

St Clair Park Residential Centre 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:

Legal entity:	St Clair Park Residential Centre Limited
Premises audited:	St Clair Park Residential Centre
Services audited:	Rest home care (excluding dementia care); Residential disability services - Psychiatric;
Dates of audit:	Start date: 14 September 2015 End date: 15 September 2015
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	25

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

St Clair Park residential care is privately owned and operated. The service is certified to provide rest home level of care and mental health services for up to 35 residents. On the day of the audit, there were 25 residents.

The business owners employ a facility manager who is an experienced psychiatric registered nurse. He is supported by a non-clinical assistant manager and two registered nurses.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards, the district health board contract and the mental health addictions contract. 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.

The service has addressed 16 of 16 shortfalls from their previous certification audit around informed consent, clinical policies, accident/incident reporting, consumer involvement, family/whānau participation, education around consumer participation, identification of resident records, general practitioner reviews, strengths assessments, care plan documentation, wound management, activities, care plan evaluations, administration of medications, building warrant of fitness and calibration of scales and review of the infection control programme.

This surveillance audit identified an improvement required around first aid training.

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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Information about the Code and related services is readily available to residents and families/whānau. Complaints processes are implemented and managed appropriately. Management operate an open door policy. Open disclosure is practiced. Families are informed of any changes to resident's health. Resident representatives and consumers are actively involved in the service.

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.		Some standards applicable to this service partially attained and of low risk.
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St Clair Park has developed and implemented a quality and risk management system that supports the provision of service delivery. Key components of the quality management system link to the scheduled meetings including monthly staff meetings. An annual resident satisfaction survey is completed and there are regular resident meetings. Residents interviewed report that they are involved in choices around individual service delivery. There are now resident representative meetings with management, a consumer participation policy and a job description for the resident representatives. Staff receive education around maximising consumer participation in the service.

There is a family/whānau participation policy and a family member actively involved in the planning, implementation, monitoring and evaluation of the service at a management and governance level.

Quality performance is reported to staff at monthly meetings and includes a summary of incidents, infections and internal audit results. There are human resources processes that guide recruitment, selection, orientation and staff training and development. The service has an induction programme that provides new staff with relevant information for safe work practice.

There is an in-service training programme that has been enhanced to cover relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes skill mixes.

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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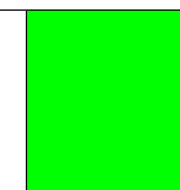
A registered nurse completes initial admission assessments, risk assessment tools and strengths assessments. InterRAI assessments are completed within three weeks of admission. Care plans are developed in consultation with the resident (as appropriate) and/or family input and evaluated six monthly. Short-term care plans are used to document changes to health status. Care plans demonstrate allied health input into the care of the resident. The general practitioner reviews residents three monthly or earlier as required.

All staff responsible for administration of medicines complete education and medicine competencies. Medication charts meet legislative requirements.

An activities programme is in place. The programme includes outings, entertainment and activities that meet the recreational preferences and abilities of the residents. The activity team and key workers spend one on one time with residents on activities and outings of their choice. Residents expressed satisfaction with the activities provided. Residents maintain links and interests with the community.

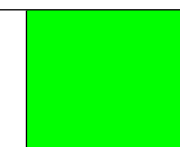
Food services are contracted. Meals are delivered in hot boxes from a contracted company. Each wing has a functional kitchen, which is utilised by resident cooking groups. Residents' nutritional needs are identified and met. Alternative choices are available for dislikes.

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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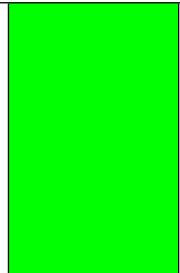
The facility has a current building warrant of fitness.

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.
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The service has policies and procedures to appropriately guide staff around the use of enablers. The service has no residents with enablers or restraints. Staff receive training in restraint and managing challenging behaviour.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The infection control coordinator (registered nurse) collates infection rates monthly. Information is analysed to identify trends, corrective actions and quality initiatives. The information obtained through surveillance is used to determine infection control activities and training needs within the facility.

