

Presbyterian Support Southland - Vickery Court

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 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: Presbyterian Support Southland

Premises audited: Vickery Court

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

Dates of audit: Start date: 26 July 2017 End date: 27 July 2017

Proposed changes to current services (if any): Proposed change is to make a total of 88 dual-purpose beds by assessing the suitability of a further 51 rest home beds and five residential beds. This audit has verified the service as able to provide 88 dual-purposes including rest home, hospital and residential disability level services.

Total beds occupied across all premises included in the audit on the first day of the audit: 87



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

PSS Vickery Court provides care for up to 88 residents across three service types – rest home, hospital (geriatric and medical) and residential disability (physical) services. On the day of audit there were 87 residents.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board and Ministry of Health. 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. This audit also included verifying the suitability of all 88 beds to be used as dual-services including rest home, hospital and residential level service

The facility manager was previously a clinical coordinator for the service and she has been in her current role for eight months. The facility manager is supported by a clinical coordinator and the Presbyterian Support Southland (PSS) management team.

Vickery Court has continued to implement their quality and risk management system. Residents and families interviewed all spoke positively about the care provided.

Vickery Court is awarded a continuous improvement rating related to the activities programme and good practice.

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.		All standards applicable to this service fully attained with some standards exceeded.
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Vickery Court functions in a way that complies with the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights. There is a Māori health plan and cultural safety policy supporting culturally safe practice. Vickery Court policies and procedures reflect key relationships with churches and tangata whenua. Diverse beliefs, cultures, personalities, skills and life experiences are acknowledged. Cultural assessment is undertaken on admission and during the review process. Policies are implemented to support individual rights such as privacy, dignity, abuse/neglect, values and beliefs, complaints, advocacy and informed consent. Links with family and community is maintained. Complaints processes are implemented and complaints and concerns are managed and documented.

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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Key components of service delivery are linked to the quality management system. There is an implemented internal audit programme to monitor outcomes. Annual resident and relative satisfaction surveys were completed. Several quality improvement initiatives took place following survey results. There is an active health and safety committee at Vickery Court.

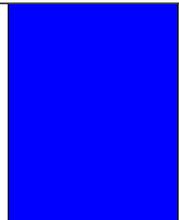
Information on resident incidents and accidents as well as staff incidents/accidents are collected and follow-ups completed where required. The hazard register is relevant to the service and has been regularly reviewed and updated. A contractors list is

maintained and contractors' induction to service is completed. Maintenance staff are responsible for review and monitoring of contractors along with the management.

Staff training programme is implemented and based around policies and procedures. Annual resident and relative satisfaction surveys are completed. There are various meetings that are responsible for aspects of service quality and risk.

Human resources are managed in accordance with good employment practice and meeting legislative requirements. The service has sufficient staff allocated to enable the delivery of care.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		All standards applicable to this service fully attained with some standards exceeded.
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There is a comprehensive information package for residents/relatives on admission to the service. The registered nurses complete interRAI assessments, risk assessments, care plans and evaluations within the required timeframes. Care plans demonstrate service integration. Resident and family interviewed, confirmed they were involved in the care plan process and review. Care plans were updated for changes in health status. The general practitioner completes an admission assessment and visits and reviews the residents at least three-monthly.

The activity team provides an activities programme for rest home level, hospital level and residents under younger persons disability funding. The programme meets the abilities and recreational needs of the groups of residents. A number of volunteers are involved in the programme.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education. The general practitioner reviews medications three-monthly.

A dietitian is contracted at an organisational level and designs the menu. Individual and special dietary needs are accommodated. Residents interviewed responded favourably to the food provided.

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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There is a preventative and planned maintenance schedule in place. A current building warrant of fitness is posted in a visible location (expiry 14 October 2017).

Chemicals are stored safely throughout the facility. There is sufficient space to allow the movement of residents around the facility using mobility aids. The internal areas are ventilated and heated. The outdoor areas are safe and easily accessible.

Documented policies and procedures for the cleaning and laundry services are implemented with monitoring systems in place to evaluate the effectiveness of these services. There are strategies for emergency management. Emergency systems are in place in the event of a fire or external disaster.

There are staff on duty with a current first aid certificate.

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.



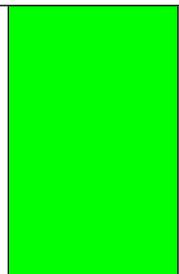
Standards applicable to this service fully attained.

Vickery Court maintains restraint free environment with reduction in use of enablers. On the day of audit, one resident was using enabler.

There is a restraint coordinator and restraint committee. Restraint minimisation is discussed at the quality and staff meetings.

