

Amberley Resthome 2013 Limited - Amberley Resthome and Retirement Village

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity:	Amberley Resthome 2013 Limited
Premises audited:	Amberley Resthome and Retirement Village
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 23 March 2017 End date: 24 March 2017
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:	21



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Amberley rest home and retirement studios is a privately-owned facility providing rest home care to 21 residents. It is situated in a small semi-rural town in North Canterbury.

This certification audit was conducted against the Health and Disability Services Standards and the Aged Related Residential Care contract with the local district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family, management and staff and a local general practitioner.

Residents and families spoke positively about the care provided, the manager described the service as being a close-knit group and the staff informed they enjoy working here.

The audit has resulted in a continuous improvement in relation to clinically focused quality improvement initiatives.

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.	Green	Standards applicable to this service fully attained.
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The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is made available to residents. Opportunities to discuss the Code, consent and availability of advocacy services is provided at the time of admission and thereafter as required.

Services are provided that respect the choices, personal privacy, independence, individual needs and dignity of residents. Staff were noted to be interacting with residents in a respectful manner.

Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs. A comprehensive Māori health plan and related policies guide care. There was no evidence of abuse, neglect or discrimination and staff understood and implemented related policies. Professional boundaries are maintained.

Open communication between staff, residents and families/whanau is promoted, and confirmed to be effective. There is access to formal interpreting services if required.

The service has linkages with a range of specialist health care providers, to support best practice and meet residents' needs which contributes to ensuring services provided are of an appropriate standard.

There is a complaints process that is understood by residents, family members and staff and meets the requirements of the Code. The facility manager maintains a current register.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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A mission statement, values and organisational goals sit within an updated business plan. The facility is owned and operated by a suitably experienced and qualified facility manager, who is supported by a clinical manager. The clinical manager relieves the facility manager when required. Monitoring of the services is regular and effective.

The quality and risk management system includes collection and analysis of quality improvement data and identifies trends as relevant. Policies and procedures support service delivery and are current and reviewed regularly. Corrective action processes are occurring and quality improvement initiatives are being planned and implemented. Staff meetings include reports on quality and risk management and are provided with reports. An annual survey is distributed to residents and families. Adverse events are documented and the managers are aware of essential notification reporting. Actual and potential risks, including those for health and safety, are identified and mitigated.

The appointment, orientation and management of staff is based on current good practice and is occurring according to organisational policy and procedures. A systematic approach to identify and deliver ongoing training supports safe service delivery. Annual regular individual performance reviews are all current. Staffing levels and skill mix meet the changing needs of residents.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

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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The organisation works closely with the local Needs Assessment and Service Coordination Service (NASC), to ensure access to the facility is appropriate and well managed. When a vacancy occurs, relevant information is provided to the potential resident/family/whanau to facilitate the admission.

Residents' needs are assessed by the multidisciplinary team on admission, within the required timeframes. The Clinical Manager, who is a registered nurse, is on duty during the day and available on call after hours for the facility. The Clinical Manager is supported by care and allied health staff and designated general practitioners. Shift handovers and communication sheets guide continuity of care.

Care plans are individualised, based on a comprehensive and integrated range of clinical information. Short term care plans are developed to manage any new problems that might arise. All residents' files reviewed demonstrated that needs, goals and outcomes were identified and formerly reviewed six monthly in accordance with contractual requirements. All residents are fully assessed and reassessed using the interRAI assessment process and reviews were current and well managed.

All residents are regularly reviewed by a general practitioner and progress documented. The general practitioner interviewed reported that medical treatment plans are consistently followed, and medical support is sought in a timely manner. Residents and families interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is of a high standard. Residents are referred or transferred to other health services as required, with appropriate verbal and written handovers.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

Medicines are managed according to policies and legislation and consistently implemented using an electronic system. Medications are administered by trained staff who are competent to do so. Records for controlled drugs and for prescribing and administration were maintained.

The food service meets the nutritional needs of the residents. Personal likes and dislikes are catered for and special events celebrated. Current policies guide safe food service delivery, supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents verified satisfaction with meals.

