

Summerset Care Limited - Summerset Down The Lane

Introduction

This report records the results of a Certification Audit; Partial Provisional 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: Summerset Care Limited

Premises audited: Summerset Down the Lane

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

Dates of audit: Start date: 3 August 2017 End date: 4 August 2017

Proposed changes to current services (if any): A further 30 new serviced apartments were verified as suitable for rest home level of care. The service currently has 20 certified serviced apartments. With the verification of a further 30 serviced apartments, the total number of certified apartments will be 50. However, the service will only utilise up to 30 serviced apartments for rest home residents in total across the facility. This will increase their total resident numbers from 69 to 79 across 99 certified beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 52

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

Summerset Down the Lane currently provides rest home and hospital levels of care for up to 69 residents. During the audit, there were 52 residents.

This certification audit was conducted against 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, interviews with residents, family, management, staff and a general practitioner.

In addition to the certification audit, a partial provisional audit was conducted to assess a further 30 new serviced apartments as suitable for rest home level of care. The service currently has 20 certified serviced apartments. With the verification of a further 30 serviced apartments, the total number of certified apartments will be 50. However, the service will only utilise up to 30 serviced apartments for rest home residents in total across the facility. This will increase their total resident numbers from 69 to 79 across 99 certified beds.

The village manager is appropriately qualified and experienced and is supported by a care centre manager and a clinical manager. There are quality systems and processes established. Feedback from the residents and families was very positive about the care and services provided. An induction and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care.

Improvements are required only in relation to the partial provisional audit. The connecting corridor and over-bridge between the serviced apartment building with the main building and care centre is not finished and a building code of compliance is required prior to occupancy.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Information about services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident on noticeboards. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent. Care planning accommodates individual choices of residents and/or their family/whānau. Residents are encouraged to maintain links with the community. A complaints process is implemented and complaints and concerns are managed appropriately.

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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Services are planned, coordinated, and are appropriate to the needs of the residents. A care centre manager and a clinical manager/registered nurse are responsible for the day-to-day operations of the care facility and serviced apartments. Quality and risk management processes are established. Strategic plans and quality goals are documented for the service. A risk management programme is in place, which includes a risk management plan, incident and accident reporting, and health and

safety processes. Adverse, unplanned and untoward events are documented by staff. The health and safety programme meets current legislative requirements.

Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. A staff education and training programme is embedded into practice.

Registered nursing cover is provided twenty-four hours a day, seven days a week. There are adequate numbers of staff on duty to ensure residents are safe. The residents' files are appropriate to the service type.

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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There is a well-developed information pack available for residents and families/whānau at entry. Residents' needs are assessed prior to entry. Assessments, resident care plans, interventions and evaluations are completed by the registered nurses within the required timeframes. Risk assessment tools and monitoring forms were available and implemented. Resident care plans are individualised and reflected the resident's current needs and supports.

A diversional therapist and recreational therapist coordinate and implement a seven-day week integrated activity programme. The activities meet the individual recreational needs and preferences of the resident groups. There are outings into the community and visiting entertainers.

There are medicine management policies in place that meets legislative requirements. Staff responsible for the administration of medications complete annual medication competencies and education. The general practitioner reviews the medication charts three monthly.

The food service is contracted to an external company. Resident's individual dietary needs are identified and accommodated. Staff have attended food safety and hygiene training. Additional snacks are available after-hours.

Safe and appropriate environment

<p>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.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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Systems are in place for essential, emergency and security services.

There are documented processes for the management of waste and hazardous substances. Incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building has a current warrant of fitness.

Residents' bedrooms are spacious and personalised. Bedrooms have ensembles, except for two rooms that are closely located to communal toilet/showers. There is sufficient space to allow the movement of residents around the facility using mobility aids or lazy boy chairs. The hallways and communal areas are spacious and accessible. The outdoor areas are safe and easily accessible and provide seating and shade.

The service has implemented policies and procedures for civil defence and other emergencies and six-monthly fire drills are conducted. There is a staff member on duty at all times trained in first aid.

Housekeeping/laundry staff maintain a clean and tidy environment. All laundry and linen was completed on-site. There is plenty of natural light in all rooms and the environment is comfortable with adequate ventilation and heating.

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 minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort. Only one resident was using restraint and eight residents were using enablers. Staff receive regular education and training on restraint minimisation.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection control programme is appropriate for the size and complexity of the service. The infection control coordinator (registered nurse) is responsible for coordinating and providing education and training for staff. The infection control manual outlines the scope of the programme and includes a comprehensive range of policies and guidelines. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. The service engages in benchmarking with other Somerset facilities. There have been no outbreaks.