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 control (IC) surveillance programme is appropriate to the size and complexity of the service. The IC programme is linked with the quality programme, and infections are part of the benchmarking targets. This data is reported to both the infection control and quality meetings. If there is an emergent issue, it is acted upon in a timely manner.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	2	43	0	0	0	0	0
Criteria	2	91	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>Vickery Court provides residents and their families with information in relation to the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code). Information on the Code is available throughout the facility and there are relevant Presbyterian Support Southland (PSS) policies and procedures that guide staff in implementation of the Code. Discussions with staff (eight carers, two registered nurses (RNs), two enrolled nurses (EN), one cook, one laundry staff, a maintenance staff and two activities staff) and management (PSS quality manager, the facility manager and the clinical coordinator) identified their familiarity with the Code. Interviews with two rest home residents, two residents under the residential disability – physical contract (YPD) and also four hospital residents and nine relatives (seven hospital and two rest home) confirmed that services are provided in-line with the Code.</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</p>	FA	<p>There is an informed consent policy in place. There are signed general consents including outings, in ten out of ten resident files sampled (five hospital, one YPD and four rest home level residents). Resuscitation treatment plans and advanced directives were appropriately documented in all files. Residents and relatives interviewed stated they were kept fully informed.</p>

give informed consent.		
<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>Interviews with residents confirmed that they are aware of their right to access advocacy. There is an advocacy policy and procedure that includes how staff can assist residents and families to access advocacy services. Advocacy pamphlets are available at reception.</p> <p>The Health and Disability Advocacy services' advocates and Aged Concern representatives visit Vickery Court. Staff interview confirmed that they act as an advocate for residents, and they bring up any issues to the management's attention and expect that these issues are addressed.</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 can access community services as they require. Discussions with staff, residents and relatives identified that the service encourages residents to belong to community groups. There is interaction with local schools that visit and entertain. Family interviews confirmed that they are welcomed to visit any time. The activities programme includes opportunities to attend events outside of the facility. Residents are supported and encouraged to remain involved in the community.</p> <p>The residents under residential disability contracts have access to the community and this is facilitated by the staff. Some of the residents participate in community activities independently and go to day care centres. Vickery Court has a van and activities staff take residents for drives.</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>Vickery Court has a complaints policy that describes the management of the complaints process. Complaints forms are available. Information about complaints is provided on admission. Interviews with all residents and relatives confirmed their understanding of the complaints process. Staff interviewed could describe the process around reporting complaints.</p> <p>A complaints procedure is provided to residents in the information pack at entry. All complaints are investigated by the facility manager and these were reported to the PSS office.</p> <p>There is a complaint's register that includes two complaints for 2017. These two complaints were managed in a timely manner and meet requirements identified in the Code of Rights. There is evidence of lodged complaints being discussed in quality and staff meetings. Both complaints received, have been documented as resolved with appropriate corrective actions implemented.</p>
Standard 1.1.2: Consumer Rights	FA	The facility manager provides an open-door policy for concerns or complaints. Information related to the Code is given to next of kin or EPOA to read to and/or discuss with the resident. Interviews

<p>During Service Delivery</p> <p>Consumers are informed of their rights.</p>		<p>with residents and relatives identified that they are well-informed about the Code. The resident meetings also provide the opportunity for residents to raise issues and these are followed up by the facility manager.</p> <p>The information pack provided to residents on entry includes how to make a complaint, code of rights pamphlet, advocacy and H&D Commission information. The families and residents are informed of the scope of services and any liability for payment for items not included in the scope. This is included in the service agreement.</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>	FA	<p>PSS has a philosophy focused around promoting quality of life, involving residents in decisions about their care, respecting their rights and maintaining privacy and individuality. Residents are encouraged to maintain their independence. Outings are encouraged and supported for the residents who are able.</p> <p>There are policies in place to guide practice in respect of independence, privacy and respect. There are six shared rooms within the facility occupied by couples. One resident interviewed in shared room stated privacy was ensured. Staff were observed to be respectful of residents' personal privacy by knocking on doors and identifying themselves prior to entering resident rooms during the audit. Family members interviewed confirmed staff respect the resident's privacy, and supported residents in making choice where able. Resident files are stored securely. Resident preferences are identified during the admission and care planning process with resident/family involvement. Resident files reviewed identified that cultural and/or spiritual values, and individual preferences are identified on admission and integrated with the residents' care plan.</p> <p>Young people with disabilities can maintain their personal, gender, sexual, cultural, religious and spiritual identity.</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>Vickery Court has a Māori health plan and there are policies being implemented that guide staff in cultural safety.</p> <p>Cultural safety policy includes recognition of Māori values and beliefs, and identify culturally safe practices for Māori. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged. Cultural needs are addressed in the care plan. Links are established with community representative groups as requested by the resident/family. The facility manager described their connections with Family Works, Te Tautokotanga a Tātou Roopu. A staff member at Vickery Court acts as cultural adviser. Cultural training is provided for staff.</p> <p>All carers interviewed were aware of the importance of whānau in the delivery of care for Māori</p>