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 meets the needs of its residents and is clean and well maintained with clear and concise planned maintenance and cleaning schedules. There is a current building warrant of fitness on display in reception. All electrical equipment is tested and tagged as being safe. There are large communal areas within the facility as well as individual resident spaces. All areas are maintained at a comfortable temperature, regulated by several methods, including underfloor heating and heat pumps. There are external areas which are accessible, safe and provide shaded areas for resident use.

There are clear policies and procedures for the management of waste and hazardous substances which are adhered to by the facility and the staff. Personal protective equipment is available and used by staff when required. Chemicals and equipment are safely stored within the facility and soiled linen is cleaned within an onsite laundry with clearly defined clean and dirty areas.

Staff are trained in emergency procedures, including fire evacuation and the use of emergency equipment, and supplies are well stocked and maintained by the facility. Fire evacuation procedures are practised six monthly.

All residents interviewed expressed satisfaction with the environment reporting that they feel safe and comfortable. Security is maintained by the facility and a documented security check was sighted.

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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Amberley rest home has policies and procedures that support the minimisation of restraint and provide guidance should a restraint or an enabler be needed. They cover the assessment, approval, monitoring and review processes. Staff receive education on the topic and those interviewed were able to describe the differences between an enabler and a restraint and when they might be used. There are not currently any restraints or enablers in use and nor has there been since the last audit. Restraint minimisation is a topic within the quality and risk management system.

Infection prevention and control

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

Standards applicable to this service fully attained.

The infection prevention and control programme is led by an experienced and trained infection control coordinator, supported by a suite of infection prevention and control policies and procedures. The programme is reviewed annually and the facility has access to additional advice and support from the DHB infection prevention and control advisor.

Staff at the facility demonstrated good principles and practice around infection control and receive regular education, in addition to six monthly practical evaluations of hand washing techniques.

Infection surveillance, trending and analysis is undertaken using a computerised system that allows benchmarking against other facilities and the industry average. The results of this surveillance are documented and communicated throughout all levels of the facility by graphs, written reports and at staff meetings. Follow up actions have been taken by the infection control coordinator when required.

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	45	0	0	0	0	0
Criteria	1	92	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Amberley Rest Home has developed policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options to residents and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The Clinical Manager (CM) and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form including for photographs, outings and procedures.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent, was defined and documented where relevant in the resident's record. Staff demonstrated their understanding by being able to explain situations when this may occur.</p> <p>Staff were observed to gain consent for day to day care on an ongoing basis.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Posters related to the Advocacy Service were also displayed in the facility, and additional brochures were available at the entrance way. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons.</p> <p>Staff were aware of how to access the Advocacy Service and examples of their involvement were discussed at staff interviews.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family/whānau and the community by attending a variety of organised outings, visits, games, exercise, activities, and entertainment. The facility promotes and supports the philosophy of, "a quality lifestyle for residents in a supportive, comfortable, safe, caring environment. Living life to the highest level of independence ensuring all residents are treated as individuals, shown patience, dignity and respect".</p> <p>The facility has unrestricted visiting hours and encourages visits from the residents' family, extended family and friends. Family members interviewed confirmed they were made to feel welcome by staff when they visited, staff were available and they felt comfortable in their dealings with staff.</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>Complaints management policy and procedures describe residents' right to make a complaint, includes timeframes as required by the Code and details the formalisation of an informal concern raised as well as complaint follow-up processes. Residents informed during interview that they know how to make a complaint and who to go to; however, said they do not have any complaints to make.</p> <p>Quality and risk meeting minutes demonstrated that any concerns raised by staff, family and residents are discussed and solutions have been found. The complaints register is recorded electronically and includes previous written versions. Written complaints are entered into the electronic system and the register detailed how each complaint was addressed, who was involved, dates and timeframes for each step and the communication processes. There have been two complaints raised in the last 12 months and both have been addressed satisfactorily.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their</p>	FA	<p>Residents and family interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy service (Advocacy Service) by the clinical manager as part of the admission information provided and from discussion with the clinical manager and staff. The Code is displayed in</p>

