

Y&P NZ Limited - Eden Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Y&P NZ Limited
Premises audited:	Eden Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 22 March 2018 End date: 23 March 2018
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:	19

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

Eden Rest Home provides care for up to 19 residents requiring rest home level care. At the time of this audit all 19 beds were occupied.

This certification audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies, procedures, residents and staff files, observations and interviews with residents, families, a general practitioner, management and staff. An interpreter was used for all interviews, as all but one resident spoke Chinese. Some residents had English as their second language.

There is one area identified for improvement related to assessment and care planning documentation following residents' falls.

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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The Health and Disability Commissioner`s Code of Health and Disability Services Consumers` Rights (the Code) is made available to residents. Opportunities to discuss the Code, consent and availability of advocacy services is provided at the time of admission and thereafter as required.

There were no residents who identify as Maori at the time of audit and no staff that identify as Maori. Services are planned to respect the individual culture, values and beliefs of residents.

There is no evidence of abuse, neglect or discrimination and staff interviewed understood and implemented related policies. Professional boundaries are maintained.

Open disclosure and communication between staff, residents and families is promoted. There is access to formal interpreting services as used during this audit.

The service has strong linkages with a range of specialist healthcare providers which contributes to ensuring services are provided to residents are of an appropriate standard.

Complaints are rare and are investigated and responded to in a timely manner.

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 organisation's philosophy, mission and vision statement are identified in the business and strategic plan. The manager (who is one of the rest home owners), and the other members of the management team work together to ensure service planning covers business strategies for all aspects of service. The services offered meet residents' needs, legislation and good practice standards.

The quality and risk system and processes support effective, timely service delivery. The quality management systems include an internal audit programme, complaints management, incident/accident reporting, benchmarking, hazard management, resident and staff satisfaction surveys, and enabler and infection control data collection. Quality and risk management activities and results are shared among management, staff, residents and families, as appropriate. Corrective action planning is well documented.

New staff have an orientation. Staff participate in relevant ongoing education. Applicable staff and contractors maintain current annual practising certificates. Residents and family members confirmed during interview that all their needs and wants are met. The service has a documented rationale for staffing which is implemented.

Residents` information is accurately recorded, securely stored and not accessible to unauthorised people. Relevant information was held in the residents` integrated records reviewed.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The organisation works closely with the local Needs Assessment and Service Co-ordination Service to ensure access to the facility is appropriate and efficiently managed. Relevant information is provided to the potential resident/family to facilitate the admission. A resident waiting list was verified.

Services are provided by suitably trained staff to meet the needs of residents. The clinical nurse manager is supported by care staff and a designated general medical practitioner. Shift handovers support continuity of care.

The clinical nurse manager completes an initial assessment and initial care plan for each new resident. The interRAI assessment is then completed and the long-term care plan developed and implemented three weeks after admission. All residents' records reviewed demonstrated that needs, goals and outcomes are identified and reviewed on a regular basis.

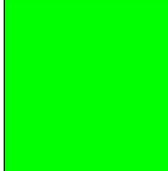
Residents and families interviewed reported being well informed and involved in care planning. Residents are referred to other health providers as required, with verbal and written handovers.

The planned activity programme provides a variety of activities for residents in a group and individually.

Medicines are managed according to policies and procedures. Medicines are administered by senior care staff who have completed medication competencies annually.

The food service meets the nutritional needs of residents and any special needs are catered for. The service has a three-week rotating menu which is approved by a dietitian. The kitchen was clean and well managed and meets food safety standards. Residents reported satisfaction with meals 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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The service has processes in place to protect residents, visitors and staff from harm as a result of exposure to waste or infectious substance.

There are documented emergency management response processes which are understood and implemented by staff. This includes six monthly fire drills.

The building has a current building warrant of fitness and an approved fire evacuation plan. There have been no significant changes to the facility since the previous audit except for some refurbishment.

The facilities meet residents' needs and provide furnishings and equipment that are regularly maintained and updated. Bedroom areas allow residents to move around with or without assistance. There is adequate toilet, bathing and hand washing facilities.

