

# Torbay Rest Home Limited

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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 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:** Torbay Rest Home Limited

**Premises audited:** Torbay Rest Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 2 December 2016      End date: 2 December 2016

**Proposed changes to current services (if any):** Seven supported living apartments were verified as suitable to provide rest home level of care.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 38

# 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

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

Torbay Rest Home provides rest home level care for up to 45 residents and on the day of the audit there were 38 residents.

This audit included verifying seven apartments that are attached to the rest home as suitable for rest home level of a care.

The service is managed by a nurse manager who is a registered nurse. The residents interviewed all spoke positively about the care and support provided.

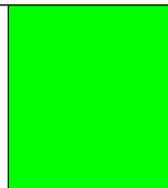
This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations and interviews with residents, management and staff. There were no family available during the audit.

The service has addressed eleven of thirteen shortfalls from the previous certification audit around open disclosure, adverse event reporting, initial GP assessments, nursing assessments, care plans, wound management plans, medication management, special dietary requirements, hot water temperature monitoring and annual review of the infection control programme. Improvements continue to be required in relation to corrective action plans, and monitoring food temperatures.

This surveillance audit identified a further improvement required in relation to staff rosters.

## 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.

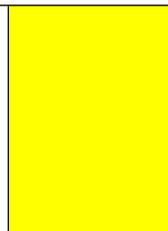


Standards applicable to this service fully attained.

There is evidence that residents and family are kept informed. A system for managing complaints is in place. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by 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.

Services are planned, coordinated, and are appropriate to the needs of the residents. A nurse manager/registered nurse (RN) is responsible for the day-to-day operations of the facility. She is supported by a second RN. Quality and risk management processes are documented. Adverse, unplanned and untoward events are responded to in an appropriate and timely manner. Appropriate employment processes are adhered to and employees have an annual staff appraisal completed. An education and training programme for staff is underway. Care staff and residents report that staffing levels are adequate to meet the needs of the residents.

## 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.		Some standards applicable to this service partially attained and of low risk.
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The registered nurse is responsible for the provision of care and documentation at every stage of service delivery. There is sufficient information in the care plans to guide staff in the safe delivery of care to residents. The care plans are resident and goal orientated and reviewed every six months or earlier if required, with input from the resident/family as appropriate. Files sampled identified integration of allied health and a team approach is evident in the overall resident file. There is a review by the general practitioner at least every three months. The activities team implements the activity programme to meet the individual needs, preferences and abilities of the residents. Community links are maintained. There are regular entertainers, outings and celebrations. Medications are managed appropriately in line with accepted guidelines. Senior caregivers who administer medications have an annual competency assessment and receive annual education. Medication charts are reviewed three-monthly by the general practitioner. Residents' food preferences and dietary requirements are identified at admission. All meals are cooked on-site.

## 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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A current building warrant of fitness is posted in a visible location. The supported living apartments are connected to the aged care facility via decking and are accessed via an external sliding glass door. Each supported living apartment includes a lounge,

bedroom and full ensuite with call bell alarms located in each room. There is adequate communal space to accommodate residents in the apartments.

## 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 alternative systems available so that staff can use restraint as a last resort strategy. There were no residents using enablers or restraints. Staff receive education around restraint minimisation.

## 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.
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The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

## 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	22	0	3	0	0	0
<b>Criteria</b>	0	56	0	3	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>Complaints forms are available at the entrance to the facility. Discussions with residents confirmed they were provided with information on the complaints process during their entry to the service. Residents also confirmed that they are comfortable speaking with the nurse manager if they have a concern and that any issue raised is addressed promptly.</p> <p>The complaints procedure is provided to residents and family during the resident's entry to the service. A record of all complaints is maintained by the nurse manager using a complaints' register. No complaints have been lodged in the register since their last audit (November 2015).</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>All five residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. No relatives were present during the audit to be interviewed. Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs.</p> <p>Ten incidents/accidents forms were viewed. The forms include a section to record family notification that is completed by the RN. Caregivers document in the progress notes when family have been contacted. All ten accidents/incidents reviewed indicated family who wished to be informed were contacted following an</p>