rights.		the rest home in the entrance way in English and Maori together with information on advocacy services, how to make a complaint and feedback forms. Residents receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that respects residents' rights, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents and family confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Staff understood the need to maintain privacy and were observed doing so throughout the audit while attending to personal cares, and by ensuring resident information was held securely and privately. All residents have a private room.</p> <p>Residents are encouraged to maintain their independence by staff ensuring individual care plans are followed, attending community activities, arranging their own visits to the podiatrist, dentist, and participation in clubs of their choosing. Each plan included documentation related to the resident's abilities and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan.</p> <p>Residents and family members interviewed had not experienced or witnessed any abuse, neglect or discrimination in the facility and felt safe in their environment.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect is part of the orientation programme for staff, and is then provided on an annual basis, as confirmed in staff and training records.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>Staff support residents in the service who identify as Māori to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into day to day practice, as is the importance of whanau to Māori residents. There is a current Māori health plan developed with input from cultural advisers. Current access to resources includes the contact details of local cultural advisers. Guidance on tikanga best practice is available and is supported by staff who identify as Māori in the facility. At the time of audit, there were no residents who identified as Maori in the facility.</p>

<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Residents and family members interviewed verified that they were consulted on their individual culture, values and beliefs and that staff respected these. Resident's personal preferences, required interventions and special needs were included in care plans reviewed. Residents had dietary preferences and spiritual preferences documented. The resident satisfaction survey confirmed that individual needs are being met.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. The general practitioner (GP) interviewed also expressed satisfaction with the standard of services provided to residents. The induction process for staff includes education related to professional boundaries and expected behaviours. Staff are provided with a Code of Conduct in both the staff orientation booklet and their individual employment contract. Ongoing education is also provided on an annual basis, which was confirmed in staff training records. Staff are guided by policies and procedures and, when interviewed, demonstrated a clear understanding of what would constitute inappropriate behaviour and the processes they would follow should they suspect this was occurring.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service encourages and promotes good practice through evidence based policies, input from external specialist services and allied health professionals, for example, hospice/palliative care team, diabetes nurse specialist, physiotherapist, occupational therapist, wound care specialist, mental health services for older persons, and education of staff. The GP confirmed the service sought prompt and appropriate medical intervention when required, were responsive to medical requests and care was of a high standard.</p> <p>Staff reported they receive management support for internal and external education through Careerforce training. There was evidence of a compulsory plan for all staff where staff are booked to attend education to support contemporary good practice.</p> <p>Other examples of good practice observed during the audit included fluid rounds, prompt answering of call bells, regular toileting rounds, and pressure injury prevention strategies.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and</p>	FA	<p>Residents and family members stated they were kept well informed about any changes to their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. There was</p>