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	23	0	1	0	0	0
Criteria	0	59	0	1	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.10: 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>There are established policies/procedures around informed consent and advanced directives. Five resident admission agreements (three rest home and two mental health) were sighted and all were signed within the required timeframe. General consents are signed as part of the admission process and include consent for release of information, outings and photographs. All five general consent forms sighted were signed.</p> <p>Mental health: Residents are provided with an information pack at entry, which forms part of the admission agreement and includes all consent forms they are asked to sign. Both mental health residents' files had signed informed consent forms filed. The seven mental health residents interviewed indicated they make informed choices and give consent to care provided.</p> <p>The mental health residents stated that they had been offered a copy of their goal plan. The previous finding around consents and resident goals has been addressed.</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 a complaints policy that describes the management of the complaints process. Information about complaints is provided on admission. Interviews with residents (seven mental health, four aged care and two residents with chronic health) and family members confirmed their understanding of the complaints</p>

		<p>process. They confirmed that the manager, assistant manager and clinical staff are approachable and operate an 'open door' policy, which was observed during the audit. Staff interviewed were able to describe the process around reporting complaints. There have been no resident/relative complaints in the last year. A complaint reporting log is maintained.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>There is a policy to guide staff on the process around open disclosure. Accident/incident forms reviewed evidenced open disclosure. Family are kept informed of any accident/incident unless the resident has consented otherwise. Interview with the RNs confirmed family are notified following changes in health status. Family interviewed (of two chronic health residents) state they were kept informed on health changes, GP visits, medication changes and involved in health reviews three monthly.</p> <p>There are monthly resident representative and management meetings. The agenda covers each aspect of the service including health and safety activities and cultural and spiritual support. Meeting minutes are circulated to residents and staff. Monthly residents meetings provide a forum for residents to discuss issues or concerns on every aspect of the service. Access to interpreter services are available if needed although have not been required.</p> <p>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.</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>	FA	<p>St Clair Park provides care for up to 35 residents across multiple contract types – mental health, chronic health, ACC and aged residential care.</p> <p>On the day of the audit there were 25 residents living at St Clair Park and these included 13 mental health residents, eight rest home residents, three chronic health residents and one resident funded by ACC. The service is delivered across three 'units' – Ashwood, Cargill and Middleton. The different resident types (eg, mental health, aged care) are cared for in any of the units.</p> <p>St Clair Park has a philosophy, mission and values as well as specific goals identified in the business plan for the 2015 year. Progress towards goals are noted in minutes, as discussed at the bimonthly management meetings (minutes sighted). An implemented quality programme includes discussion about clinical indicators at the monthly staff meeting, the monthly clinical meeting and the bimonthly management meeting.</p> <p>An experienced registered psychiatric nurse who has been the manager (fulltime) at</p>

		<p>St Clair Park since September 2012 and holds a current practising certificate manages the service. He has over 40 years mental health experience in a range of settings from acute through to psychogeriatric services. Most recently, he was clinical leader with the district health board and then project manager implementing strengths assessment and recovery goals within mental health services. The manager reports through to a director (related to the owner), who in turn reports to the owner. The manager has completed at least eight hours of professional development in the last year.</p> <p>Two registered nurses support the service and both comprehensively trained. They work 35 hours/week each and alternate on call cover. The manager is also on call as part of the escalation process. There is a team of care/support workers and the majority have been at the service for a number of years.</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>St Clair Park has implemented a quality and risk management system. The service has a business plan (2015) and a quality plan, the latter includes a risk management plan/policy. The business plan includes a philosophy and service risks, objectives (that are essentially mirrored across the business and quality documents), systems that will support meeting the objectives (eg, internal audit) and staff responsibilities. Progress towards goals is reported through the management meeting (bimonthly). The plan has been enhanced to include addressing Māori issues with a policy on guidelines for the provision of culturally safe services for Māori residents.</p> <p>The previous audit found that while there were policies and procedures available that aligned to relevant standards (such as Health and Disability Services Standards), the policies had an aged residential care focus, and required modification to strengthen the accepted model of care for mental health. The service now has a support plans policy, which guides the development of strengths assessments and recovery goals. This was seen to be implemented in the two mental health files reviewed. The previous audit finding has now been addressed.</p> <p>The quality meetings are incorporated into the monthly clinical meetings and quality matters are also included in the monthly staff meetings and the bimonthly management meetings. All meeting minutes reviewed across 2015 demonstrate key components of the quality management system are discussed including (but not limited to): internal audit, infection control, incidents (and individual trends) and education. The service has linked the complaints/compliments process with its quality management system and relevant information communicated to staff. Meeting minutes reviewed indicate issues raised are followed through and closed out,</p>

