

Aroha Care Centre for the Elderly

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: Aroha Care Centre for the Elderly

Premises audited: Aroha Care Centre for the Elderly

Services audited: Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 9 January 2017 End date: 9 January 2017

Proposed changes to current services (if any): A room has been converted into a single bedroom suitable for rest home level of care increasing rest home beds from 23 to 24. The total number of beds is 74 including 50 dual-purpose beds. The service has been assessed as suitable to provide medical services.

Total beds occupied across all premises included in the audit on the first day of the audit: 73

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

Aroha Care Centre is certified to provide rest home and hospital level of care for up to 73 residents. On the day of the audit there were 73 residents. This audit also included verifying the service as suitable to provide medical services under their current hospital certification, and an additional bedroom was assessed as suitable for rest home care.

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, family, management and staff.

An experienced manager/registered nurse is responsible for the daily operation of the facility. She is supported by an experienced fulltime clinical nurse manager. There is sufficient staff on duty including a registered nurse on duty all shifts.

The service has embedded a quality system, policies and procedures and education plan to enable staff to deliver best care. Residents and family/whānau interviewed commented positively on the standard of care and services provided at Aroha Care Centre.

The service has addressed the one previous certification finding around documented interventions. This surveillance audit identified one improvement required around performance appraisals. The service has maintained continuous improvement ratings around quality initiatives, activities and surveillance of infections.

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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There is a policy to guide staff on the process around open disclosure. Residents and families are welcomed on entry; information is provided and explained about the services and procedures. Regular contact is maintained with family including if an accident/incident or a change in resident's health status occurs. There is a complaints policy to guide practice which aligns with Right 10 of the Code. A complaints procedure is provided to residents within the information pack at entry. Complaints reviewed in 2016 reflected evidence of responding to the complaints in a timely manner with appropriate follow-up actions taken.

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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Aroha Care Centre for the Elderly is implementing a quality and risk management system that supports the provision of clinical care. Quality and risk data is collated for residents' falls, infection rates, complaints received, restraint use, pressure injuries and medication errors. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an education programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.

All standards applicable to this service fully attained with some standards exceeded.

The registered nurses are responsible for each stage of service provision. A registered nurse completes initial assessments, risk assessments, InterRAI assessments and long-term care plans. Care plans reviewed have been evaluated at least six monthly and meet the residents' current needs and supports.

Medication policies reflect legislative requirements and guidelines. Registered nurses are responsible for administration of medicines and complete annual education and medication competencies. The medicine charts reviewed met prescribing requirements and were reviewed at least three monthly.

A diversional therapist oversees the activity team and coordinates the activity programme for the rest home and hospital. An occupational therapist is involved in the activity programme. The programme includes community visitors and outings, entertainment and activities that meet the individual and group preferences and abilities for each resident group. Residents and families report satisfaction with the activities programme.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building holds a current 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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Restraint policy and procedures are in place. The definitions of restraints and enablers are congruent with the definitions in the restraint minimisation standard. Staff regularly receive education and training on restraint minimisation and managing challenging behaviours. There were two residents voluntarily using enablers and 12 residents with restraints.

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 infection control coordinator (registered nurse) is responsible for coordinating education and training for staff. The infection control coordinator uses the information obtained through surveillance to determine infection control activities 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)
Standards	1	14	0	1	0	0	0
Criteria	3	35	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>There is a complaints policy to guide practice which aligns with Right 10 of the Code. The manager is responsible for ensuring complaints are addressed within the required timeframe and maintains contact with the complainant throughout the complaints process. A complaints procedure is provided to residents within the information pack at entry. Complaints received in 2016 were reviewed and reflected evidence of responding to the complaints in a timely manner with appropriate follow-up actions taken. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set forth by the Health and Disability Commissioner. Discussions with residents and families confirmed they were provided with information on complaints during their entry to the service. Complaints forms and a suggestions box are located in a visible location at the entrance to the facility.</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. The manager or clinical nurse manager welcomes residents and families on entry and explains about services and procedures. Four residents (two rest home and two hospital) interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Evidence of communication with family/whānau is recorded on the accident/incident form and in the residents'</p>