<p>provide an environment conducive to effective communication.</p>		<p>also evidence of resident and family input into the care planning process. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Interpreter services can be accessed via the DHB or Older Persons Health when required. Staff knew how to do so, although reported this was rarely required due to all residents able to speak English.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The mission of this service provider is to promote a quality lifestyle for residents in a supportive environment, encouraging independence in a safe and comfortable care setting. It is intended that residents are treated as individuals and shown patience, dignity and respect. A business plan that covers 2015 to 2017 is reviewed annually, with the last review being September 2016. This was sighted and includes objectives based on adding value to residents' lives, providing client focused services, committing to the development and provision of quality training and the evidence of the belief in continuous improvement and support strategies. A strengths, weaknesses, opportunities and threats (SWOT) analysis had been undertaken and underpins the business plan. A separate quality and risk management plan is also available.</p> <p>The facility manager, who owns the facility, has been in the role for almost four years after working as a service coordinator for another service provider for seven years. She is suitably qualified and experienced as has accountancy experience, attends aged care related conferences, participates in a range of management and aged care related workshops and training opportunities. For the past 14 years she has also supported her partner in another of their own businesses. These skills are complemented by support from a business mentor, the use of a quality consultant and the employment of a clinical manager. A facility manager position description was sighted, as was her personnel file and her latest February 2017 performance appraisal.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The clinical manager relieves in the event of a temporary absence of the facility manager. She has previous management experience as well as an in-depth knowledge of the needs and preferences of the residents and their families/whanau. A facility coordinator/activity coordinator, who has had a long association with the service, provides additional support when required. There was evidence during the audit that both of these people work closely with the facility manager on a day to day basis. The clinical manager is a registered nurse who has been in this service for nearly four years, is an assessor for a key training organisation and maintains her professional development requirements. Support systems, such as the contracted quality consultant and the externally sourced payroll person, are also in place and the clinical manager is familiar with these.</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>Amberley Rest Home has a planned and detailed quality and risk system that reflects the principles of continuous quality improvement. This includes reviews of organisational documentation, management and review of incidents and complaints, internal audit activities, an annual patient and family satisfaction survey, monitoring of clinical outcomes, including infections and any restraint use. Staff confirmed a folder that summarises the outcomes of the quality management meetings is available for them to read and that they are also updated through two monthly staff meetings.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility assessment tool and process and the management of pressure injuries. All policies are based on best practice and are current with the latest reviews undertaken June 2016. The document control system is overseen by an externally contracted quality consultant, who in consultation with the facility and clinical managers, ensures the review process is systematic and includes referencing of relevant sources, document content approval and the removal of obsolete documents.</p> <p>Quality and risk meeting minutes were reviewed and confirmed that regular review and analysis of quality indicators is occurring and that related information is reported and discussed. Relevant corrective actions are developed and implemented to address any shortfalls. Amberley Rest Home has addressed quality improvement opportunities at a level of continuous improvement with ongoing projects being implemented and evaluated. Many of these projects have a clinical focus and have direct benefits for the residents. Staff and management interviews and documentation sighted confirmed that the 'plan, do, check and act' quality management cycle is firmly entrenched into this service. Resident and family satisfaction surveys are completed annually. The most recent surveys showed full satisfaction with the services provided. A comment of concern about communication had been followed up with the individual and recorded.</p> <p>The facility manager is familiar with the Health and Safety at Work Act (2015) and is using external support to assist with the implementation of requirements. She also described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. A comprehensive risk management plan and a hazard register were sighted. Risk management is built into residents' care plans.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are</p>	<p>FA</p>	<p>The facility manager described essential notification reporting requirements, including for pressure injuries. They advised there have been no notifications of significant events made to the Ministry of Health since the previous audit and nor have there been any police investigations, coroner's inquests, issues based audits or any other investigation required.</p>

<p>systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>Organisational policies and procedures described the process for reporting, recording, reviewing and analysing incidents and accidents. Staff document adverse, accidents and near miss events on an accident/incident form. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, and action plans developed and actions are being followed-up in a timely manner. Adverse event data is collated within an electronic system, analysed and reported to the bi-monthly quality and risk meetings. Following discussion, any corrective action or quality improvement opportunity is identified, planned and followed up through the quality management system. Copies of associated graphs and summaries of their meaning, are placed in a folder that is made available to staff. Staff confirmed they are informed of pertinent conclusions during staff meetings, or at staff handovers, and that they are expected to read the contents of the folder.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>A range of human resource management policies and procedures sit within a human resource manual. These are based on good employment practice and relevant legislation. The recruitment process includes an interview process with the manager, referee checks, police vetting and validation of qualifications and practising certificates, where required. Six staff records were reviewed and confirmed the organisation's policies are being consistently implemented and records are maintained. Copies of annual practising certificates for relevant health professionals providing services to the rest home were available.</p> <p>As per policy and procedure documentation, Amberley Rest Home require all new staff to undertake an induction and orientation process. This includes signing off a checklist of all necessary components for the role, as well as relevant competencies, such as safe resident handling and emergency management. Staff reported that the orientation process prepared them well for their role and that the timeframe may be extended if one of the managers believe this is advantageous. An example of this having occurred was provided. Records in staff files showed documentation of completed orientation forms and of reviews after the person's first three months. Completed annual performance appraisals were also in staff files with all sighted being current.</p> <p>A list of required ongoing education topics was sighted in the staff training policy. Continuing education, including mandatory training requirements, is planned on a biannual/annual basis according to the topic. Caregiver staff are encouraged to undertake Zealand Qualification Authority education programme to meet contractual requirements. Comprehensive records of this process were provided by the clinical manager, who is the programme's internal assessor. The clinical manager has completed the training and maintaining competency in interRAI assessments. Records reviewed demonstrated staff are completing the required training as well as annual competencies for medication, handwashing and safe manual handling, for example. If a person is absent for a training session they are taken through the key aspects of the session on a one-to-one basis; however, they are not recorded as having completed the topic for that 12 month period. Staff advised that some training</p>