		<p>adverse event. This is an improvement from the previous audit.</p> <p>Interpreter services are available if required. There were no residents living at the facility who were unable to understand or speak English.</p>
<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Torbay Rest Home is owned and operated by a Director who also owns two other aged care facilities in Auckland. The service provides rest home level of care for up to 45 residents. On the day of the audit, there were 38 residents, all on the aged residential care contract. One of the residents at rest home level of care had recently been moved to one of the seven supported living units on a trial basis. This audit also included verifying the appropriateness of the seven 'supported living units' to provide rest home level care. The service put an application into HealthCERT during the audit.</p> <p>The nurse manager is a registered nurse with a current practising certificate and is on-site five days a week. She began employment with Torbay Rest Home on 11 July 2016 and has five years of experience managing aged care facilities. A second registered nurse is employed five days a week, Monday – Friday. The two nurses share call (link to finding 1.2.8.1).</p> <p>The facility has a business plan, philosophy of care and goals and objectives. Specific aims for the year are documented.</p> <p>The manager/RN has completed a minimum of eight hours of professional development over the past twelve months relating to the management of an aged care facility.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	PA Low	<p>A quality and risk management programme is in place. Interviews with the nurse manager and staff (two caregivers, one registered nurse, one activities coordinator, one cook, one maintenance staff) reflected their understanding of the quality and risk management systems that have been put into place.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. Policies and procedures include reference to interRAI for an aged care service. New policies or changes to policy are communicated to staff, evidenced in meeting minutes.</p> <p>Data collected (e.g., falls, medication errors, wounds, skin tears, challenging behaviours) are collated and analysed with results communicated to staff. An internal audit schedule is being followed. Areas of non-compliance include the initiation of a corrective action plan. There is a lack of evidence to confirm corrective actions are consistently being implemented and signed off by the nurse manager. This previous area identified for improvement remains.</p>

		<p>A risk management plan is in place. The facility has achieved a tertiary rating for ACC workplace safety management practice (expiry 31 January 2018). A hazard identification form is in place for staff to identify any new hazards. Staff have recently received training on the new health and safety legislation. Health and safety is a regular agenda item in the staff meetings. Hazards are identified on the hazard register and include the two hazards identified at the last audit. This is an improvement on previous audit.</p> <p>Falls prevention strategies are implemented specific to the residents. Sensor mats and specific strategies to address residents who are at risk of falling are being implemented.</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>There is an accidents and incidents reporting policy. Staff who witness an adverse event are instructed to complete an accident/incident form. Ten accident incident forms that were selected for review indicated that immediate action had been taken, including half-hourly neurology observations for any suspected head injury. The registered nurse investigates each accident/incident. This is an improvement from the previous audit. Adverse events are linked to the quality and risk management programme (link to finding 1.2.3.8).</p> <p>Discussion with the nurse manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications with one example provided.</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>There are human resources management policies in place that includes the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity. Copies of practising certificates are retained. Five staff files were reviewed (four caregivers, one RN). All employment agreements and job descriptions are signed. The service has implemented an orientation programme that provides new staff with relevant information for safe work practice. The in-service education programme meets contractual requirements. The nurse manager reports this has been given priority since she has been employed. Annual staff appraisals were evident in all staff files reviewed. The staff RN has been trained in interRAI.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely,</p>	PA Low	<p>A staffing policy is in place. Sufficient staff are rostered to manage the care requirements of the residents. There are two full-time RNs employed by the service (including the nurse manager) with on-site cover provided five days a week. An RN is available on call when not available on-site although the roster fails to indicate this. Extra staff can be called on for increased resident requirements. Interviews with staff and</p>

<p>appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>residents identified that staffing is adequate to meet the needs of residents.</p> <p>A staffing plan has been developed for the seven supported living units that identifies additional care staff hours to cover the increase in rest home level residents.</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>There are policies and procedures in place for all aspects of medication management, including self-administration. There were two residents self-administering inhalers on the day of audit. Both have been deemed competent and consent forms have been signed.</p> <p>There were no standing orders. Medications are dispensed in a pack. All medications were secure and appropriately stored and the medication trolley was locked at all times when not in use. The facility uses an electronic charting system and GP prescribing meets legislative requirements. These are improvements from the previous audit.</p> <p>Senior caregivers who have passed their competency administer medications. Medication competencies are updated annually. There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors are recorded and fed back to the supplying pharmacy.</p> <p>Medication profiles reviewed were legible, up to date and reviewed at least three-monthly by the G.P. All had photo ID's. All ten medication charts reviewed have 'as needed' medications prescribed with an individualised indication for use. Staff had signed for all medications.</p> <p>The medication fridge has temperatures recorded daily and these are within acceptable ranges. Eye drops are dated when opened.</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>PA Low</p>	<p>The service employs two cooks. The evening meal is prepared by the cook but heated and served by the caregivers. The evening food temperature is not checked by the caregivers before serving. The cook checks the food temperature at lunchtime.</p> <p>Both cooks have a current food safety certificate. The head cook oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen and all meals are cooked on-site. On the day of audit meals were observed to be hot and well presented. Residents interviewed stated that they enjoyed the food. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services.</p> <p>Hats were not being worn during food preparation. Kitchen fridge and freezer temperatures were monitored and recorded daily and were within safe limits. The residents have a nutritional profile developed on admission which identifies dietary requirements, allergies and likes and dislikes. Changes to residents' dietary needs are communicated to the kitchen. Special diets were noted on the kitchen</p>