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	49	0	1	0	0	0
Criteria	0	100	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Code of Health and Disability Consumers' Rights (the Code) brochures are accessible to residents and their families. Policy relating to the Code is implemented and care staff interviewed (four caregivers, two registered nurses (RNs), one diversional therapist and one recreational therapist) could describe how the Code is incorporated into their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues annually through the staff education and training programme.</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>Informed consent processes were discussed with residents and families on admission. Written general and specific consents were evident in the eight resident files reviewed (five hospital and three rest home level of care). Caregivers and registered nurses interviewed confirmed consent is obtained when delivering cares. Resuscitation orders have been appropriately signed by the resident and general practitioner. The service acknowledges the resident is for resuscitation in the absence of a signed directive by the resident. The general practitioner (GP) discusses resuscitation with families/enduring power of attorney (EPOA) where the resident is deemed incompetent to make a decision.</p> <p>Discussions with family members identifies that the service actively involves them in decisions that affect their relative's lives. Eight admission agreements sighted were signed.</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>	<p>FA</p>	<p>Information on advocacy services through the Health and Disability Commissioner's (HDC) office is included in the resident information pack that is provided to new residents and their family on admission. HDC advocacy brochures are also available at reception. The resident meeting held in April 2017 was facilitated by an external consumer advocate. Interviews with residents and family confirmed their understanding of the availability of advocacy services. The complaints process is linked to advocacy services.</p> <p>Staff receive regular education and training on the role of advocacy services, which begins during their induction to the service.</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>	<p>FA</p>	<p>The service has an open visiting policy. Residents may have visitors of their choice at any time. The service encourages the residents to maintain their relationships with their friends and community groups. Assistance is provided by the care staff to ensure that the residents participate in as much as they can safely and desire to do, evidenced through interviews and observations.</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>	<p>FA</p>	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms for lodging informal complaints (feedback) and formal complaints are readily available.</p> <p>Information about the complaints process is provided on admission. Interviews with residents and family members confirmed their understanding of the complaints process. Staff interviewed were also able to describe the process around reporting complaints.</p> <p>An electronic complaints register is maintained. Thirteen complaints have been lodged in the complaints register in 2017 (year to date). Evidence was sighted to confirm that each complaint had been managed in a timely manner including acknowledgement, and a comprehensive investigation. All 13 complaints were documented as resolved.</p> <p>Complaints received are communicated to staff, evidenced in the staff meeting minutes. Also sighted was the implementation and sign-off of corrective actions that addressed issues identified around the complaints received. These corrective actions remain in place.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information folder that is provided to new residents and their families. Aspects of the Code are discussed with residents and their family on admission. Discussions relating to the Code are also held during the resident/family meetings. All nine residents (five rest home level including two in the serviced apartments and four hospital level) and six families (one rest home level and five hospital level) interviewed, reported that the residents' rights were being upheld by the service.</p>
<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>	<p>FA</p>	<p>The residents' personal belongings are used to decorate their rooms. Rooms are single occupancy in the care facility, with one room currently being used as a double for a married couple. All but two rooms have their own full ensuite.</p> <p>The caregivers interviewed reported that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. They reported that they promote the residents' independence by encouraging them to be as active as possible. All the residents and families interviewed confirmed that residents' privacy is respected.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff receive annual education and training on abuse and neglect, which begins during their induction to the service.</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>	<p>FA</p>	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. The care staff interviewed reported that they value and encourage active participation and input from the family/whānau in the day-to-day care of the resident. There were two residents living at the facility who identified as Māori with one of the residents choosing to have a Māori care plan implemented. This resident and whānau were not available to be interviewed.</p> <p>Māori consultation is available through links with local Māori organisations within the community. A kaumātua and a cultural advisor (staff recreational therapist) have been appointed and are responsible for staff cultural education and training. Staff receive education on cultural awareness during their induction to the service. Training continues annually.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p>	<p>FA</p>	<p>The service identifies the residents' personal needs and desires from the time of admission. This is achieved in collaboration with the resident, family and/or their representative. The staff demonstrated through interviews and observations that they are committed to ensuring each resident remains a person, even in a state of decline. Beliefs and values are discussed and incorporated into the care</p>