		progress notes. Accident/incident forms reviewed identified family had been kept informed. Four relatives interviewed (two rest home and two hospital), stated that they were informed when their family member's health status changed.
<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>Aroha Care Centre for the Elderly is certified to provide hospital and rest home level care for up to 74 residents. This audit also included verifying the service as suitable to provide medical services. Currently, there are 73 beds of which 23 are rest home and 50 are dual-purpose beds. An additional room was assessed as suitable for rest home level of care on the day of audit, increasing rest home beds to 24.</p> <p>At the time of the audit there were 73 residents including 33 rest home level residents and 40 hospital level residents. The facility is governed by a trust board who meet quarterly. The business plan goals for 2016 have been reviewed and evaluated. Strategic objectives are regularly reviewed by the trust board and the manager. The 2017 business plan has not been finalised as the manager is meeting with the trust board at the end of January 2017 to confirm the business plan and goals for 2017.</p> <p>The service is managed by a manager who is a registered nurse with extensive experience in aged care and in management positions. She has been in position for eight and a half years. She is supported by a clinical nurse manager, quality officer/registered nurse and rest home charge nurse. The clinical nurse manager has been in the role for seven years. Regular visits from the trust board members and quarterly board meetings ensure that there is good communication between the trust board and local governance. The manager and clinical nurse manager have maintained over eight hours annually of professional development activities related to managing an aged care service.</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>	FA	<p>Quality and risk management systems are implemented with a number of quality initiatives that reflect evidence of evaluation and positive outcomes for residents and/or staff. Interviews with the manager, clinical nurse manager and staff (six caregivers, three registered nurses, one recreational officer and one occupational therapist) reflect their understanding of the quality and risk management systems that have been put into place. Quality improvement initiative forms are utilised at Aroha Care Centre for the Elderly to document actions that have improved or enhanced a current process or system or actions. A review of completed forms also evidences improved outcomes or efficiencies in the service.</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</p>

		<p>to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. Policies are regularly reviewed. Policies and procedures have been updated to include appropriate reference to InterRAI for an aged care environment. New policies or changes to policy are communicated to staff.</p> <p>The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) residents' falls, infection rates, complaints received, restraint use, pressure areas, and medication errors. Data is benchmarked against other similar facilities using QPS. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Quality and risk data, including data trends are discussed in staff meetings. Corrective actions are implemented when required and are signed off by the manager or clinical nurse manager when completed.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide practice. The service has a health and safety committee with specific role responsibilities. Hazard identification forms and a hazard register are in place. The organisation holds tertiary accreditation by ACC for their workplace safety management programme. A health and safety orientation programme is in place for staff. Fall 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>	<p>FA</p>	<p>Individual incident forms are completed for each accident/incident with immediate action noted and any follow-up action(s) required. Accident/incident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Twelve accident/incident forms reviewed across the rest home and hospital were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Data collected on accident/incident forms are linked to the quality management system. Discussions with the manager and clinical nurse manager confirmed their awareness of the requirement to notify relevant authorities in relation to essential notifications.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>Human resources policies address recruitment, orientation and staff training and development. Six staff files were reviewed (two caregivers, three registered nurses and one quality officer/registered nurse). All six staff files included contract for employment, reference checks and police checks prior to employment, relevant job description and evidence of an orientation on employment. Three staff files did not</p>

		<p>include an up-to-date annual performance appraisal. The orientation programme provides new staff with relevant information for safe work practice and is developed specifically to worker type. Six caregivers interviewed stated that new staff are adequately orientated to the service and described that the orientation programme includes a period of supervision.</p> <p>The service has a training policy and schedule for in-service education. The in-service schedule is implemented and attendance records maintained. Mandatory training is well-attended by staff. There is at least eight hours annually of training provided. Education and training for registered nursing (RN) staff is supported by the local district health board and nurse practitioners/specialists. Competency assessments are in place for medication management, manual handling and hand washing. The practising certificates of RNs are current. The service also maintains copies of other visiting practitioner's certification including GP, pharmacist and physiotherapist.</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>	FA	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. Sufficient staff are rostered to manage the care requirements of the residents. The facility manager and clinical nurse leader both work 40 hours per week and are available on call 24/7. Adequate registered nurse cover is provided 24 hours a day, seven days a week. Registered nurses are supported by sufficient numbers of caregivers. Agency staff are rarely used with the facility currently fully staffed with RNs. Interviews with the residents and relatives confirmed that staffing is adequate to meet the needs of residents. Caregivers interviewed confirmed that there are adequate staff numbers on duty to safely deliver residents cares. Resident acuity is monitored and additional staff are available to assist with more dependant residents. The caregivers' state there is good support from management.</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>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Registered nurses who administer medications have been assessed for competency on an annual basis. Registered nurses complete syringe driver training. Education around safe medication administration has been provided. Caregivers have completed medication competency to check medications. Standing orders were current and reviewed annually by the GP. There were no residents self-medicating on the day of audit. All medications are stored safely. All eye drops were dated on opening. The medication fridge is monitored daily.</p>