		sessions are impromptu to ensure education requirements are met.
<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>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery over 24 hours a day on seven days a week. This was evident in policy documentation, observation, management and staff interviews as well as within rosters covering the last six weeks. The facility manager informed that there are adequate staff to fill the roster and caregivers confirmed this as correct. The facility adjusts staffing levels to meet the changing needs of residents and staff reported they never have to work a staff person down, even if one of the managers cover a shift. Residents and family confirmed they believed the facility is well staffed.</p> <p>An on-call process is in place with the facility manager and the clinical manager sharing these roles. They may also be supported by the facility coordinator if needed. In the event of the clinical manager not being available for out of hour's advice and/or support, then a registered nurse from the local medical centre across the road provides back up.</p> <p>All caregiving staff and the registered nurse are required to complete their first aid certificate every two years. A first aider is allocated for each shift and this is marked on the roster. Likewise, a person is allocated as being responsible for medicines and the keys. There are two morning caregiver shifts and two afternoon shifts. One caregiver is rostered for each night shift. The clinical manager/registered nurse works Monday, Wednesday and Friday, while the facility manager, the facility coordinator/activity co-ordinator and a cleaner work Monday to Friday. Two cooks cover the seven days.</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>	FA	<p>The resident's name, date of birth and National Health Index (NHI) number are used on labels as the unique identifier on all residents' information sighted. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review.</p> <p>Clinical notes were current and integrated with GP and allied health service provider notes. Records were legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely on site and are readily retrievable using a cataloguing system.</p> <p>Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their</p>

<p>facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>families/whanau are encouraged to visit the facility prior to admission and meet with the clinical manager. They are also provided with written information about the service and the admission process. The service operates a waiting list for entry. The organisation seeks updates of information from NASC and the general practitioners for residents accessing respite care.</p> <p>Residents and family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual requirements.</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>Exit, discharge or transfer is managed in a planned and co-ordinated manner and there is open communication between all services, including the resident and their family. At the time of transition between services, appropriate information is provided for the ongoing management of the resident. A checklist ensures the appropriate information is transferred utilising the 'yellow envelope' system and the transfer/referral 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 requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using the electronic Medi-Map system was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by the CM against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided monthly and on request.</p> <p>Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six monthly stock checks and accurate entries. Verbal orders are rarely used but processes are in place to enable safe administration and appropriate documentation. The records of temperatures for the medicine fridge were within the recommended range.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three monthly GP review was consistently recorded on the medicine chart. Standing</p>