<p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>plan, evidenced in all eight care plans reviewed. All residents and families interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs.</p>
<p>Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>The professional boundaries policy is discussed and signed by each new employee during their induction to the service, evidenced in all eight staff files reviewed. Professional boundaries are also defined in job descriptions. Interviews with all care staff confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned.</p>
<p>Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Evidence-based practice is evident, promoting and encouraging good practice. A minimum of one registered nurse is on-site 24 hours a day, seven days a week. A general practitioner (GP) visits the facility four days a week. Residents are reviewed by a general practitioner (GP) every three months at a minimum.</p> <p>Education and training for staff is provided. A range of competency assessments are completed by staff in addition to in-service training. Reminders are provided to staff when competency assessments are due. The caregivers interviewed reported that the education and training sessions are very informative and helpful.</p> <p>Resident/family meetings are held every two – three months and are led by the activities coordinator and/or an external consumer advocate. Residents and families interviewed reported that they are very satisfied with the services received. The 2017 satisfaction survey of the care facility is underway. Recent quality improvements have been implemented around food satisfaction and staff communication. A candle ceremony has recently been introduced to celebrate the lives of residents who have passed away.</p> <p>The service receives support from the district health board (DHB) which includes (but is not limited to) specialist visits (e.g., mental health services). Physiotherapy services are available a minimum of three hours per week. A van is available for regular outings.</p> <p>The GP interviewed is satisfied with the care that is being provided by the service.</p>
<p>Standard 1.1.9: Communication</p>	<p>FA</p>	<p>An open disclosure policy describes ways that information is provided to residents and families. The admission pack includes a comprehensive range of information regarding the scope of services</p>

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>provided to the resident on entry to the service, and any items they have to pay for that is not covered by the agreement. Regular contact is maintained with families including when an incident or care/health issues arise, evidenced in all twenty accident/incident forms that were randomly selected for review. Interviews with families confirmed that they are kept informed.</p> <p>A formal agreement is in place with an external provider for interpreter and translation services. The information pack is available in large print and can be read to residents. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</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>Summerset Down the Lane is certified to provide rest home and hospital levels of care in their care facility for up to 49 residents; and rest home level of care for up to 20 residents in the serviced apartments. On the day of the audit there were 49 residents in the care facility (19 at rest home level and 30 at hospital level) and three rest home level residents in the serviced apartments. All residents' rooms in the care facility are certified for dual-purpose.</p> <p>A village manager is responsible for the retirement village. She is a registered nurse with a current practising certificate. In addition to six years of nursing experience, she has 16 years of management experience in health, rehabilitation and aged care in South Africa and New Zealand. She has been in her role since January 2017. The village manager is supported by a care centre manager who was employed in May 2017 and has more than 20 years of experience in health care settings. A clinical manager/RN is also employed who holds six years of experience in the aged care sector in New Zealand and has been in his role since August 2016.</p> <p>The organisation is guided by a philosophy, vision and values. A 2017 operations business plan lists seven measurable goals and associated action plans. Business goals are regularly reviewed.</p> <p>Each manager has attended a minimum of eight hours of professional development activities per annum, related to managing an aged care facility.</p> <p>Partial Provisional: A new 30 bed serviced apartment block is in the final stages of construction. Thirty rooms were assessed as suitable for rest home level of care. The total number of rest home level beds in serviced apartments is not planned to exceed 30 residents in total for the village. The 2017 business plan takes into account the additional serviced apartment block.</p>
<p>Standard 1.2.2: Service Management</p>	<p>FA</p>	<p>The care centre manager and clinical manager/RN are responsible in the absence of the village manager. For extended absences, a relief village manager or relief care centre manager are employed</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>by the organisation.</p> <p>Partial Provisional: Management of the rest home level residents in the new serviced apartment block will be provided by the care centre manager and the clinical manager, with support provided by the village manager.</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>The quality and risk management programme is established through the Summerset head office. Policies and procedures reflect evidence of regular reviews as per the document control schedule. New and/or revised policies are made available for staff to read and sign that they have read and understand the changes. The managers are held accountable for their implementation. Interviews with the care staff, three housekeepers, one property manager and two kitchen staff confirmed their understanding of the quality and risk management systems that are being implemented.</p> <p>The monthly collating of quality and risk data includes (but is not limited to) residents' falls, infection rates, skin tears and pressure areas. Data is collated to identify trends. An annual internal audit schedule is being implemented with audits completed as per the schedule. Evidence was sighted across a variety of applicable meeting minutes to confirm that quality data and results were being communicated to staff. Trended data is also posted in a visible location in the staff room.</p> <p>Corrective actions are developed where opportunities for improvements are identified. Sighted was evidence of the implementation and evaluation of corrective action plans that had been established and evidence that corrective actions are discussed with staff.</p> <p>Falls prevention strategies are being implemented. This includes the implementation of interventions on a case-by-case basis to minimise future falls. Sensor mats and physiotherapy services are utilised.</p> <p>The health and safety programme meets current legislative requirements. It is overseen by a health and safety officer, and is supported by a health and safety team. Monthly health and safety meetings are being conducted. A contractor induction programme is in place. Hazard identification forms and a hazard register are being implemented. Health and safety reporting is electronic. Links are in place to ensure the board is kept informed of any high-risk events.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are</p>	<p>FA</p>	<p>The service collects a comprehensive set of data relating to adverse, unplanned and untoward events, which is linked to the quality and risk management system. This includes, but is not limited to, the collection of adverse event data. Twenty accident/incident forms were reviewed. Data is collected and stored in an electronic format. Immediate actions taken are documented. The forms are reviewed and investigated by an RN and are then signed off by the care home manager. If risks are identified, these</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>are processed as hazards and are reported to the health and safety team.</p> <p>Discussion with the village manager confirmed her awareness of statutory requirements in relation to essential notification with appropriate action taken where required.</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>Job descriptions are in place for all relevant positions that describe staff roles, responsibilities and accountabilities. The practising certificates of registered and enrolled nurses were current. The service maintains copies of other visiting practitioners practising certificates. Eight staff files were reviewed (four caregivers, one enrolled nurse and three RNs). Evidence of signed employment contracts, job descriptions, orientation, and staff training were sighted.</p> <p>Newly appointed staff complete an orientation that is specific to their job duties. Interviews with all four caregivers confirmed that the orientation programme included a period of supervision until competency was achieved. Annual performance appraisals for staff are regularly conducted.</p> <p>The service has a training policy and schedule for in-service education. The in-service schedule is implemented and attendance is recorded. A system for determining staff competency is implemented. There are specific competencies for RNs that includes (but is not limited to); medication, syringe driver, oxygen and insulin administration.</p> <p>Partial Provisional: There are currently sufficient staff to manage an increase in rest home residents in serviced apartments. However, recruitment is currently underway for further caregivers. The current housekeeping and activities staff numbers are adequate to meet the increased demands.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. The clinical manager and village manager are registered nurses with current practising certificates who are employed full-time (Monday – Friday). A minimum of one staff RN is scheduled 24 hours a day, seven days a week with two RNs on the AM shift. One RN and one EN (or senior caregiver) cover the PM shift. In addition to the RN, there are a minimum of three caregivers rostered 24/7. One caregiver is on duty 24 hours a day for the serviced apartments. The roster can be changed in response to resident acuity.</p> <p>All beds in the care centre are dual-purpose. There are three dedicated wings, all similar in number of beds, with wing one closest to the nursing station. Wing one includes residents with the highest needs (e.g., hoist transfers, challenging behaviours, at high risk of falling). Staff reported that staffing levels and the skill mix was safe. Difficulties arise when staff are on leave and agency staff is used. Efforts are currently underway to reduce the times agency staff is required.</p>