		All 14 medication charts reviewed (eight hospital, six rest home) met legislative prescribing requirements. The GP has reviewed the medication charts three monthly.
<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>	FA	<p>All meals at Aroha care centre are prepared and cooked on site by qualified cooks. The cooks are supported by morning and afternoon kitchenhands. Staff have attended food safety and hygiene training. There is a four-weekly seasonal menu, which had been reviewed by a dietitian. Meals are transported in hot boxes and served from the bain-marie in the hospital servery. The rest home dining room is adjacent to the main kitchen. Dietary needs are known with individual likes and dislikes accommodated. Dietary requirements, cultural and religious food preferences are met. Additional or modified foods are also provided by the service. Special diets include gluten free, vegetarian and pureed diets.</p> <p>Staff were observed assisting residents with their meals and drinks in the hospital and rest home dining room. Resident meetings and surveys, along with direct input from residents, provide resident feedback on the meals and food services.</p> <p>Fridge, freezer and end cooked temperatures are monitored daily. All dried goods and perishable foods were date labelled.</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 alters, the registered nurse initiates a review and if required a GP or nurse specialist consultation. There is evidence that family members were notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are identified with a relative contact stamp documented in the resident progress notes.</p> <p>Adequate dressing supplies were sighted. Wound management policies and procedures are in place. Wound assessment forms, wound evaluations and comments were in place for all current wounds and skin tears. There were two pressure injuries (facility acquired stage-two and one stage-three) on the day of audit. There was a range of equipment readily available to minimise pressure injury. Chronic wounds and the pressure injuries have been linked to the long-term care plans. There was evidence of wound nurse specialist and district nursing involvement in the management of pressure injuries.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified</p> <p>Monitoring occurs for weight, vital signs, blood glucose, pain charts, behaviour</p>

		<p>chart, continence, daily skin checks and two hourly positioning. Registered nurses review the monitoring charts and report identified concerns to the GP, nurse practitioner or nurse specialist. Residents are weighed monthly or more frequently if weight is of concern.</p> <p>Short-term care plans document appropriate interventions to manage short-term changes in health such as skin tears, infections, pain management, pressure injury and falls. The previous finding around documented interventions has been addressed.</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 service.</p>	CI	<p>There is an activity team of two recreational officers (qualified diversional therapists - DT) and a weekend recreational officer. The team have current first aid certificates.</p> <p>There is a seven-day week separate activity programme for the rest home and the hospital with many integrated group activities such as entertainment, canine therapy and outings. There is a variety of activities that meets the abilities of all residents and to meet the physical, intellectual, sensory and social needs of the residents. Individual one-on-one time is spent with residents who choose not to join in group activity or are unable to participate in activities.</p> <p>Residents are supported to attend religious services in the on-site chapel twice weekly. Residents are encouraged to maintain links with the community and include inter-home visits, workingmen's club, library, cafes and other visits into the community. Special events and festivities are celebrated and families invited to attend.</p> <p>A resident life history and activity plan is developed soon after admission in consultation with the resident/family and reviewed six monthly. A registered OT completes a resident initial assessment and provides input into the activity programme.</p> <p>Residents and families have the opportunity to feedback on the activity programme through meetings and surveys.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans reviewed were evaluated by the RN within three weeks of admission. Long-term care plans have been reviewed at least six monthly or earlier for any health changes. The written evaluation documents the resident progress against identified goals. The GP reviews the residents at least three monthly or earlier if required. The resident review team includes the RN, DT, OT, resident/relative and any other allied health professional involved in the care of the</p>