		<p>orders are not used.</p> <p>There were no residents who were self-administering medications at the time of audit. Appropriate processes are in place to ensure this would be managed in a safe manner.</p> <p>Medication errors are reported to the clinical manager and recorded on an incident form. The resident and/or the designated representative are advised. Any medication errors are reported and discussed at the staff meeting. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</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>	FA	<p>The food service is provided on site by the head cook and kitchen staff, and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns, and has recently been reviewed by a qualified dietitian in March 2017. Recommendations made at that time have been implemented.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. Food temperatures, including for high risk items, are monitored appropriately and recorded. The head cook has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan as observed during audit. Residents have access to food and fluids to meet their nutritional needs at all times. Special equipment, to meet resident's nutritional needs, is available and was observed in use.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Residents were observed to be given sufficient time to eat their meal and those requiring assistance had this provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>If a referral is received, but the prospective resident does not meet the entry criteria or there is currently no vacancy, the local NASC service is advised to ensure the prospective resident and family/whānau are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC service is made and a new placement found, in consultation with the resident and family/whānau. Examples of this occurring were discussed with the clinical manager. There is a clause in the access agreement related to when a resident's placement can be terminated.</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>The clinical manager (CM) confirmed during interview that prior to admission, the Central Care Coordination Centre (CCC) completes an interRAI assessment to ensure the placement is appropriate, and the CM makes the final decision based on the assessment. The CM completes an appropriate assessment on admission to the facility. The assessment includes a pressure injury risk assessment, falls risk assessment, continence assessment, nutritional assessment and, if required, a wound assessment.</p> <p>An interRAI assessment was completed on new admissions as verified in records reviewed, and an updated care plan was completed based on the completed assessment. Resident and family input and appropriate allied health and community feedback is incorporated into the assessment. Reviews occur in a timely manner by the CM. If an issue arises within the evaluation period, an appropriate assessment tool was completed prior to the development of a short-term care plan. Examples reviewed showed a consistent assessment and care planning process.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>A sample of residents' care plans reviewed indicates that each stage of the care planning process is thorough and detailed, with an integrated range of resident related information. Interventions were described and developed in response to the assessment in a timely manner.</p> <p>All residents' files reviewed demonstrated six monthly interRAI assessments were being completed within the time frames required which then informed the six-monthly care plan review. Interventions triggered in the interRAI assessment were included in all the care plans reviewed.</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>Documentation, observations and interviews verified the provision of care provided to residents was consistent with their needs, goals and the plan of care. There is attention to meeting a diverse range of resident's individualised needs and this was evident in all areas of service provision. The GP interviewed expressed confidence in the service, and verified that medical input was sought in a timely manner, medical orders were followed, interventions and care was appropriate and timely. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p>	<p>FA</p>	<p>Planned activities are provided and facilitated by the activities co-ordinator who has commenced the Careerforce diversional therapy training. Twenty hours are allocated spread over five days each week</p>

<p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>and are dedicated specifically to the activities programme, however all staff participate in ensuring that residents are supported in activities that meet individual resident's assessed needs. Input occurs from the local community, volunteers and outings using the facility's van.</p> <p>A social assessment and history is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated as their needs change, three monthly, and as part of the formal six monthly care plan review. Progress notes are maintained in the activities section of the integrated file.</p> <p>The planned monthly activities programme sighted matches the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and include community activities. Individual, group activities and regular events are offered. This was observed for a number of residents participating in the daily green prescription falls prevention exercise classes. This is available in two classes, based on the Coombes falls assessment completed individually for each resident to ascertain if they participate in either the chair exercise class or stand to sit balance class. The exercise programme is offered seven days a week and supervised by carers at the weekends. Residents' reported the classes have improved their strength, balance and quality of life. Activities occur that include one on one shopping, outings to town, crafts, table bowls, circle bowls, group excursions to the movies and monthly group outings to a nearby facility.</p> <p>The activities programme is discussed at the minuted residents' meeting and indicated residents' input is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction with the programme and that information is used to improve the range of activities offered. Residents interviewed confirmed they participate in the things they enjoy at group and individual level.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the CM.</p> <p>Formal care plan evaluations occur every six months or as residents' needs change. Six-monthly interRAI reassessments are occurring, or more frequently as residents' needs change. Evaluations are documented by the CM. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples of short term care plans were consistently reviewed for urinary tracts infections, falls, wounds, infections, and any changes in the resident's normal status. Progress was evaluated as clinically indicated, at least weekly, and according to the degree of risk noted during the assessment process. Other plans, such as wound management plans were evaluated each time the dressing was changed. Residents and families interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>