		<p>including resident meetings (monthly).</p> <p>St Clair Park has an internal audit programme that includes aspects of clinical care, such as file review. Issues arising from internal (and external) audits are either resolved at the time or developed into a corrective and preventative action plan. Plans reviewed are either in the process of being actioned or had been signed and closed out. Progress is reported through the management meetings, and outcomes to relevant staff meetings.</p> <p>There is a health and safety and risk management programme in place.</p> <p>Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.</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>Staff complete incident forms, and the resident is reviewed by the registered nurse at the time of event when on site. The incident form is initially reviewed by the manager and then forwarded to the registered nurse for final sign off. Family are notified appropriately. Ten completed incident forms were reviewed for July and August 2015 and all were reviewed by a registered nurse and completed within appropriate timeframes. Incident forms reviewed were fully completed as per service policy and incidents were recorded in progress notes. This was a previous finding that has now been addressed. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Trending data is considered. The service collects incident and accident data and reports aggregated figures monthly to the staff and clinical meetings.</p> <p>Discussions with service management, confirms an awareness of the requirement to notify relevant authorities in relation to essential notifications.</p>
<p>Standard 1.2.5: Consumer Participation</p> <p>Consumers are involved in the planning, implementation, and evaluation at all levels of the service to ensure services are responsive to the needs of individuals.</p>	FA	<p>The service has regular combined residents meetings and there is a policy to guide residents meetings. There was a resident meeting on the day of audit, which the auditor attended. The meeting was well attended by residents and most present participated. Residents interviewed report that they are involved in choices around individual service delivery.</p> <p>The service has a consumer participation policy and a consumer representative job description (January 2015). There is a monthly residents representatives meeting with minutes seen for July 2015. Three resident representatives attend with the manager and assistant manager.</p>

		The service provided training around maximising consumer participation in January 2015, which 14 staff attended. The previous findings have now been addressed.
<p>Standard 1.2.6: Family/Whānau Participation</p> <p>Family/whānau of choice are involved in the planning, implementation, and evaluation of the service to ensure services are responsive to the needs of individuals.</p>	FA	The service has a family/whānau participation policy and terms of reference for a family/whānau representative (January 2015). There is a family representative fulfilling this role. They were unavailable to attend the monthly resident meeting, which was held on the day of audit. The previous finding has been addressed.
<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>	PA Low	<p>Copies of practising certificates are maintained. Six staff files were reviewed (one registered nurse manager, one registered nurse, three care/support workers, and the activities coordinator) and all had documentation relating to employment. Interview with the manager informed staff are under a collective employment agreement. Performance appraisals are current in all files reviewed.</p> <p>The service has focused on ensuring that all staff meet minimum training qualification expectations. Support staff are encouraged to achieve the national certificate level four or equivalent. All support workers are either completing or have completed at least a level four mental health certificate with some having training at a higher level than this.</p> <p>There is an annual training plan in place and implemented and this includes core topics. There is an education plan being implemented. In addition, care/support staff are required to complete an on-line training programme which is a modular programme that covers core training requirements in accordance with HDSS. Careerforce core competency training is complete and six staff have commenced the mental health modules. This was a previous finding that has now been addressed. In addition, the activities coordinator has one core competency paper to complete before progressing to her diversional therapy training.</p> <p>Residents state that staff are knowledgeable and skilled.</p> <p>A shortfall has been identified around first aid training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or</p>	FA	The service has reduced staffing since the last audit due to the ending of an intellectual disability contract. There is a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. Staffing is as

