

Ascot House Limited - Ascot House Retirement Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Ascot House Limited
Premises audited:	Ascot House Retirement Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 13 June 2017 End date: 14 June 2017
Proposed changes to current services (if any):	None.
Total beds occupied across all premises included in the audit on the first day of the audit:	24

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Ascot House retirement home has been privately owned and operated by experienced managers for the past 16 years. The service is certified to provide rest home level of care for up to 27 residents. On the day of audit there were 24 residents.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff and the general practitioner.

The owner/manager and owner/licensee are on-site full time. They are supported by a registered nurse manager who has been in the role 18 months and has 10 years' experience in aged care. The caregivers and support staff are long-serving and knowledgeable about their roles and the residents' needs/supports. The service continues to implement a quality and risk management system that is regularly reviewed. Residents, relative and general practitioner interviewed commented positively on the standard of care and services provided at Ascot House

Two of two previous findings around evaluations and self-medication have been addressed.

This surveillance audit identified an improvement required around interventions.

The service has maintained a continual improvement (CI) rating for training and education.

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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Policies are implemented to support residents' rights, communication and complaints management. Regular resident committee meetings are held. Resident/relative surveys provide an opportunity for feedback on the services. Open communication is encouraged and management operate an open-door policy. Complaints and concerns have been managed and a complaints register is maintained.

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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The quality and risk management programme includes service philosophy, goals and a quality/business plan. An internal audit programme identifies corrective actions and areas for improvement which have been implemented. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and followed up. A comprehensive education and training programme continues with a current training plan in place. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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The registered nurse manager is responsible for each stage of service provision. The registered nurse manager assesses, plans and reviews residents' needs, outcomes and goals with the resident and/or family input. Care plans viewed in resident records demonstrated service integration and were evaluated at least six-monthly. The interRAI assessments are completed within the required timeframes. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurse manager and senior caregivers responsible for administration of medicines complete annual medication education and medication competencies. The medicine charts reviewed on the electronic medication system met legislative prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activity coordinator provides an interesting and varied activity programme. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for each resident.

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

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building holds a current warrant of fitness. There are ongoing environmental improvements.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The service has restraint minimisation and safe practice policies and procedures in place. Staff receive training around restraint minimisation and the management of challenging behaviour. During the audit, there were no residents using restraints or requiring enablers. The registered nurse manager is the designated restraint coordinator.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	15	0	1	0	0	0
Criteria	1	37	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of complaints process. Complaint forms are available at the entrance of the facility. Information about complaints is provided on admission. Interview with five residents and one relative demonstrated an understanding of the complaints process. All care staff interviewed were able to describe the process around reporting complaints. There is a complaint register. There were two complaints in 2016 that have been investigated within the required timeframe and to the satisfaction of the complainant. There have been no complaints for 2017 to date. Management operate an open-door policy.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</p>	FA	<p>Five residents and one relative interviewed stated they were welcomed on entry and given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Incident/accidents forms reviewed (five) had documented evidence of family notification.</p> <p>Resident committee meetings are held six-monthly. Any issues raised from these meetings have been addressed by the manager as documented in meeting minutes. Resident/relatives have the opportunity to feedback on the service through surveys and meetings. Newsletters are sent/emailed out to families. The service has implemented a "gripe book" that all residents/relatives and visitors can use to raise any concerns or make comments. The book</p>

communication.		is checked daily by the owners and has been successful in capturing any concerns for discussion. The health and disability advocate last visited May 2017. Interpreter services are available as required.
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Ascot House Retirement Home is privately owned and operated for 16 years by one manager/owner and one owner/licensee. Ascot House provides rest home level of care for up to 27 residents. On the day of the audit, there were 24 residents including one respite care resident. All long-term residents were under the aged related residential care contact (ARRC).</p> <p>The owners are non-clinical and are supported by a registered nurse manager, who has been in the role 18 months and has had 10 years aged care experience.</p> <p>Ascot House has a two-year business and risk management plan which includes the services mission statement. The quality goals are reviewed at monthly management meetings. The service has achieved maintaining occupancy above 95%.</p> <p>The manager/owner has attended at least eight hours of professional development that relates to managing a rest home including DHB forums, three-day aged care conference and manager interRAI study day. The manager/owner also maintains her knowledge in aged care as a joint chairperson of the local aged care association and a private hospital trust member.</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>There is a business/strategic plan that includes quality goals and risk management plans for Ascot House. The owners are responsible for providing oversight of the quality programme on-site which is designed to monitor contractual and standards compliance. The site-specific service's policies meet current best practice and are reviewed regularly as evidenced on the amendment log in each policy manual. Three caregivers interviewed state they are made aware of any policy changes and these are readily available to them.</p> <p>Data is collected in relation to a variety of quality activities, including complaints, accidents/incidents, falls and infection control. Internal reports sighted identify any trends, analysis, corrective actions and any areas for improvement including the outcomes of internal audits. The internal audit programme continues to be implemented and all issues identified had corrective action plans and resolutions. Quality information and data is evidenced as discussed in staff, health and safety and infection control meetings.</p> <p>Residents/relatives are surveyed annually in June. The June 2016 resident/relative survey results were very complimentary. Results are communicated to participants and staff through meetings and newsletters. Separate food satisfaction surveys are completed and any concerns addressed such as plates now heated before serving to ensure meals remain hot.</p> <p>The owner/licensee has overall responsibility for health and safety and has attended an update to the new</p>