		residents. There were no residents identified themselves as Māori on the day of audit.
<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>PSS recognises the cultural diversity of its residents, families and staff. Organisational charter includes: Christian foundations and the Treaty of Waitangi principles. Vickery Court policies and procedures reflect key relationships with churches and tangata whenua. Diverse beliefs, cultures, personalities, skills and life experiences are acknowledged.</p> <p>The residents' personal needs and values were identified on admission, and this information gathered from previous interRAI assessments, residents, family and/or enduring power of attorney (EPOA). All care plans reviewed included the resident's social, spiritual, cultural and recreational needs. Carers were able to give auditors examples of how they meet the individual needs of each resident they care for. Resident interviews confirmed that information related to their individual spiritual, religious and/or cultural beliefs was sought on admission. There are regular church services at Vickery Court.</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>PSS has organisation-wide policies and procedures to protect consumers from any form of discrimination, coercion, harassment, or exploitation. Relevant policies and procedures have been implemented. Staff orientation and in-service education provide ongoing awareness around prevention of any discrimination, coercion and harassment.</p> <p>Facility manager, clinical coordinator and carers interviewed demonstrated a clear understanding of professional boundaries. Documented job descriptions describe the functions and limitations of each position. The Code of Conduct is included in orientation and signed copies of all employment documents sighted in staff files reviewed.</p> <p>Resident and family interviewed had no concerns around any discrimination, harassment or other exploitation.</p> <p>Interviews with staff confirmed an awareness of professional boundaries. Staff meetings include discussions on professional boundaries and concerns/complaints as they arise.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	CI	<p>There are comprehensive policies and procedures implemented and a staff training programme, which covers all aspects of service delivery. The internal audit programme is implemented.</p> <p>External specialists such as wound care specialist, nurse practitioner, palliative care specialist and continence nurse were used where appropriate.</p>

		<p>PSS participate in an external benchmarking programme, so monitoring against clinical indicators was undertaken against all sites. There is an active culture of ongoing staff development with the Careerforce programme being implemented.</p> <p>There are implemented competencies for carers and RNs. There are clear ethical and professional standards and boundaries within job descriptions.</p> <p>Quality and staff meeting minutes demonstrate numerous examples of best practice. Vickery Court has exceeded the required standard around good practice.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Full information is provided on entry to residents and family. Families are involved in the initial care planning and in ongoing care, and regular contact is maintained with family including if an incident/accident, care/medical issues or complaints arise. The clinical coordinator and the RNs interviewed discussed their responsibility to notify family of any incident/accident that occurs and contact with family/next of kin is recorded.</p> <p>Eleven incident reports were reviewed. Ten reports recorded family notification. One was a minor incident; the family had indicated that no notification was required for minor incidences without injury. Relatives informed they are notified of any changes in their family member's health status.</p> <p>The residents and family are informed prior to entry of the scope of services and any items they have to pay for that is not covered by the agreement.</p> <p>The facility has an interpreter policy to guide staff in accessing interpreter services. There are no residents who currently require an interpreter. Families are encouraged to visit.</p> <p>The information pack and admission agreement included payment for items not included in the services.</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>Vickery Court is part of the PSS organisation. The service is one of four aged care facilities governed by the PSS trust board. The service is certified to provide care for up to 88 residents across three service types – rest home, hospital (geriatric and medical) and residential disability (physical) services. On the day of audit there were 87 residents - 31 rest home residents (including one respite, and two residents under the residential disability – physical contract), 56 hospital residents (including one respite, four residents under the residential disability – physical contract and one resident under LTS CHC contract).</p> <p>The facility manager was previously working as a clinical coordinator for the service and she has been in her current role for eight months. The manager is supported by a clinical coordinator,</p>

		<p>registered nurses, carers and PSS management team including the Director of Services for Older People and the quality manager. The facility manager is studying toward obtaining a diploma in health science and she is near completion. She has completed a PSS four quarter leadership course and attended the SDHB continuous improvement cohort study course. She is interRAI trained and holds an advanced care planning level 2 qualification. The facility manager has completed in excess of eight hours of professional development in the past 12 months.</p> <p>Presbyterian Support Southland (PSS) group have developed a charter that sets out its vision and values. Vickery Court have identified vision, values and goals for 2017. Each goal has a critical success indicator, strategies to achieve and initiatives to be implemented.</p> <p>This audit also included verifying the 88 beds as suitable for dual-purpose. The current business plan supports increased dual-bed capacity to safely provide services for 88 rest home or hospital level care beds, including people under the age of 65 with disability.</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>	FA	<p>During a temporary absence, the clinical coordinator undertakes the manager's role. The clinical coordinator has five years aged care experience and has a postgraduate certificate in health science with interRAI competency and advanced care planning level two competency. She is also the infection control coordinator for the service.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Vickery Court has a quality and risk management programme that is overseen by the PSS quality manager. The quality and risk plan reflects the principles of continuous improvement and it is fully implemented. Management and staff interviews confirmed high commitment in delivery of quality care.</p> <p>Policies and procedures are current and updated regularly by the PSS office. Internal audits are completed as per the internal audit schedule. Any area of non-compliance includes the implementation of a corrective action plan with sign-off by the facility manager and clinical coordinator when it is implemented. Discussions with staff confirmed that the quality programme is implemented, and results are communicated to staff and relevant people.</p> <p>There are various meetings that are responsible for aspects of service quality and risk. These are three-monthly quality and staff meetings, monthly infection control and health and safety meetings, restraint approval meetings, and monthly RN meetings. The minutes of meetings confirmed adequate reporting systems and discussion occurs on quality matters including pressure injuries,</p>

