioners, the pharmacy and the registered nurses for all residents. The pilot has been approved by the Ministry of Health. No errors in charting were detected in the sample of all electronic medicine records reviewed. All charts reviewed demonstrated that the resident had been reviewed by the general practitioner within the last three months (D16.5.e.i.). All medicines are dispensed to the facility by a contracted pharmacy. Unused medicines are returned to the dispensing pharmacy. The storage of medicine was secure. Staff had purpose built trollies to assist in the administration of medicines. There was a system of medicine reconciliation in use for newly admitted residents. No resident was self-administering medicines at the time of audit. Medicines are</p>

		<p>administered by registered nurses who had been assessed as competent by other registered nurses.</p> <p>The previous audit identified that the temperature of refrigerators that were used to store medicines needing refrigeration were not being appropriately monitored and managed, and that some medicines were not being charted correctly by medical practitioners. Temperatures were now being monitored daily and the temperature ranges were within accepted limits and actions taken if discrepancies were noted. Medicines were being charted correctly by general practitioners using the electronic charting system.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>There has been a change to the food service since the previous audit and the service is no longer provided by an external contractor. The food service is based on the hospitality mode and has been redesigned to provide residents with a restaurant style choice of food. The head chef has worked intensively with the village manager and dietitian to introduce this new system of food management. The menu has been developed by the head chef in consultation with the dietitian. The menu for the day was pre-loaded onto electronic hand held devices. Nursing staff then used the hand held devices to display the proposed menu and pictures of the food to each resident. The staff then worked with each resident to record their food choices for the day working within the resident's ability to choose. Staff were aware of their food preferences and needs of those residents who could not indicate their own choices. Residents were able to build sub-choices within the range of their main meal choices (e.g., they could make slight changes to sauces and build their own choice of desserts from the range of choices on offer). This information was then conveyed electronically to the chef and the pre-ordered meals were then prepared and delivered. Residents could change their choices as well. The system has proved to be effective in meeting its aims. The chef was aware of all residents' food preferences and special requirements and these preferences were recorded in the electronic system. The chef met weekly with the registered nurses to discuss residents of nutritional concern and the chef and nursing team then acted proactively to maximise the resident's health. The weights of residents recorded in the clinical files reviewed demonstrated that this system was proactively achieving good results. The kitchen was well equipped. Food was being appropriately managed in line with food safety guidelines. Pre-ordered food was delivered to each resident area in a hot box then decanted into heated Bain Maries, and then served by staff according to resident choice.</p>

		<p>E3.3f: Additional nutritious snacks were available over the 24 hour period for all residents.</p> <p>D19.2: The chefs were qualified and the kitchen staff had attended food safety education.</p> <p>Residents and relatives interviewed spoke very highly of the food service likening it to a hotel service.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The previous audit identified that (1) wound care assessments were not being completed for all residents with wounds; (2) that continence assessments were not being completed for all residents with identified continence problems and (3) that individual recreational plans were not being documented to cover a 24 hour period for residents receiving specialist dementia services. The wound management process was reviewed throughout all areas and found to match policy. Residents with continence issues were assessed by registered nurses and plans implemented. Individual plans for residents receiving specialist dementia services had 24 hour individual recreational plans documented by staff (refer 1.3.7 below).</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>When a resident's condition altered, the registered nurses conducted a review and if required, a review by the general practitioner or a specialist external consultation was initiated. Short term care plans were used where appropriate. Staff interviewed stated that they had sufficient equipment to provide care and appropriate training to use that equipment. Emergency equipment was available. Staff weighed residents at least monthly or more frequently if concerned. Weight loss is appropriately managed. All wounds have a documented assessment, plan and on-going evaluation. Staff reported that there are always adequate continence and dressing supplies available (D18.3 and 4).Supplies of continence and wound care products were evidenced. Registered nurses were familiar with the referral process to access specialist nursing advice when needed. Regular monitoring forms were implemented where there had been an identified need. The registered nurses had close working relationships with staff from external health care agencies involved in care of the older person. Residents and relatives interviewed believed that care provided was appropriate to meet the needs of residents.</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>	<p>FA</p>	<p>The service employs an occupational therapist, a diversional therapist and an activities coordinator to plan and coordinate the individual and group activities programme which was offered in all areas (D16.5c.ii). Care staff also participated in providing the individual and group activities programme. Each resident had a written and implemented activities programme, which was evaluated and reviewed each time their long term plan of care was reviewed (D16.5c.iii). A weekly programme was displayed in large print in each area and staff were able to inform residents as to the programme and to direct them to attend the activity of their choice. A daily record of each resident's participation in group and individual activities was maintained. A wide range of activities were included in the programmes. The group programme included external outings.</p> <p>The previous audit identified that the individual recreational plan for residents receiving specialist dementia services did not cover the 24 hour period (refer 1.3.4 above). This omission had been addressed and staff working with residents in the dementia care unit were documenting individual activity plans to cover each 24 hour period.</p> <p>Residents and relatives interviewed spoke highly of the activities programme. The programme was operating in all areas during the onsite audit.</p>
<p><b>Standard 1.3.8: Evaluation</b></p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Registered nurses completed a review of all residents initial care plans within three weeks of their admission (D16.3) and updated each resident's plan of care as necessary. Registered nurses had a system in place which ensures that each resident was formally reviewed six monthly by all members of the multidisciplinary team (D16.4a) and a record of the review was documented. Families were contacted and invited to contribute their opinions and attend these reviews where possible. Following the review the resident's long term care plan was amended to reflect any changes. Care plans were evaluated and reviewed more frequently when clinically indicated.</p>
<p><b>Standard 1.4.1: Management Of Waste And Hazardous Substances</b></p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to</p>	<p>FA</p>	<p>The previous audit identified issues with cleaning chemicals being left unattended. Throughout this audit all cleaning trolleys were close to the associated cleaner and personal care trolleys were close to the health care assistant working with it. The previous shortfall has been addressed.</p>

waste, infectious or hazardous substances, generated during service delivery.		
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	Both the hospital/rest home building and the Bob Reid Unit are well maintained and each has a current building warrant of fitness.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	Infection control data is collated monthly and reported at the quality circle, and quality meetings. The meetings include the monthly infection control report for each unit which is on the notice board in the units. The surveillance of infection data assists in evaluating compliance with infection control practices.  Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GP's that advise and provide feedback /information to the service. Systems in place are appropriate to the size and complexity of the facility.  Quality Improvement initiatives are taken and recorded as part of continuous improvement.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	Restraint practices are only used where it is clinically indicated and justified and other de-escalation strategies have been ineffective. The policy includes that enablers are voluntary and the least restrictive option. Strategies are in place to minimise the use of restraint. There were no residents with an enabler and five restraints (bedrails).  E4.4a: The care plans reviewed in Bob Reed dementia unit focused on promotion of quality of life and minimised the need for restrictive practises through the management of challenging behaviour.

## Specific results for criterion where corrective actions are required

---

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

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

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

No data to display
--------------------

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

---

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

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

If, instead of a table, 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.