		resident. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Changes are updated on the long-term care plans.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building has a current warrant of fitness. Environmental improvements include ongoing refurbishment of bedrooms as they become vacant, landscaping of gardens and an outdoor deck and creation of a family room with tea making facilities.</p> <p>A centrally located storeroom has been converted into a rest home bedroom with sufficient space for the resident to move around with the use of a mobility aid. There is a wardrobe, external window and oil filled heater. A call bell system is in place. A separate communal toilet is located next to the bedroom and a shower facility nearby.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data and relevant information is displayed for staff. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is discussed at facility meetings. Annual infection control reports are provided. Internal audits for infection control are included in the annual audit schedule. There is close liaison with the GP that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility. The service participates in an external benchmarking system</p> <p>There have been no outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. Interviews with the caregivers and nursing staff confirm their understanding of restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are requested voluntarily by the residents. At the time of the audit, the service had two rest home residents using enablers (one bedrail and one lap belt).</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)
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	PA Low	Six staff files were reviewed (two caregivers, three registered nurses and one quality officer/registered nurse). All six staff files include contract for employment, reference checks and police checks prior to employment, relevant job description and evidence of an orientation on employment. Three staff files did not include an up-to-date annual performance appraisal.	Six staff files were reviewed. Three out of six staff files reviewed did not have documented evidence of an up-to-date annual performance appraisal.	<p>Ensure that all staff receive an annual performance appraisal.</p> <p>90 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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.3.7</p> <p>A process to measure achievement against the quality and risk management plan is implemented.</p>	CI	<p>Quality and risk management systems are implemented with a number of quality initiatives that reflect evidence of evaluation and positive outcomes for residents and/or staff. Monthly QPS benchmarking occurs and reports are generated throughout the year to review performance over a 12-month period. Clinical and non-clinical indicators are monitored and facility performance is measured against these. Quality improvement initiative forms are utilised at Aroha Care Centre for the Elderly to document actions that have improved or enhanced a current process or system or actions. These evidence improved outcomes or efficiencies in the service. Audit results are collated and documented where corrective actions are identified and</p>	<p>A number of quality initiatives have been implemented across the service including: (i) a guide workbook for moving and handling was developed March 2016 following a hoist incident, to ensure that staff are educated on moving and handling procedures. The guide workbook is provided to all new staff within the first month of employment and to existing staff annually at the time of their performance appraisal. The guide workbook includes a moving and handling comprehension questionnaire and staff practical competency form. All residents have an alert card completed and placed on their noticeboard so that when any significant change in their mobility will be detected and actioned on. There have been no hoist accidents/incidents since the project was implemented. (ii) Developed a skin checklist for all residents at risk of pressure injury. The skin</p>

		implemented. Results are then fed back to staff at appropriate forums, for example, at the staff and quality improvement meetings.	checklist includes a body map and detailed skin assessment form, preventative/treatment plan, turn chart, head to toe assessment and weekly skin check. All residents have been assessed within 24-hours of admission by the registered nurses using the skin checklist, if there is a significant decline in health status and six monthly prior in conjunction with the six-monthly routine InterRAI assessment. All care staff have completed a back to basics workshop which includes skin care, pressure injury prevention and management. The project commenced September 2016 and is continuing as part of 2017 goals and regular evaluations are being completed to identify improvements in resident outcomes.
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	The service has continued to review and improve its activity programme to maintain resident and relative satisfaction with the range of group and individual activities.	The service has employed an occupational therapist (OT) for three hours a week to work alongside the activity team and provide an OT overview of activities for residents requiring individual assistance. This includes assessing all new residents on admission, attending the monthly activity meetings and involvement in the resident review meeting. The DT interviewed stated the OT perspective on activities assisted the DTs to encourage resident participation and noted increased confidence in residents for example residents with communication problems such as aphasia or challenging behaviours. Initiating interconnection with pre-school children on a monthly basis with visits to their concerts and activities has had positive impact on socialisation and improved communication for resident. The 2016 satisfaction survey for activities was 87% for relatives an 86.2% for residents. The service has maintained a continual improvement rating.
Criterion 3.5.7	CI	The surveillance results are analysed	Surveillance of eye infections and urinary tract

<p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>		<p>monthly and annually for trends. Action plans are developed for where identified infections have increased. Trends are identified and preventative measures put in place.</p>	<p>infections for August 2016 identified an increase. Three residents had indwelling catheters. The service introduced back to basics in-service around hygiene cares and including practical session on eye care and the care of catheters. The use of Johnson's baby shampoo has continued and staff remain compliant in infection control practices as demonstrated through internal audits and hand hygiene practice. In December 2016 there were three eye infections and three UTIs which showed a slight improvement. The service continues to monitor trends and identify areas for improvement.</p>
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End of the report.