		<p>infection control, restraint minimisation, falls, complaints, incidents/events, audit results and other clinical matters. There was evidence of corrective actions being undertaken and carried forward to the next meeting for follow through. Benchmarking data shows comparison with similar organisations and other PSS facilities. This data is used for regular review, analysis and trending of quality indicators.</p> <p>Annual resident and relative satisfaction surveys were completed. A corrective action plan is in place to address the areas identified for improvements, and actions were undertaken, such as the activities programme was increased to six days a week, lounge areas were re-arranged to encourage residents' independence and for family use. A library for residents was set up, ensuring that new books are provided. A magnifying/light device for residents with sight impairment was purchased.</p> <p>There is an active health and safety committee at Vickery Court. Two staff have health and safety representative qualifications. At governance level, the health and safety committee meets quarterly. Information on resident incidents and accidents, as well as staff incidents/accidents, are collected and follow-up is completed where required. On interview, the health and safety officer reported that near miss reporting has increased around pre-fall incidences of residents since implementation of updated policy around the Health Safety at Work Act. Hazards are identified on hazard identification forms. The hazard register is relevant to the service and has been regularly reviewed and updated. A contractors list is maintained and contractors' induction to service was completed, and records were maintained. Maintenance staff are responsible for review and monitoring of contractors, along with the management.</p> <p>PSS employs a nurse practitioner (NP) to support clinical staff. On interview, the facility manager and the clinical coordinator stated that regular NP meetings were ceased and the NP is now available as required. The Vickery Court clinical team had provided a high level of clinical competency and advanced practice; therefore, the NP services are used for other PSS facilities.</p> <p>PSS is proactive in providing consultation with residents/relatives and staff through regular newsletters 'people matters'.</p> <p>Falls prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. The PSS office also monitors falls and falls prevention programme.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward</p>	<p>FA</p>	<p>Incidents and accidents are linked to the quality and the risk management system. Incidents and accidents are reported and required clinical follow-ups including initial assessments and monitoring, were completed. The clinical coordinator collects incident reports daily and reviews both the</p>

<p>events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>incident and actions taken. Where the action taken is not considered to have been comprehensive, the clinical coordinator will investigate and escalate to the facility manager.</p> <p>Eleven incident forms sampled evidence detailed investigations and corrective action plans following incidents. Review of incidents and accidents occurs at both facility and organisational level. Examples include: three incident and accidents resulted in a medication review and a review of incident and accidents for a resident triggered an interRAI assessment and consequently referral to the NASC agency for re-assessment.</p> <p>Neuro observations are documented for residents following an unwitnessed fall, where the resident had experienced a potential knock to the head and for head injuries. Review of incidents and accidents reports and interview with the clinical coordinator confirmed increased near miss reporting to support prevention of falls.</p> <p>Discussions with the facility manager and clinical coordinator confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Twelve staff files were reviewed (one clinical coordinator, two RNs, two enrolled nurses, two DT, one domestic staff, one cook and three carers). All staff files included relevant records relating to employment, and relevant checks were completed to validate individual qualifications and experience. Of the files reviewed there were two performance appraisals, which were not due for review, and the rest all had annual performance appraisals.</p> <p>A register of practising certificates of health professionals is maintained within the facility.</p> <p>Vickery Court has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists. Staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service.</p> <p>There is an education plan that is being implemented that covers all contractual education topics, and exceeds eight hours annually. PSS has a compulsory study day that includes all required education. There are 60 caregivers: 25 of those have a level 3 qualification, two level 4 qualification, two level 2 qualification and 13 staff are currently completing level 3 qualification through Careerforce.</p> <p>There are 10 RNs and six of those are interRAI trained. All RNs hold advanced care planning level 1 qualification. RNs and ENs have completed several training sessions, including (but is not limited to) syringe driver, palliative care self-learning package, infection control, pressure injury prevention</p>