		<p>There are separate laundry and cleaning staff, seven days a week. Activities staff are scheduled seven days a week.</p> <p>Interviews with residents and families confirmed that they felt there was sufficient staffing, noting that the staff are extremely busy at particular times of the day.</p> <p>Partial provisional: A system is developed for staffing the additional 30 serviced apartments. Irrespective of the number and level of residents, the following staffing hours will initially be introduced: maintenance staff will increase 20 hours per week, a caregiver will cover 24 hours per day, 7 days per week and the RN on duty will oversee the care of the rest home level residents. Care staff, diversional therapist and housekeeping hours will be increased as per the organisation's safe staffing model.</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 residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into each resident's individual record. An initial support plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held in a secure room. Archived records are secure in separate locked areas.</p> <p>Residents' files demonstrate service integration. Entries are legible, dated, timed and signed by the relevant caregiver or nurse, including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>All residents have a needs assessment completed prior to entry that identifies the level of care required. The clinical manager screens all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident.</p> <p>Residents and relatives interviewed stated that they received sufficient information on admission and discussion was held regarding the admission agreement. The admission agreement reviewed aligns with a) - k) of the aged residential care (ARC) contract.</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</p>	FA	<p>There is an exit discharge and transfer policy that describes guidelines for death, discharge, transfer, documentation and follow-up. All relevant information is documented and communicated to the receiving health provider or service. Follow-up occurs to check that the resident is settled or, in the case of death, communication with the family is made.</p>