<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Residents are supported to access or seek referral to other health and/or disability service providers. All residents have the choice of their own GP. If the need for other non-urgent services are indicated or requested, the GP or CM sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to the needs assessor, gerontology clinical nurse specialist, diabetes nurse specialist and wound care specialist. Referrals are followed up on a regular basis by the CM or the GP. The resident and their families are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There is a documented waste disposal process and waste is disposed of in appropriate, lidded bins in a non-resident area. Sharps containers are used by the facility and are collected when required. Recycling is occurring and delivered to the local recycling centre by facility staff. The facility does not have a sluice on site and manages soiled and potentially infected linen by utilising a dedicated sink located in the laundry.</p> <p>Protective clothing and equipment is provided by the facility and is located in several areas, including laundry, housekeeping and storage areas.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The facility has a current building warrant of fitness which expires on 1st October 2017. There is a documented scheduled maintenance plan which is followed and includes the checking and calibration of equipment, testing and tagging of electrical equipment, fire system testing and general equipment maintenance. All medical equipment is stored in dedicated staff only areas.</p> <p>There are clear level pathways around the exterior of the property with enclosed courtyards. The rear of the property backs onto a paddock and residents are able to have views of the local rural area.</p> <p>Inside the facility, corridors are carpeted and clutter free with clear access for residents to all areas.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing</p>	FA	<p>There are 12 studio apartments within the facility that have their own bathroom consisting of toilet, shower and vanity unit. The remaining nine rest home rooms have three toilets, and a single shower facility nearby. All bathing and hygiene areas are kept clean and tidy and are stocked with supplies.</p>

facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.		
<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	The residents' rooms are spacious and allow for personalisation with individual furniture and effects. There is adequate space for mobility aids. Residents and family members who were interviewed expressed satisfaction with the rooms and environment.
<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 facility has a large communal television and activities lounge and a separate dining area. Residents are able to eat in their own rooms, but most chose to socialise in the communal lounge or dining areas.
<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	The facility has its own internal laundry. The laundry is divided into clean and dirty areas and has a dedicated laundry assistant for 10 hours a week. At other times, caregivers and other staff take over the running of the laundry. All chemicals used in the laundry are labelled and stored correctly and material data safety sheets are readily available. One inadequately labelled chemical was disposed of on the day of audit. All staff working in the laundry have received chemical training and are familiar with the available laundry schedule. The quality of cleaning and laundry service delivery is monitored through internal audits and residents interviewed expressed satisfaction with the management of both services.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate</p>	FA	There are well documented emergency policies and procedures in place. The facility undertakes six monthly fire evacuation trials, the last being on the 3rd November 2016. Fire monitors, sprinklers and alarms are part of a monthly checking schedule and this has been well documented. The facility has a well-stocked civil defence container, which staff reported is checked six monthly. On initial inspection, the contents checklist was missing; however this was found on day two of the audit and records

<p>and timely response during emergency and security situations.</p>		<p>showed the last check date of the container was February 2017. There is also a well-stocked emergency cupboard with food and other supplies, adequate for three days, including bottled gas, batteries, radio and personal protective equipment. There are three 1,000 litre water tanks situated in the roof space that would be suitable for drinking water in the event of an emergency. These were sighted.</p> <p>Each resident's room and communal areas have easily accessible nurse call and emergency alarms for use by staff and residents.</p> <p>Staff on the evening shift are responsible for ensuring the security of the facility overnight and this is documented on the task list for the evening staff. During the winter months, the front doors are locked at 6pm but this occurs later in the evening during the summer months.</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 facility has three main types of heating, being heat pumps in the lounge and dining area, underfloor heating controlled by individual thermostats in each resident's room, and baton heating situated around the facility. The facility and the grounds are designated as non-smoking environments, and all resident and communal areas have adequate and appropriate natural lighting and windows.</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>The service has a well-documented infection control programme which minimises and reduces infection risks to residents, staff members and visitors to the facility. This programme is reviewed on an annual basis.</p> <p>There is an identified infection control person who is the clinical manager/registered nurse. She has been undertaking this role for the last four years and she holds overall responsibility for ensuring that the infection control programme is adhered to.</p> <p>The infection control coordinator ensures that any resident infections are recorded and monitored by entering each episode into the computerised surveillance system used at the facility. The incidents of infections are then analysed and benchmarked against the national industry averages. Results are then disseminated to all staff and management via written reports and staff meetings on a monthly basis. There is also a folder, located at reception for all staff to access, to ensure infection rates information is readily available.</p> <p>There is a management plan in place for the eventuality of an outbreak at the facility, minimising the risk of exposure to infected persons or equipment and detailing the correct use of personal protective</p>