		<p>legislation at an aged care study day. Health and safety policies, procedures and hazard register have been reviewed. All staff and contractors receive health and safety induction including hazard identification the wearing of personal protective equipment. The service had a tertiary level of workplace safer management practice. The owner/licensee completes health and safety internal audits and ensures corrective actions are completed. He is supported by a health and safety representative (senior caregiver) who has remained elected to the role since 2011. Health and safety meetings are held monthly where accidents/incidents, hazard management and training is discussed and documented. Meeting minutes and graphs are available to staff. Ascot House participated in an Auckland university research study on occupational health and safety in workplaces including aged care facilities.</p> <p>Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an accidents and incidents reporting policy. The registered nurse and owners investigate accidents/incidents and near misses and analysis of incident trends occurs. The registered nurse manager completes clinical follow-up of residents. Three incident forms reviewed for the month of April, one in May and one in June demonstrated appropriate clinical follow-up, including GP follow-up if necessary. The relatives had been notified for all incidents reviewed. Corrective actions had been identified and implemented. Discussions with the RN/manager and owners confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. A sudden death with coroner involvement has been closed off. Episodes of norovirus outbreak have been reported to relevant authorities.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice</p>	FA	<p>There are human resource management policies in place. Recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of the RN/manager and allied health practising certificates were sighted and are current. Five staff files were reviewed (one RN/manager, two caregivers, one activity coordinator and one cook) and there is evidence that reference checks had been completed before employment was offered. Annual staff appraisals were evident in four of five staff files reviewed. One staff member had not been at the service twelve months. All files reviewed had signed job descriptions. The service has an orientation programme in place that provides new staff with relevant information for safe work practice including a health and safety handbook. Staff interviewed could describe the orientation process and stated that they believed new staff were adequately orientated to the service.</p>

<p>and meet the requirements of legislation.</p>		<p>The on-line mandatory training has been completed by staff for 2016 and has continued to date for 2017. The service has maintained a continuous improvement around staff training. The registered nurse is interRAI competent and has the opportunity to attend external education.</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>Staff rostering and skill mix policy is in place. Sufficient staff are rostered on to manage the care requirements for residents in the rest home. The RN/manager and owners are on-site Monday to Friday. The registered nurse (RN) works three days a week and the enrolled nurse four days a week. The RN nurse manager is on-site for six hours Monday to Friday and on call 24 hours. A relieving RN is available to cover the RN nurse manager for sickness or leave.</p> <p>There is one caregiver on the full morning shift and one caregiver on morning short shift. There are two caregivers on the afternoon shift with one allocated in the kitchen for serving of the prepared evening meal. There is one caregiver on night duty and the RN on call lives within two minutes of the facility. There is a designated cleaning person for cleaning and laundry duties Monday to Friday. On the weekends, there are three caregivers on the full morning shift. There is an activity coordinator Mondays, Wednesdays and Fridays for seven hours.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. The RN nurse manager and senior caregivers who administer medications have completed annual medication competencies and medication education. Regular and 'as required' medication is delivered in robotic rolls. The RN nurse manager checks all medications against the medication chart on the electronic medication system. All medications are prescribed for the resident. There were no medications expired. Standing orders are not used, this has addressed the previous finding. There were no residents self-medicating on the day of audit. There are policies and procedures to support residents who wish to self-medicate. The previous finding around self-medication has been addressed. All medication is stored appropriately. The medication fridge has a daily temperature check.</p> <p>Ten medication charts reviewed on the electronic medication system met legislative requirements and had been reviewed three-monthly by the GP. All signing administration sheets corresponded with the medication charts. The RN nurse manager completes medication audits. Any medication errors are addressed and are discussed at the health and safety meeting.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid</p>	<p>FA</p>	<p>All meals are prepared and cooked on-site by three cooks who have completed food safety training. The menu has been reviewed by a dietitian March 2016. The cook receives a resident dietary profile for new residents and is notified of any dietary changes. Dislikes are known. Special diets are accommodated including gluten free and lactose free foods. The kitchen is adjacent to the dining room and meals are served directly to residents. On the</p>