services.		
<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 medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care 2011. Registered nurses, enrolled nurses and selected senior caregivers are responsible for the administration of medications in the rest home/hospital care centre and for rest home residents in serviced apartments. Medication competencies have been completed annually. The pharmacist provides annual medication education. The service uses robotic rolls and there was evidenced these had been checked on delivery with any discrepancies fed back to the supplying pharmacy. All medication is stored safely. Medications were within the expiry dates and all eye drops dated on opening. The service uses an electronic medication system. Standing orders are not used. There was one rest home resident self-medicating inhalers. A self-medicating competency had been completed and signed by the resident, GP and RN.</p> <p>Sixteen resident medication charts on the electronic medication system were reviewed (six rest home and ten hospital). The charts had photograph identification and allergy status recorded. Staff recorded the time and date of 'as required' medications. The clinical manager monitors missed medications and 'as required' medication use.</p> <p>All 14 medication charts reviewed identified that the GP had reviewed the medication chart three-monthly.</p> <p>Partial provisional: There is a locked medication room located on the ground floor behind the nurses' station. A medication fridge and two medication trolleys have been purchased and kept in the medication room. Medications will be administered by RNs, ENs and senior caregivers who have completed medication competencies.</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 provision of meals on-site is a contracted service. There is a rotating seasonal menu that has been reviewed by the dietitian March 2017. The menu includes resident preferences and includes soft/pureed food and vegetarian options. Resident likes/dislikes and preferences are known and accommodated with alternative meal options. Special diets provided include dairy free. Food is delivered in hot boxes to the care centre satellite dining room where meals are served from the bain marie. The cook receives a dietary profile for each resident and is notified of any changes to resident's dietary requirements.</p> <p>The chillers/fridge and freezers have twice daily temperatures recorded. End cooked food temperatures are recorded on each meal. All foods are stored correctly and date labelled. Cleaning schedules are maintained. Chemicals are stored safely within the kitchen. Staff were observed wearing correct personal protective clothing when entering the kitchen and preparing food. The service</p>

		<p>records the dishwasher temperatures daily and the chemical provider completes a functional test on the dishwasher monthly.</p> <p>Staff working in the kitchen have food handling certificates and chemical safety training.</p> <p>The services receive feedback on meals through resident meetings and survey results. The service has been proactive in implementing and monitoring changes to the meal service. Residents interviewed commented positively on the meals provided. A site-manager for food services has overall responsibility for ensuring resident nutritional requirements are being met. The site-manager receives feedback from resident meetings and welcomes suggestions on the meal service.</p> <p>Partial provisional: Meals will be delivered in hot boxes to the dining areas in the serviced apartment. There are several dining areas available to rest home residents in the serviced apartments including a dining table and chairs at each end of the second floor of the serviced apartments, café dining area, a dining area in the connecting bridge area with good natural light from windows and residents may also dine in the main care centre dining room. Residents may choose to dine in their serviced apartment.</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>The reason for declining service entry to prospective residents should this occur is communicated to the prospective resident or family/whānau and they are referred to the original referral agent for further information. Reasons for declining entry would be if the service could not provide the assessed level of care or there were no beds available.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The initial support plan is developed with information from the initial assessment. Clinical risk assessments are completed on admission where applicable and reviewed six-monthly as part of the interRAI assessment. Outcomes of risk assessment tools are used to identify the needs, supports and interventions required to meet resident goals. The interRAI assessment tool has been utilised for all resident files reviewed.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service</p>	FA	<p>Long-term care plans describe the individual support and interventions required to meet the resident goals. The care plans reflect the outcomes of risk assessment tools. Care plans demonstrate service integration and include input from allied health practitioners.</p> <p>Short-term care plans were in use for changes in health status. These are evaluated regularly and are either resolved, or if an ongoing problem are added to the long-term care plan. There is documented</p>