		<p>and restraint minimisation. Staff who were unable to participate in restraint minimisation training had completed a restraint competency questionnaire. RNs maintain first aid certificates.</p> <p>Staff received training related to caring for younger people and staff interview confirmed that this occurs. Training provided included abuse and neglect, advocacy and individuality. Induction programme also included training related to wellbeing and quality of life, code of conduct and Enliven PSS Values Charter</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. Staffing is as follows: AM carers, seven long shifts and seven short shifts. PM carers: six long shifts and six short shifts. At night – 4 staff (two carers and two ENs).</p> <p>There are three RNs on morning and afternoon duties and one RN on night duties.</p> <p>There are separate kitchen, laundry, administration, activities and a maintenance staff to support the team at Vickery.</p> <p>The facility manager and the clinical coordinator share on call duties. The carers and residents interviewed inform there are sufficient staff on duty at all times.</p> <p>Current staffing is sufficient to meet the needs of residents requiring rest home, hospital and residential level care. Discussion with the facility manager confirmed that with increase of hospital level care residents, staffing levels will be increased. Currently there is a sufficient number of RNs and ENs to support dual-service capacity.</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>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial support plan was also developed in this time.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access. Care plans and notes are legible and where necessary, signed (and dated) by RN. All resident records contain the name of the resident and the person completing.</p> <p>Individual resident files demonstrate service integration. All allied health professionals and visiting specialist notes were kept in the same file.</p> <p>Entries are legible, dated and signed by the relevant caregiver, RN, other service providers 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>The service has comprehensive admission policies and processes in place. Residents receive an information booklet around admission processes and entry to the service. All residents are screened prior to entry by the manager or clinical coordinator to ensure that they meet rest home, hospital or residential disability level care. Ten files sampled (four rest home, one YPD level and five hospital level) evidenced that processes were being followed and admission agreements were signed. Exclusions from the service and special charges are included in the admission agreement (for the respite resident there was a short-stay agreement.)</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>	FA	<p>The RNs and ENs interviewed described the nursing requirements as per the policy for discharge and transfers. The 'yellow transfer envelope' is used and the interRAI transfer form. The advanced directive and resuscitation status is included.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. The service uses individualised robotic packs for regular medications and blister packs for 'as required' (PRN) medications. Medication reconciliation is completed by an RN and enrolled nurse (EN) on delivery of medication and any errors are fed back to pharmacy. All medications were securely and appropriately stored on day of audit. There are weekly and six-monthly controlled drug checks.</p> <p>All clinical staff who administer medication have been assessed for competency on an annual basis. Education around safe medication administration has been provided. RNs have completed syringe driver training.</p> <p>Twenty medication charts were reviewed (eight rest home and twelve hospital). The medication charts reviewed identified that the GP had seen and reviewed the resident three-monthly. An electronic medication charting system was in use.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role in regard to medicine administration. Standing orders are not used. There were two partially self-medicating residents at the time of audit. They were able to administer their own glycerine nitrate spray and inhaler. Assessment was undertaken with them demonstrating competency along with a three-monthly review. They were kept in a locked drawer in their room.</p>

		<p>The medication fridge temperatures are recorded daily and these are within acceptable ranges.</p> <p>There is a signed agreement with the pharmacy.</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 service employs a cook, to oversee the food service. The head cook is supported by two additional cooks and six kitchen hands, to prepare and provide all meals on-site. A four-weekly seasonal menu had been designed and reviewed by a dietitian at organisational level.</p> <p>The cook receives a resident dietary profile for all new admissions and is notified of dietary changes. Soft/pureed and diabetic desserts and alternative foods for known dislikes are provided. Food is served from bain maries in the dining areas (two main areas). Where needed, it is transferred to the area in a hot box. Staff were observed sitting with the residents and assisting them with meals. Adequate snacks were sighted in the kitchenette fridges and cupboards.</p> <p>The kitchen is well equipped. Fridge and freezer temperatures are checked and recorded daily in the main kitchen and kitchenettes. End cooked food temperatures are monitored. All foods were date labelled. A cleaning schedule is maintained. Staff were observed wearing appropriate protective clothing. Chemicals were stored safely in the kitchen.</p> <p>Staff have been trained in safe food handling and chemical safety.</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 facility manager will inform the resident/family of other options at every stage. The service records the reason for declining service entry to potential residents should this occur and communicates this to the potential resident/family/whānau. Anyone declined entry is referred back to the needs assessors or referring agency for appropriate placement and advice.</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>Nine of ten resident files sampled contained long-term interRAI assessment/s. The tenth file was of a respite resident. Six residents had been at the facility for over two years and initial assessments were archived. Four files contained evidence of an initial assessment and support care plan.</p> <p>A range of assessment tools are available for use on admission if applicable, including (but not limited to), a) nutrition and fluid assessment, b) falls risk, c) moving and handling assessment, d) pressure risk assessment, f) pain assessment, g) wound assessment and h) interRAI. The activities coordinators complete an activities assessment. Assessments were noted to be completed on</p>