		<p>noticeboard which is able to be viewed only by kitchen staff. This is an improvement from the previous audit.</p> <p>The five weekly menu plans have been approved by a dietitian.</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>InterRAI assessments and risk assessments are completed on admission and reviewed six-monthly or as necessary. InterRAI assessments inform the long-term care plan. Additional assessments such as management of behaviour, pain, depression and wound care are appropriately completed according to need. Assessments for acute changes in health conditions are well documented. The previous finding has now been addressed.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Resident care plans reviewed had been developed by the registered nurse. A multidisciplinary approach to care was evident. Activity care plans were in place. Acute care plans had been documented for acute changes in health. All five resident care plans sampled describe the required support and/or intervention needed. The care plans reviewed were evaluated six-monthly and changes, identified by ongoing assessments, were made if required. The previous finding 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>	FA	<p>All five care plans reviewed included documentation that meets the needs of the residents and all care plans had been updated as residents' needs changed. The GP stated that he was satisfied with the care and that he is kept informed. Caregivers and RN's interviewed stated there is adequate equipment provided including continence and wound care supplies. Wound assessment, wound management and evaluation forms are in place. This is an improvement from the previous audit.</p> <p>There is currently one chronic basal cell carcinoma left leg wound and one post-surgical removal of a skin lesion. There were no pressure injuries. Appropriate care of both wounds is documented and provided. Access to specialist advice and support is available and the DHB wound care nurse has visited and given advice re the chronic basal cell carcinoma. Monitoring forms are in use such as weight, blood pressure and behaviour charts.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a</p>	FA	<p>There is an activity coordinator who works 32 hours a week and an activity assistant who has just started who works 16 hours a week. The activity coordinator is an enrolled nurse who is currently completing a diversional therapy course.</p> <p>Twice a week the activity coordinator takes small groups of residents for a walk. On the day of audit,</p>

<p>consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>residents were observed being actively involved with a newspaper discussion and a sing-a-long. The activities programme is developed weekly and displayed in large print on the residents' noticeboard. Residents have an assessment completed over the first few weeks after admission obtaining a complete history of past and present interests, career, family and culture.</p> <p>Resident files reviewed identified that the individual activity plan is reviewed at least six-monthly. Church groups visit fortnightly and there is communion weekly. There are weekly van outings and weekly entertainment. Events such as birthdays, Easter, Mother's Day, Anzac Day and Christmas are celebrated. There were Christmas decorations up at the time of audit. Recently the facility held a garden party. All residents are encouraged to attend community events/groups.</p> <p>There are pleasant outdoor areas where residents may sit and enjoy the sun. The activity coordinator is planning some new small group activities such as gardening and cooking. This has been made possible due to the availability of the new activity assistant. Those residents who prefer to stay in their room have daily visits from the activity staff.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All five care plans sampled have been evaluated by the registered nurse six-monthly or when changes occurred. Current acute care plans have been evaluated and signed off as resolved or added to the long-term care plan as an ongoing problem. Staff stated that family members are informed of any changes to the care plan and this was evidenced in the family/visitor forms.</p>
<p>Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness is posted in a visible location (expiry 30 June 2017). A maintenance staff member works 40 hours per week. Reactive maintenance systems are in place. All electrical equipment has been tested and tagged. Clinical equipment has had functional checks/calibration annually. Hot water temperatures are regularly tested and recorded. This is an improvement from the previous audit. Maintenance staff are aware that temperatures are not to exceed 45 degrees for residents' taps. Staff stated they have all the equipment required to provide the level of care documented in the care plans.</p> <p>Corridors are wide enough in all areas to allow residents to pass each other safely. There is safe access to communal areas and there is outdoor seating and shade.</p> <p>The seven supported living apartments are connected to the facility in a U-shaped design with gardens in the centre. Apartments are accessed via an external sliding door into each apartment. Overhead shelter is provided when walking from the apartments to communal areas to protect residents and staff from inclement weather.</p>