		<p>equipment.</p> <p>There are a range of external resources available to the facility for specialist advice including the DHB infection prevention and control advisor.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The clinical manager/registered nurse has the role of infection control coordinator. Infection control issues are discussed at monthly staff meetings with trending and benchmarking reports available to all staff. Advice can be sought from the DHB infection prevention and control advisor and GP.</p> <p>The infection control coordinator has received training in infection prevention, including hand hygiene and an external infection prevention and control course. At interview, the infection control coordinator demonstrated a good knowledge base of infection prevention and control techniques. Regular good hand washing techniques by staff were observed during the audit.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>There are well documented policies and procedures used by the organisation to minimise risks of infection. Staff were observed using safe and appropriate infection prevention and control practices including the appropriate single use of PPE and good hand washing techniques.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator provides annual education on infection control and prevention techniques (and more frequently as required). Topics include the identification of infections, the 'five moments of handwashing', and the correct use of personal protective equipment, for example. Caregivers also undertake six monthly supervised hand washing competencies.</p>
<p>Standard 3.5: Surveillance</p>	FA	<p>Surveillance and monitoring of infections is occurring. All infections are reported to the infection control</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>coordinator and an incident form is completed. The infection control coordinator collates this information each month and enters it into a computerised database that records, trends and analyses the infection rates. The system produces computerised graphs and reports that are subsequently disseminated to staff and management. The computerised system also allows for external benchmarking by care level of resident against industry averages. There has not been any significant infection related corrective actions following the last two annual infection reviews, although implementation of a quality improvement project to further improve the use of sanitiser whilst ensuring good skin care has commenced.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The clinical manager is the restraint coordinator and provides relevant education and information when this is required. During the audit, she demonstrated a sound understanding of the organisation's policies, procedures and practice and was familiar with her responsibilities.</p> <p>There were no residents using an enabler or a restraint on the two days of audit and there is no evidence of the use of a restraint, or an enabler since the last audit. Restraint would reportedly only be used as a last resort when all alternatives had been explored. It is maintained as a topic on the quality and risk meeting agenda to ensure it is not overlooked.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	CI	<p>There is a strong quality improvement culture within this service. The plan-do-check-act quality cycle is entrenched into the organisation’s quality and risk management system. Likewise, there is a focus on preventing harm and reducing risks. Not only are corrective actions developed within a timely manner whenever indicated, but quality system data from incident reports, complaints, incidence of infections and clinical incidents are reviewed with quality improvement in mind. As a result of data on the number and type of falls going through the incident reporting system, a quality improvement initiative was introduced. Research was undertaken, a pilot programme was set up with a group of residents who met two specific criteria, an assessment process was developed and progress has been measured against the initial assessment. Although reviews and reassessments have shown unintended positive outcomes for the residents as described in 1.3.7 under activities in this report, there has not been a significant change in the incidence in falls as was expected. Further reviews have since occurred and changes to the programme are under way in an effort to enhance the already positive outcomes.</p> <p>Two other significant examples evident during the audit, although not yet progressed</p>	<p>Quality improvement opportunities, most of which have a clinical orientation, are being consistently identified. Projects that have ongoing evaluation and review processes integrated are being developed and implemented. Positive outcomes for residents have been reported as occurring. Examples of such initiatives were for improving residents’ balance in an effort to reduce falls, improving hand hygiene to increase skin care and reduce the spread of infections and a third is the introduction of the ‘Medi-Map’ for medicine</p>

		sufficiently far enough for rigorous evaluation, were evident. These were around hand hygiene and skin care, which is already showing good results, and the introduction of an e-medication system. The clinical manager spoke of other topics they would like to pursue but are waiting for current projects to be well established into the systems.	management.
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End of the report.