<p>Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>day of audit, the dining room was under renovations and meals were served in the downstairs conservatory and in resident rooms. Residents reported the meals were served at an acceptable temperature and are very satisfied with the meals and home baking.</p> <p>Fridge and freezer temperatures are taken and recorded daily. End cooked food temperatures are recorded daily. Perishable food sighted in the fridge was dated. Dry goods and decanted foods were date labelled. A maintenance and cleaning schedule is maintained.</p> <p>Resident meetings along with direct input from residents, provide resident feedback on the meals and food services generally.</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>PA Low</p>	<p>Changes to resident's health are monitored and identified through ongoing daily assessments. When a resident's condition alters, the RN nurse manager initiates a review and if required, GP, nurse specialist consultation. There is documented evidence in the electronic resident system (communication record) that evidences family were notified of any changes to their relative's health including (but not limited to) accident/incidents, behaviours, infections, health professional visits, referrals and changes in medications. Not all care interventions have been documented in care plans.</p> <p>Adequate dressing supplies were sighted. Wound management policies and procedures are in place. Wound assessment, treatment and ongoing evaluations were sighted on the electronic resident system for four residents with wounds (one skin tear, one surgical wound, one non-healing lesion and one cellulitis). There is evidence of a wound nurse specialist and district nurse involvement in wound management as required.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.</p> <p>Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission identifying resident nutritional status and preferences. Five residents and one family member praised the service provided</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</p>	<p>FA</p>	<p>The service employs an activity coordinator for seven hours on Mondays, Wednesdays and Fridays. The activity coordinator has a current first aid certificate and attends monthly diversional therapy association meetings.</p> <p>The activity programme provides recreational activities that meets the abilities and preferences of the residents that include (but not limited to); newspaper reading, word games, walks, crafts, colouring and happy hours. The service contract a trained gymnast for exercises twice weekly and a massage therapist for hand and foot therapy.</p> <p>Community visitors include entertainers, guest speakers, visits from local primary schools and brownies and monthly church services. The service has a van for community outings that includes attending concerts, clubs and</p>

<p>appropriate to their needs, age, culture, and the setting of the service.</p>		<p>church luncheons. Themes, birthdays and events are celebrated.</p> <p>An activity assessment/resident profile is completed on admission. Individual activity plans are in place and reviewed six-monthly with the RN nurse manager. The service receives feedback and suggestions for the programme through resident meetings and surveys and residents interviewed were happy with the activity programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All initial care plans for long-term residents reviewed on the electronic resident care system were evaluated by the RN nurse manager within three weeks of admission. Written evaluations identified if the resident goals had been met or unmet. Family and/or resident are invited to participate in the six-monthly care plan review. Changes to care are updated to the care plans. The previous finding around evaluations has been addressed. The GP reviews the residents at least three-monthly or earlier if required.</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 has a current building warrant of fitness that expires 17 July 2017. Environmental improvements include ongoing refurbishment of resident rooms including bedroom furniture (with rounded edges). New carpet was laid in 2016. On the day of audit, the dining room was being fully refurbished and decorated. There are plans to renovate, refurbish and decorate the entrance, hallway and library and upgrade all the toilet/shower facilities.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms and definition of infection and are entered into the electronic patient database system. Acute care plans are used for infections. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and analysed for trends monthly and annually. Infection control is discussed at the staff meeting. Meeting minutes and infection control data are readily accessible for staff. The RN manager is the infection control coordinator. There has been a norovirus outbreak September 2016 that was well managed and contained. Documentation of notification to the relevant authorities were sighted.</p>

programme.		
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The service has documented systems in place to ensure the use of restraint is actively minimised. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. During the audit, there were no residents using restraints or requiring enablers. Restraint minimisation is overseen by a restraint coordinator who is the RN manager. Staff receive education on restraint minimisation and managing challenging behaviour.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Low	Acute care plans are available for use to document changes to care, interventions and required supports. Not all interventions have been documented. Monitoring forms are used for weight, vital signs, blood sugar levels, pain monitoring, challenging behaviour, food and fluid charts.	There were no documented interventions identified for the following: 1) One resident with a wandatrak in place. Behaviour assessment completed 6/6/17. There were no interventions documented for the management of wandering/behaviours. 2) No documented interventions for one respite care resident with a history of falls (noting she was admitted the day before the audit and the risk was identified therefore this is considered low risk.	<p>1), and 2) Ensure interventions are documented to reflect the resident's current health status.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	CI	<p>The staff have continued to access an aged care specific on-line training programme and complete one module per month of mandatory training requirements. The service has also added additional on-site in-service that all staff attend.</p>	<p>A review of staff training records demonstrated ongoing 100% compliance of staff completing the mandatory on-line modules for mandatory training. The staff receive certificates following a demonstrated satisfactory learning outcome. The service has included an on-site topical in-service in conjunction with the monthly staff meetings. There is a close liaison with the gerontology nurse at the DHB who provides on-site education such as skin integrity, communication and leadership and recognising infection and sepsis. All in-service and education sessions are evaluated by staff to identify further training needs. The service has maintained a continuous improvement around training.</p>

End of the report.