<p>delivery.</p>		<p>evidence of resident/family involvement in the care planning process. A care plan consultation record in the resident files documented relative conversations and updates of care plans. Residents/relatives interviewed confirmed they participate in the care planning process.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>When a resident's condition changes, the RN initiates a review and if required a GP or nurse specialist consultation. Relatives interviewed state their relative's needs are met and they are kept informed of any health changes. There was documented evidence in the resident files of family notification of any changes to health including infections, accidents/incidents, and medication changes. Residents interviewed state their needs are being met.</p> <p>Adequate dressing supplies were sighted. Initial wound assessments with ongoing wound evaluations and treatment plans were in place for residents with wounds (skin tears and lesions). Wounds are re-assessed at least monthly. There were no chronic wounds. There was one stage-one facility acquired pressure injury (heel) and one stage-four non-facility acquired pressure injury (sacrum). Photographs are taken to monitor the healing progress of wounds, which was evident for the stage four pressure injury. The nurse practitioner and DHB wound nurse specialist had been involved in pressure injury management.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed.</p> <p>There are a number of monitoring forms and charts available for use including (but not limited to) pain monitoring, restraint, blood sugar levels, weight, food and fluid intake, hydration charts, behaviour charts and repositioning charts. RNs review the forms/charts and completed risk assessments for any changes to health status. Resident dietary requirements (including special equipment) is identified on admission and reviewed six-monthly or earlier as required.</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>	<p>FA</p>	<p>The service employs a diversional therapist (DT) and recreational therapist (RT) for 30 hours each. The activity team attend mandatory and role specific training sessions. Both have a current first aid certificate.</p> <p>The integrated rest home and hospital programme covers seven days a week. The DT and RT are on together for two to three days of each week offering two choices of activities, one-on-one activities and outings on those days. Daily contact is made with rest home level of care residents in serviced apartments. These residents are invited to attend the care centre activity programme.</p> <p>The programme is planned a month in advance and includes some set activities with the flexibility to</p>

		<p>add other activities of interest or suggestions made by residents. Activities meet the recreational needs of both resident groups ensuring all residents have the opportunity for outings, shopping, and attending community groups/events. Theme days and birthdays are celebrated. Community links are maintained with volunteers, entertainers, church visitors and RSA members. Church services are held fortnightly. The service has a wheelchair van for outings for rest home and hospital residents.</p> <p>Resident recreational assessments are completed after admission and each resident has an individualised activity plan. The DT is involved in the multidisciplinary review, which includes reviewing the activity plan.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>There is evidence of resident and family involvement in the review of resident care plans. All initial care plans reviewed were evaluated by a registered nurse within three weeks of admission. Written evaluations were completed six-monthly or earlier for resident health changes in all files reviewed. There is evidence of multidisciplinary team (MDT) involvement in the reviews, including input from the GP and any allied health professionals involved in the resident's care. Families are invited to attend the MDT review and asked for input if they are unable to attend. Short-term care plans sighted have been evaluated by the RN. The GP completes three-monthly reviews.</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>Referral to other health and disability services was evident in the sampled group of resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The service provided examples of where a resident's condition had changed and the rest home level of care resident was reassessed for hospital level of care.</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</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets are readily accessible for staff. Chemicals were stored safely throughout the facility in designated locked chemical storage areas. Personal protective clothing was available for staff and seen to be worn by staff when carrying out their duties on the day of audit. Relevant staff have completed chemical safety training.</p> <p>Partial provisional: There is a sluice room on both floors of the serviced apartment building. Safety datasheets are readily accessible. Personal protective equipment is readily available. There is a locked</p>

<p>substances, generated during service delivery.</p>		<p>cupboard for the storage of chemicals.</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>	<p>PA Low</p>	<p>The building has two levels. The ground level has the village café and serviced apartments. The care centre is located on the first level. The building has a current building warrant of fitness that expires on 4 December 2017. There is a full-time property manager who oversees the property and gardening team and is available on-call for facility matters. The property manager has completed stage two of the health and safety course and oversees the contractors on-site. Planned and reactive maintenance systems are in place and maintenance requests are generated through the on-line system (property services requests). All electrical equipment has been tested and tagged (September 2016). Clinical equipment has had functional checks/calibration annually. Hot water temperatures have been tested and recorded monthly with readings between 42-45 degrees Celsius. Corrective actions have been recorded for temperatures outside of the acceptable range. Preferred contractors for essential services are available 24/7.</p> <p>Corridors are wide in all areas to allow residents to pass each other safely. There is safe access to all communal areas and outdoor areas with seating and shade. The external areas are well maintained.</p> <p>The caregivers and registered nurses (interviewed) stated that they have the equipment required to safely provide the care documented in the care plans. There is adequate communal equipment including hoists (standing and lifting), wheelchairs (including one bariatric), pressure injury equipment and weighing scales.</p> <p>Partial provisional: A two-level serviced apartment building is in the final stages of construction. There are 15 serviced apartments on each level. The building will be connected to the care centre by a corridor on the ground level and an over-bridge on the second level. This has not been completed and a code of compliance has not been issued.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>Visual inspection evidences toilet and shower facilities are of an appropriate design to meet the needs of the residents. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. All 49 bedrooms have a hand basin. Forty-seven bedrooms have ensuites. The remaining two bedrooms are closely located to the communal toilet/shower rooms. There are adequate numbers of communal toilets located near the communal areas. Communal toilet/shower facilities have a system that indicates if it is engaged or vacant. Residents interviewed confirmed staff respected their privacy when attending to their personal cares.</p> <p>Partial provisional: The serviced apartments have spacious shower/toilet and hand basin ensuites. Hand rails are appropriately placed. The fixtures, fittings, floors and wall surfaces are constructed from</p>