		resident files reviewed, and they are well linked to long-term care plans.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>The clinical coordinator or RNs develop the long-term support plan from information gathered over the first three weeks of admission.</p> <p>The support plans reviewed, reflected the outcomes of the risk tool assessments. InterRAI caps and triggers were also well linked. Interventions clearly described the support required. There was documented evidence of resident/relative/whānau involvement in the support planning process.</p> <p>Short-term care plans are available for use to document any changes in health needs with interventions, management and evaluations. Short-term care plans are templated for antibiotic use, unusual/escalating behaviour and for wounds. On audit, there was evidence of the former being used. Short-term care plans reviewed had been evaluated at regular intervals.</p> <p>Care plans were goal focused and goals were identified by the residents, family and staff who support to meet their goals. Staff interview confirmed team approach to goal setting and careers involved in this process along with the RNs. One YPD and one LTCHC residents reported their involvement in care planning process and their individual aspirations were included in their own care plans.</p> <p>Medical GP notes and allied health professional progress notes are evident in the resident's integrated notes and on the electronic medicine charting system.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>When a resident's condition alters, the RN initiates a review and if required, a GP visit. Communication to the GP for a residents' change in health status were sighted in the residents' files. Residents interviewed reported their needs were being met. Relatives interviewed stated that their relative's needs were being appropriately met.</p> <p>Wound assessments, treatment and evaluations were in place for all current wounds. There were twelve wounds. GPs are notified of all wounds. Adequate dressing supplies were sighted in the treatment rooms. The wound care nurse specialist visits the site on request from the RNs and supports the work completed by the on-site registered nurses. Staff receive regular education on wound management.</p> <p>Contenance products are available and resident files include a three-day urinary continence assessment, bowel management and continence products identified for day use, night use and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed.</p>

		Monitoring forms in place include (but not limited to): monthly weight, blood pressure and pulse, food and fluid charts, blood sugar levels and behaviour charts.
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	CI	<p>Two activity coordinators (working towards DT qualifications) assisted by a group of volunteers, implement and run an activity programme for the rest home, hospital and the residents on a younger person's disability (YPD) and residents under the residential disability – physical contract. These residents attend activities which have been devised to incorporate activities suitable for a range of abilities and interests. Some of the residents under the residential disability contract have active programmes outside of the facility. One attends a day programme and two others are very active, undertaking individual activities in the community. Access to the community is by the contract of taxi vans (ongoing contract) and another van available fortnightly from a charitable society. The monthly programme approved by the manager, is delivered Monday to Friday, Sunday and one Saturday per month.</p> <p>There are regular outings/drives for all residents (as appropriate), weekly entertainment and involvement in community events.</p> <p>Resident meetings were held monthly and open to families to attend. These are followed by 'happy hour' and entertainment, so attendance has been high.</p> <p>Activity assessments are completed for residents on admission. The activity plan in the files reviewed had been evaluated at least six-monthly with the care plan review. The resident/family/whānau as appropriate, are very involved in the development of the activity plan. Residents/relatives have the opportunity to feedback on the programme one-to-one and through the resident meetings and satisfaction surveys. On interview, the residents and relatives expressed they were very satisfied with the programme and thoroughly enjoyed the wide choice of activities and the fun with which they were delivered. On audit, observation of the activities confirmed this.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Care plans reviewed had been evaluated by RNs six-monthly, or when changes to care occurred. Written evaluations describe the residents' progress against the residents' (as appropriate) identified goals. Care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing problem. The multidisciplinary review involves the RN, GP, physiotherapist (if appropriate), nurse practitioner (as required), activities staff and resident/family. The family are notified of the outcome of the review if unable to attend. There is at least a three-monthly review by the GP. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits.</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>	<p>FA</p>	<p>Referral to other health and disability services is evident in the sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Examples of referrals sighted were to the needs assessment coordination service, wound nurse specialist, diabetes nurse specialist, palliative nurse specialist, physiotherapist, mental health support of the older persons (DHB), nurse practitioner, optician, surgery (DHB), eye clinic and neurology department (DHB).</p> <p>There is evidence of GP discussion with residents/families regarding referrals for treatment and options of care.</p> <p>Discussions with RNs and ENs identified that the service has ready access to nursing specialists such as wound (routinely comes monthly and if called), continence, colostomy, palliative care and diabetes. The physiotherapist is employed by the organisation and is on-site each week and as needed.</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>	<p>FA</p>	<p>There are policies and procedures for the disposal of waste and hazardous material. There is an accident/incident system for investigating, recording and reporting all incidents. Chemical supplies are kept in locked cupboards in service areas. A chemical spills kit is available. The contracted supplier provides chemicals, safety datasheets, wall product charts and chemical safety training as required. Approved containers are used for the safe disposal of sharps. Personal and protective equipment is readily available to staff.</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>FA</p>	<p>The building holds a current building warrant of fitness. The service is meeting the relevant legislation, standards and codes. Hot water temperatures are monitored.</p> <p>The maintenance person is employed full-time and is available for after-hours emergencies. Preferred contractors are available 24/7. The maintenance person carries out minor repairs and maintenance. A contractor maintains the grounds. The maintenance request book is checked and signed-off as requests are actioned. Electrical equipment is tested and tagged. Clinical equipment is calibrated annually.</p> <p>Corridors are wide, with handrails in all corridors, which promotes safe mobility. Residents were observed moving freely around the areas with mobility aids where required. There are external areas and gardens, which are easily accessible (including wheelchairs). There is outdoor furniture and seating and shaded areas. There is a shade house with raised garden beds for the residents to</p>