<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	Each supported living apartment has a full ensuite (toilet, hand basin and easily accessible shower).
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	Each supported living apartment includes a separate bedroom with access to the bed on both sides to allow residents to safely move around their bed area. Bedrooms are ample in size and therefore provide room for any mobility equipment.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	The communal rooms in the rest home are shared with residents in the supported living apartments. They are accessible via a deck that connects the apartments with the rest of the facility. Communal rooms are adequate in size and number to accommodate rest home residents and residents in the supported living apartments.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	Cleaning and laundry staff are responsible for services in the supported living apartments.

<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six-monthly fire evacuation practice includes residents in the supported living apartments. A contracted service provides checking of all facility equipment including fire equipment.</p> <p>Fire training and security situations are part of the orientation of new staff and include competency assessments. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Short-term back up power for emergency lighting is in place with a generator available if needed.</p> <p>The call bell system has recently been upgraded and included upgrading the call bell system in the supported living apartments. A call bell test in an apartment during the audit reflected a prompt response by staff. There are three call bells in each supported living apartment (lounge, bedroom and bathroom).</p> <p>Security systems are in place to protect residents. Doors are locked no later than 8pm. External lighting provides light to each supported living apartment.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>The independent living apartments allow for natural light. They are accessed via an external sliding glass door. Heating is controlled individually by each resident.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>Torbay Rest Home has an established infection control (IC) programme that is appropriate for the size, complexity and degree of risk associated with the service. A registered nurse is the designated infection control nurse. Infection control education has been provided for staff. The infection control programme is reviewed annually. This is an improvement from the previous audit.</p>

<p><b>Standard 3.5: Surveillance</b></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>	<p>FA</p>	<p>The surveillance policy describes the purpose and methodology for the surveillance of infections. Infections are documented on a monthly register by the infection control coordinator (registered nurse). Infection control data is reported at the monthly staff meetings. The surveillance data is analysed by the infection control coordinator. Infection control audits are linked to the quality and risk management system (link to finding 1.2.3.8).</p>
<p><b>Standard 2.1.1: Restraint minimisation</b></p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There were no residents with restraints or enablers. Staff interviews and staff records evidence guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education on RMSP/enablers has been provided. Restraint is discussed as part of staff meetings. The staff registered nurse is the designated restraint coordinator.</p>

## 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)
Criterion 1.2.3.8 A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.	PA Low	Since the appointment of the new nurse manager in July 2016, internal audits are being completed as per the internal audit schedule. Recommendations are made where internal audit results reflect less than optimal results but there is a lack of evaluation and sign-off to confirm corrective actions have been implemented. Since the draft report the service has stated that corrective action plan's are implemented and reviewed and sign off and checked at the end of the year.	There was no documented evidence to confirm that corrective actions had been implemented at the time of writing and signed off to address identified recommendations.	Ensure that corrective actions are documented as regularly evaluated and signed off when completed.  90 days
Criterion 1.2.8.1	PA Low	The staffing roster indicates that two RN's (nurse manager and staff RN) are available Monday – Friday	An RN is on-site five days a week and is reported to be on call when not available	Ensure that the RN on

<p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>		<p>but fails to indicate which RN is on call when an RN is not available on-site.</p>	<p>on-site. The nurse manager reported that the name of the RN on call is identified in the staff communication book. It was noted by the auditor that the RN on call is not consistently documented in the staff communication book or on the staff roster. This was addressed on the day of audit.</p>	<p>call is clearly identified in writing.  90 days</p>
<p>Criterion 1.3.13.5 All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	<p>PA Low</p>	<p>The cooks prepare the evening meal. The caregivers reheat and serve this meal. The caregivers are not checking or recording the food temperature before serving the evening meal. Hats are not being worn during food preparation.</p>	<p>(i)Caregivers reheat and serve the evening meal but do not check or record food temperatures.  (ii)Hats are not worn during food preparation.</p>	<p>(i)Ensure food temperatures are checked and recorded before the evening meal is served.  (ii)Ensure hats are worn during food preparation.  90 days</p>

## 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
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End of the report.