		materials that can be easily cleaned.
<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	<p>There is adequate room to safely manoeuvre mobility aids and transferring equipment such as hoists in the resident bedrooms. The doors are wide enough for ambulance trolley access. Residents and families are encouraged to personalise their rooms as viewed on the day of audit.</p> <p>Partial provisional: All serviced apartments have a separate bedroom. There is adequate space for residents to manoeuvre safely around the room with the use of mobility aids.</p>
<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	<p>Communal areas within the facility include a large main lounge that can accommodate rest home and hospital level residents and where most activities take place. There are two family/whānau rooms and several seating alcoves located within the centre where quiet activities can take place or for visitors. The spacious dining room has a separate conservatory, which is used as an additional dining area. The communal areas are easily accessible for residents. The serviced apartments within the main building have a communal lounge/library area and dining room. The village café was observed to be a popular venue for socialisation and dining for all residents.</p> <p>Partial provisional: Each serviced apartment has a lounge/dining area and kitchenette. Rest home residents in serviced apartments will have safe access to communal areas in the care centre (link 1.4.2.1). There is also a small dining/lounge area at the end of the wing on the first floor.</p>
<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	<p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All linen and personal clothing is laundered on-site. There are designated cleaning/laundry staff on duty each day. A chute is used to deliver dirty laundry from the care centre to the downstairs laundry. The laundry is well equipped and all machinery has been serviced regularly. There is a sluice area in the laundry with personal protective equipment available. The laundry has defined clean/dirty areas and an entry and exit door with adequate ventilation. Woollens are line-dried.</p> <p>Cleaning trolleys sighted were well equipped and are kept in designated locked cupboards when not in use. There are locked chemical boxes securely fixed to the top of the cleaning trolleys. External (chemical provider) and internal audits monitor the effectiveness of laundry and cleaning processes.</p> <p>Partial provisional: The serviced apartment building has a domestic laundry on each floor for those residents who wish to launder their delicates. All other personal clothing and linen for rest home level of care residents will be collected in covered linen hampers and transported to the main laundry for</p>

		laundrying. Designated cleaners will carry out cleaning duties for residents at rest home level of care.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Fire drills occur every six months at a minimum. The orientation programme and annual education and training programme include attendance at mandatory fire and security training. Staff interviewed confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit. Fire equipment has been checked within required timeframes.</p> <p>A civil defence plan is documented for the service. There are adequate supplies readily available on each floor of the facility in the event of a civil defence emergency including food, water, and blankets. Gas barbeques are available.</p> <p>A call bell system is in place. Residents were observed in their rooms with their call bell alarms in close proximity. The nurses also carry walkie-talkies for aid with communication between the ground and first levels. (Note: The serviced apartments are on the ground level and the care facility is located on the first level).</p> <p>There is a minimum of one staff member available 24 hours a day, seven days a week with a current first aid/CPR certificate.</p> <p>Partial Provisional: The fire evacuation plan was approved on 15 July 2017 with fire evacuation training scheduled for 23 August 2017 after the unit has opened (link 1.4.2.1). A civil defence kit is situated in the new serviced apartment block. Adequate stores of food, water and blankets take into account the 30 additional serviced apartments. Four call bells are situated in each serviced apartment (living room, bedroom, and two in the toilet/shower). Residents also have the option of wearing a pendant.</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>	FA	<p>Visual inspection evidences that the residents have adequate natural light in the bedrooms and communal rooms, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. There is ceiling heating that is individually temperature controlled in resident rooms.</p> <p>Partial provisional: There is adequate natural light in each serviced apartment with windows in the bedrooms and lounge/dining area. Windows and door open for ventilation. There are electric panel heaters for heating.</p>
<p>Standard 3.1: Infection control management</p>	FA	<p>Certification audit and partial provisional audit:</p> <p>The infection control programme is appropriate for the size and complexity of the service. There is an</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>infection control responsibility policy that includes responsibilities for the infection control coordinator. The infection control coordinator (registered nurse) has a signed job description. The infection control programme is linked into the quality management system and reviewed annually in consultation with organisational infection control coordinators.</p> <p>Visitors are asked not to visit if they are unwell. Influenza vaccines are offered to residents and staff. Hand sanitisers are available throughout the facility</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 infection control coordinator has been in the role two months and registered to complete an approved on-line infection control course. She is supported by the Summerset national infection control officer (also the regional manager) who attends an annual infection control conference and Summerset conferences/training sessions.</p> <p>The infection control committee has a representative from each service and meets quarterly. Meetings include a discussion of infection control matters, quality data, trends and analysis of infections.</p> <p>The facility has access to an infection control nurse specialist at the DHB, external infection control consultant, public health, laboratory, GPs and expertise within the organisation.</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 comprehensive infection control policies that reflect the Infection Control Standard SNZ HB 8134:2008, legislation and good practice. These are across the Summerset organisation and are currently under review. The infection control policies link to other documentation and cross reference where appropriate.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection</p>	FA	<p>The infection control coordinator is responsible for coordinating and providing education and training to staff. The induction package includes specific training around hand washing competencies and standard precautions. Ongoing training occurs annually as part of the training calendar set at head</p>