		<p>use. There are adequate storage areas for hoists, wheelchairs, products and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care. There is a designated protected outdoor seating area for the residents who smoke.</p> <p>Physical environment and facilities are appropriate to provide rest home or hospital level care.</p> <p>The service has reconfigured their service around making all their 88 beds dual-purpose. As per HealthCERT letter dated 26 September 2016, all rooms were verified at this audit as suitable to provide either rest home, hospital or residential disability level care. Rooms are large enough for mobility equipment and there are enough communal areas with space for an increase in equipment if needed.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>All rooms are appropriate for dual-purpose and the level of residents varies throughout the facility. Six of the rooms are double, with their own ensuite. These rooms were occupied by six couples on the day of audit. Two further rooms are single with an ensuite each and the balance of single rooms share an ensuite with one other room. There are further communal toilets conveniently located close to service areas. There are separate toilets for staff and visitors. All showers/toilets have appropriate flooring and handrails. There are vacant/occupied signs, privacy locks and shower curtains. Call bells are available in all shower/toilet areas.</p>
<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>The bedrooms allow the residents to move about independently with the use of mobility aids. The bedrooms are spacious enough to manoeuvre hoists and reclining chairs. The bedrooms have sufficiently wide enough doors for ambulance or bed entry/exit. Residents and their families are encouraged to personalise the bedrooms as sighted. Residents interviewed confirm their bedrooms are spacious and they can personalise them as they wish.</p> <p>Partial provisional:</p> <p>All resident rooms in the facility are of an adequate size for rest home and hospital care.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe,</p>	FA	<p>The facility has two large lounge/dining areas which are further made into smaller areas by the grouping of furniture to suit residents' needs (e.g., some of the younger residents sit in a smaller dining area and have another bay area for some of their particular activities). There are also a number of further lounges and areas that are used by residents.</p>

adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.		Residents were observed safely moving between the communal areas with the use of their mobility aids. The lounge/dining areas are large and along with other smaller lounges are used for activities.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	There are policies/procedures and audits of the cleaning and laundry service. The laundry had an entry and exit door with defined clean/dirty areas. There is a secure area for the storage of cleaning and laundry chemicals. There are dedicated cleaning and dedicated laundry persons on duty each day. All personal clothing and towels are laundered on-site. Bed linen is transported to a sister facility for processing. Residents and families interviewed stated they were happy with the cleanliness of the bedrooms and communal areas. Residents confirmed their clothing was treated with care and returned to them in a timely manner.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	Appropriate training, information and equipment for responding to emergencies is provided. Fire evacuation drills are held six-monthly. There is staff across 24/7 with a current first aid certificate. There is an emergency management plan in place that covers health, civil defence and other emergencies. The civil defence kit is readily available and the facility has emergency lighting, gas BBQ and rings for alternative cooking and a generator. There is a supply of stored water, which is checked and there are food supplies sufficient for three days, kept in the kitchen. Hoists have battery back-up. At least three days' stock of other products such as incontinence and PPE are kept. There are supplies to manage a pandemic. The call bell system is evident in residents' rooms, lounge areas and toilets/bathrooms. Staff carry pagers for the call system. There are documented security procedures in place.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	General living areas and resident rooms are appropriately heated and ventilated. All rooms have external windows with plenty of natural sunlight and individual heating controls. Residents interviewed were happy with the temperature of the facility.
Standard 3.1: Infection control management	FA	The infection control (IC) programme and its content and detail are appropriate for the size, complexity, and degree of risk associated with the service.

<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>The scope of the IC programme policy, description and programme are available. There is a job description for the IC coordinator and clearly defined guidelines. There is an established and implemented infection control programme that is linked into the risk management system.</p> <p>The IC coordinator is responsible for the development of the infection control programme and its review. The programme is reviewed annually at an organisational level. The facility has access to professional advice within the organisation. There are monthly infection control meetings. The quality meetings also include a discussion and reporting of IC matters. Information from these meetings is passed onto the staff meetings.</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 coordinator is the IC coordinator. She has been in the role for eight months. The IC committee is made up of a cross-section of staff including RNs, enrolled nurse/s, cleaner and carers. IC meetings occur monthly and IC data is also discussed at the quality and staff meetings. Infection control data is benchmarked against PSS facilities and Vickery Court maintains low infection trends. The IC programme is reviewed annually. Vickery Court also has access to an external infection control specialist, public health, 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>The IC manual outlines a comprehensive range of policies, standards and guidelines, and includes defining roles, responsibilities and oversight, training and education of staff. The IC policies link to other documentation and uses references where appropriate. IC policies are reviewed annually.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and</p>	FA	<p>The IC coordinator is responsible for coordinating/providing education and training to staff. The IC coordinator has completed appropriate IC training. The IC coordinator provides training both at orientation and ongoing. Training on infection control is included as part of compulsory study days. Resident education is expected to occur as part of providing daily cares.</p>