<p>experienced service providers.</p>		<p>follows: each RN works 35 hours/week and alternates on call. The manager is also on call.</p> <p>Three care/support workers 7.00 am – 3.30 pm – one based in each unit. There are two 7.00 pm – 1.00 pm.</p> <p>Three care/support workers 3.00 pm – 11.00 pm – one based in each unit. There is one 2.00 pm – 11.00 pm.</p> <p>There are two care/support workers overnight (11.00 pm – 7.00 am).</p> <p>The nurse manager and clinical coordinator alternate on-call. The care/support workers, residents interviewed inform there are sufficient staff on duty at all times.</p> <p>The staffing levels and o- call arrangements meet the contract requirements.</p> <p>All residents have an allocated key worker and residents interviewed report that they have choice over their key worker and that their key worker is acceptable to them.</p> <p>To support service/staff development and quality outcomes, staff have easy access to the contract RN who is on-call at all times.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The resident files are appropriate to the service type. Five resident files were reviewed (two mental health, two aged care, one chronic health). Care/support plans and notes are legible, and in the files reviewed documents were dated and signed. This was a previous finding, which has now been addressed. All resident records contain the name of resident and the person completing. Entries are legible, dated and signed by the relevant caregiver or registered nurse including designation.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Policy describes the transition/exit process. Transition and exit planning are commenced at the time of admission.</p> <p>The mental health residents tend to be those with chronic conditions and although some may discharge back home, the majority who discharge go to another mental health facility or are re-assessed for the rest home level care supplied by St Clair Park.</p> <p>Discharge is documented in the progress notes.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative</p>	<p>FA</p>	<p>The medicine management system meets legislative requirements. RN and support workers responsible for the administration of medication complete a self-learning package and practical competencies for oral medications and insulin administrations. Residents on insulin have their medication managed in line with accepted best</p>

<p>requirements and safe practice guidelines.</p>		<p>practice. Competencies are completed annually. Monthly medications received, are checked by the RN on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Standing orders are not used. There were no self-medicating residents. Fridge temperatures are monitored daily.</p> <p>Ten medication charts sampled (four rest home, two chronic health and four mental health) included photo identification and allergies. As required medications had indications for use recorded. All medication charts sampled showed evidence of being reviewed by the GP three monthly. Signing sheets sampled did not have any signing gaps. Time and dose of medications given, including insulin administration for two residents, corresponded with the prescription on the medication charts sampled. The previous finding around medication being administered as prescribed has been addressed.</p> <p>Residents are included in clinical reviews and have input into medication decisions.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The provision of meals is contracted out. Food is delivered to the facility in hot boxes. Each of the three units at St Clair Park has a functioning kitchen with a bain marie to keep meals hot. Food temperatures are checked and recorded on delivery. Residents are consulted regarding the reviews of the summer and winter menus. Special diets are provided such as soft, minced, moist and diabetic desserts. Resident dislikes are known. Alternative foods are offered and snacks are readily available in each unit pantry and fridge. Perishable foods in the fridges were dated.</p> <p>Fridge and freezer temperature are monitored daily. Chemicals are stored safely.</p> <p>Support workers prepare breakfast and serve the meals. The contracted provider provided food safety training for staff in 2014.</p> <p>Resident meetings provide an opportunity for residents to feedback on the meals. Residents are encouraged to participate in cooking groups (link 1.3.7).</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	
<p>Standard 1.3.5: Planning</p>	<p>FA</p>	<p>InterRAI assessments are completed within three weeks of admission. The long-term care plan reflects the outcome of the assessment, supports and interventions</p>

<p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>		<p>required to meet the individual needs and goals. The care plan is resident focused and evidences resident/family participation (recorded on the InterRAI assessment notes) in three of three rest home files sampled.</p> <p>Each resident has a DHB clinical needs assessment and plan and risks are documented in the assessment (completed by the needs assessor) and the referral information. Mental health files reviewed included a WRAP (wellness recovery action plan) based on a strengths assessment and personal recovery plan and goal sheet. The crisis plan contains early warning signs and relapse prevention strategies. Files include documented strategies to meet goals and these align with resident goals as described by the residents interviewed.</p> <p>The previous finding around care plan documentation and resident/family participation in the care plan process has been addressed.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>When a resident's health status changes, the registered nurse will review the resident and if required, refer to the GP or nurse specialist for a consultation. There is documented evidence on the family correspondence page of family notification when a resident's health status changes. Family members stated that they are notified promptly of any resident health changes and the resident's needs were being met. Short-term care plans are used to document the interventions and management of short-term needs (eg, infections as sighted).</p> <p>There are adequate dressing supplies available as required. Currently there are no residents with wounds. The RNs could describe the referral process for district nurses or wound nurse specialist. The senior RN has attended wound care in-service. Wound assessments and ongoing evaluations were sighted for minor wounds, which had healed. The previous finding around wound management has been addressed.</p> <p>Continence products are available. Resident continence needs are documented in the care plan and reflect the outcome of continence assessments as applicable.</p> <p>Resident weights and observations were monitored monthly in the rest home files sampled.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the</p>	<p>FA</p>	<p>The activity coordinator has been in the role for eight years and works 30 hours per week. An activity assistant supports her for 12 hours per week. Both activity persons have completed core competencies and have commenced the mental health standards qualification. The weekly programme is displayed and includes a variety of activities and interests to meet the recreational preferences of both rest home and</p>