control to all service providers, support staff, and consumers.		office. All staff completed hand hygiene competencies in July 2017. Resident education occurs as part of providing daily cares. Care plans can include ways to assist staff in ensuring this occurs.
<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>The infection control policy includes a surveillance policy including a surveillance procedure, process for detection of infection, infections under surveillance, outbreaks and quality and risk management. Infection events are collected monthly and entered onto the SWAY electronic system. The infection control coordinator provides infection control data, trends and relevant information to the infection control committee and clinical/quality meetings. Areas for improvement are identified, and corrective actions are developed and followed up. The facility is benchmarked against other Summerset facilities of similar size and benchmarking results are fed back to the infection control coordinator and used to identify areas for improvement. Infection control audits are completed and corrective actions are signed off. Surveillance results are used to identify infection control activities and education needs within the facility. Infection rates are graphed and displayed for staff.</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>There are policies around restraints and enablers.</p> <p>Eight residents were using an enabler at the time of the audit. Two files of residents using an enabler were selected and indicated that the enablers were based on the residents' voluntarily requesting to have a restraint (bedrails) put into place for the purposes of safety and mobility in bed. Assessments for enabler use were completed, consents were documented and the use of the enablers was linked to the residents' care plans.</p> <p>Staff receive mandatory training around restraint minimisation that includes annual competency assessments. Annual restraint competency questionnaires ask staff to differentiate a restraint from an enabler.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint</p>	FA	A restraint approval process and a job description for the restraint coordinator are in place. The nurse manager is the designated restraint coordinator.

processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.		
Standard 2.2.2: Assessment Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.	FA	<p>Only registered nursing staff can assess the need for restraint. Restraint assessments are based on information in the resident's care plan, discussions with the resident and family and observations by staff. A restraint/enabler assessment tool meets the requirements of the standard.</p> <p>Only one (hospital level) resident was using restraint (bedrails) at the time of the audit. The resident's file included a restraint assessment and consent form that was signed by the resident's family. Restraint use was linked to the resident's care plan. Restraint use was initiated on 13 July 2017. A review is scheduled in three months from the time of the assessment. The resident's care plan provided factual information in assessing the risks of safety and the need for restraint.</p>
Standard 2.2.3: Safe Restraint Use Services use restraint safely	FA	A restraint register is in place. The register identifies the residents that are using a restraint, and the type(s) of restraint used. The restraint assessment form reviewed identified that restraint is being used only as a last resort. The restraint assessment process includes determining the frequency of monitoring residents while on restraint. The one resident using restraint is monitored every two hours while the restraint is in use. Monitoring forms are completed when the restraint is put on and when it is taken off.
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	Restraint use is reviewed monthly by the restraint coordinator. Restraint use is a regular agenda item in the monthly RN meetings.
Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.	FA	The restraint programme, including reviewing policies and procedures and staff education, is evaluated annually at an organisational level by appropriate executive staff.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	Partial Provisional: The serviced apartment (two levels) building has been completed with the exception of the connecting corridor and over-bridge to the main building and care centre. There is stair and lift access between the floors. The lift is operational. A certificate for public use has been issued but a code of compliance has not.	Partial Provisional: The connecting corridor and over-bridge has not yet been opened between the serviced apartment building and main building and care centre. The code of compliance is yet to be obtained.	The new serviced apartment building requires completion. A code of compliance is required prior to occupancy. Prior to occupancy days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.