consumers.		
<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>Infection surveillance is an integral part of the infection control programme and is described in PSS IC policies. IC surveillance programme is appropriate to the size and complexity of the service. Infection control policies and procedures describe surveillance methodology for monitoring of infections. The IC programme is linked with the quality programme, and infections are part of the benchmarking targets. Individual infection report forms were completed for all infections. Infections were included in a monthly register, and a monthly report is completed by the IC coordinator. The data was reported to both the infection control and quality meetings. If there is an emergent issue, it is acted upon in a timely manner.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There is a documented definition of restraint and enablers which is congruent with the definition in NZS 8134.0. The policy includes comprehensive restraint procedures. Restraint use is considered as a last resort and only implemented in consultation with the resident and the family and where resident safety is compromised.</p> <p>Bedrails were used as an enabler and these were all discontinued in December 2016. On the day of audit, there was one resident using a bean bag as enabler. Document review showed that this was a family instigated enabler as the resident used to enjoy sitting on the bean bag. All relevant information is completed and monitoring was recorded when enabler was used. Restraint minimisation report dated December 2016 and April 2017 shows a restraint free environment with reduction in use of enablers.</p> <p>There is a restraint coordinator and restraint committee. Restraint minimisation is discussed at the quality and staff meetings. All staff either completed restraint minimisation training or completed a questionnaire.</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 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>Vickery Court provides an environment that encourages and demonstrates good practice and exceeds the required standard. Three examples were included: pressure injury prevention</p>	<p>Vickery Court firstly identified ‘at risk’ residents and the specific factors placing them at risk on admission. All residents had a Braden assessment within eight hours of admission. Simple steps to prevent pressure ulcers (SSKIN) assessment is completed for all admissions/transfers into facility. To protect against the adverse effects of external mechanical forces such as pressure, friction and shear, several quality improvement initiatives are implemented and monitored, for example, residents with skin conditions are monitored from entry to the service, and timely change of incontinence products, regular toileting, activity and mobility are promoted. Pressure injury prevention equipment was used immediately if any residents are identified at risk. These include constant low-pressure devices such as gel-filled pads, foam wedges/pillows, overlays, mattresses and alternating pressure devices. Staff completed wound care and pressure injury prevention and management training. Pressure injury prevention discussed in shifts changeover/handovers and staff interview confirmed high emphasis on pressure injury prevention. As a result of this initiative, the March 2017 pressure injury prevention report showed that Vickery Court has maintained 12 months without a facility-acquired pressure injury. The second initiative is around establishment of a resident friendship group. This group is organised and run by residents. Initially, management encouraged younger residents under residential disability contracts to set up a group, however it is now open to all residents and particularly new residents who enter the service are welcomed to join the friendship group. This meeting takes place two weekly, and any issues that require follow-up are reported to the facility manager. Meeting minutes are maintained</p>

		programme, residents' friendship group and staff training around advanced care planning.	by the residents. The third initiative is around advanced care planning (ACP). The goal was to train all RNs and ENs, and implement ACP on admission. Advanced care planning is a PSS organisational level programme that is fully embraced at Vickery Court. All RNs and ENs have advanced care planning training and the facility manager and the clinical coordinator, level 2 ACP competency. In April 2017, ACP resources were made available for all residents and visitors. ACP conversations are a regular activity at Vickery Court and staff are fully aware of the importance of the ACP. This programme is also supported by the local hospice. On interview, a visiting hospice specialist confirmed their involvement in ACP conversations with residents and family members.
Criterion 1.3.7.1 Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.	CI	The programme has set activities with the flexibility for each service level to add activities that are meaningful and relevant for all cognitive and physical abilities of the resident group. Time is spent with residents and relatives to further explore their individual life goals and to aid	The service identified the need to empower residents by giving them the opportunity to create and run resident activities with the support of the activity team. The service wanted to allow residents to retain past and present involvement within the communities – so fulfilling purpose and to create the best resident driven environment to create purpose and identity. Meetings were held with residents to get their input and to motivate them. Ideas flowed and a friendship group was developed by residents. This has grown from 8 residents to 28. Activities organised include: laughing yoga and a multicultural day. Other activities added to the programme include a flower power group, card groups, maintain pot plants, an outreach programme with a local school, the purchase of two cats to care for, a crochet and crafters group, a gardening group (with glass house) and music therapy twice a week (this also included the introduction of MP3 players to provide a meaningful way for loved ones to interact with those who may not be able to speak. Staff and residents report that this has resulted in a happier and vibrant environment. Happy staff and a buzz about the facility. Improvements have also been noted with falls reducing, aggressive behaviours ceasing and a reduction in total infections, along with significantly more participation in activities by the residents.

		development of these new and meaningful activities. A music therapist attends the site twice a week.	
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End of the report.