<p>service.</p>		<p>mental health residents. Group activities include walking groups, gardening, games and discussions. There are lunch outings three times a week and regular drives and outings to places of resident choice. All residents have an opportunity to participate in outings. The service has a van and is able to hire a taxi van as required. Entertainers visit regularly. One on one time is spent with residents focusing on their choice of activity/interest or hobby. Monthly church services are held on-site and residents are supported to attend their own churches in the community.</p> <p>Mental health residents have an assigned key worker who ensures their individual choice of activity is met. The key workers take residents out for shopping, lunches, drives, community events, and walks. A support worker is employed 20 hours per week to spend one on one time with residents on activities or outings of their choice. Residents are supported to be involved in meaningful activities around the home such as setting tables, vacuuming and doing own laundry if desired. The activity assistant supervises a cooking group three times a week. This involves the group shopping for ingredients and cooking a meal of their choice. One member of the group is the head chef for the day and coordinates the tasks to prepare the meal. All residents get the opportunity to be involved. The previous finding around shopping and meal preparation has been addressed.</p> <p>Aged care and mental health residents are encouraged to maintain links with community groups. Events attended include the monthly Octagon club hosted by Age Concern, Stepping Stones (a day group of women's and men's activities hosted by a church group), Connections (dance class), pottery classes, and tapestry group and art studio days.</p> <p>Resident files include a social profile, activity assessment and a strengths assessment, which also includes a comprehensive activity plan. The activity plan is reviewed at the same time as the care plan.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Long-term care plans in the three resident files sampled have been evaluated six monthly. Written evaluations documented on the care plan correspond with each focus area on the care plan. The previous finding around evaluations has been addressed. Short-term care plans sighted for short-term needs, have been reviewed and resolved. Multi-professional (two RNs, GP, manager, activity coordinator, key worker and family/resident) reviews are held three monthly. Family and key workers interviewed confirm they participate in the three monthly reviews. Any changes to care are amended on the care plan.</p> <p>Mental Health files sampled had reviews of the WRAP, crisis plans and personal</p>

		recovery plans three monthly. Goals were formally reviewed three monthly or as required. Formal reviews include the resident, staff, case managers and family as appropriate.
<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	The building holds a current warrant of fitness, which expires 6 July 2016. There is a planned maintenance schedule for the calibration of resident related equipment. The electronic scales have been calibrated. The previous shortfall around the building warrant of fitness and calibration of scales has been addressed.
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	The infection control coordinator is an RN who has been in the role six months with a defined job description. There are current policies and procedures in place that were reviewed October 2014, which also included the review of the infection control programme. The previous finding around the review of the infection control programme has been addressed.
<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	Policies and procedures document infection prevention and control surveillance methods. The surveillance data is collected and analysed monthly, to identify areas for improvement or corrective action requirements. Infection control internal audits have been completed. Infection rates have been low. Trends are identified and quality initiatives are discussed at monthly management meetings and staff meetings. Staff confirmed they are kept informed on infection control rates, trends and any corrective actions required. There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place appropriate to the complexity of service provided.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	There are policies around restraints and enablers including definitions. The service focuses on de-escalation techniques and one on one activity to maintain the service's restraint free environment. There were no enablers in use. Staff have received training around restraint minimisation and managing challenging behaviours.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	A review of the roster showed there were staff with current first aid certificates on the morning and night shifts.	Following a review of the roster and corresponding staffing, it was noted that some afternoon shifts were not covered with at least one staff member with a current first aid certificate.	<p>Ensure there is always at least one staff member on each shift with a current first aid certificate.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.