The open plan lounge and dining areas meet residents' relaxation, activity and dining needs. A covered veranda is available for residents' and their families to use

The facility is kept at a suitable temperature. Opening doors and windows creates an air floor to keep the facility cool when required. The outdoor areas provide furnishings and shade for residents' use.

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 a commitment to not using restraint. The restraint minimisation and safe practice policy and definitions complies with the standard. There were no restraints in use during audit. Three residents had enablers in use at the time of the audit and written consent for use was on file. Staff are provided with ongoing education on managing challenging behaviours, restraint minimisation and use of enablers.

Infection prevention and control

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

Standards applicable to this service fully attained.

The infection prevention and control programme is led by the clinical nurse manager and aims to prevent and manage infections. Specialist infection prevention and control advice is sought as needed. The programme is reviewed annually and objectives are set.

Staff demonstrated good principles and practice around infection prevention and control which is guided by relevant policies and procedures and supported with regular education.

Surveillance is undertaken, data is analysed and trended and results are reported back to staff. Follow-up action is taken as required.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	44	0	0	1	0	0
Criteria	0	92	0	0	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The service has developed policies procedures and processes to meet their obligations in relation to the Code of Health and Disability Services Consumers` Rights (the Code). Care staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options and maintaining dignity and privacy. Training is included as part of the induction process for all new staff and is ongoing as was verified in the training records reviewed.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Policy reviewed details the principals of informed consent. The service ensures informed consent is understood by residents and family and/or enduring power of attorney (EPOA) and that they understand documents they are signing when English is their second language. The informed consent forms, resuscitation and advance care instructions, and influenza vaccination consents are available in English, Cantonese and Mandarin. The care staff and the clinical nurse manager interviewed demonstrated their ability to provide information that residents required to be actively involved in their care and decision-making. Staff interviewed acknowledged the resident`s right to make choices based on information presented to them.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>During the admission process residents are given a copy of the Code which includes information on the Advocacy Service. Pamphlets of the Nationwide Advocacy Service are available in the staff office. Residents spoken to were aware of the Advocacy Service and how to access this and their right to have support persons of their choice if needed.</p> <p>Staff interviewed are aware of how to access the Advocacy Service and education was provided last on the 8 July 2017 as evidenced in the education plan and staff records reviewed.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>Visitors and family are welcome to visit the facility and maintain links with their relatives. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with management and staff. The residents enjoy outings in the community such as the monthly yum cha visits locally and visits to local parks and shopping centres.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>Eden Rest Home implements organisational policies and procedures to ensure complaints processes reflect a fair complaints system that complies with the Code. During interview, residents, family and staff reported their understanding of the complaints process and noted they had no complaints. Comments including 'happy staff, happy residents' were stated. The interviews were conducted using the assistance of an independent interpreter where applicable. Feedback forms are present at the main entrance and includes an area for the recording of complaints, feedback and compliments. The forms contain information written in both English and Chinese.</p> <p>A complaints register is maintained and associated records verified. Complaints were investigated and responded to in a timely manner. Very few complaints are received. There have been no complaints received from the District Health Board, Ministry of Health or Health and Disability Commissioner since the last audit.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>Residents interviewed with assistance of an interpreter reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) through the facility manager as part of the entry information provided and discussion with the clinical nurse manager on admission. The Code is displayed in the entrance way together with information on advocacy services and how to make a complaint/suggestion/compliment using the feedback form. This is available in Cantonese, Mandarin and English. The interpreter assisting with the audit also read the service agreement (documented in English, Cantonese and English) and all obligations were</p>

		documented.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents and families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices. Families reported there was always a positive atmosphere when they visit. The facility manager is always available to talk with family members which was appreciated.</p> <p>Staff interviewed understood the need to maintain privacy and were observed doing so throughout the audit (eg, when attending personal cares and ensuring residents' information was held securely and confidentiality). All residents have their own rooms.</p> <p>Residents are encouraged to maintain their independence by going on outings with family in the community, shopping trips, attending church services, community activities and attending other activities of their choice. Each service plan included documentation related to the residents', likes, dislikes, abilities and strategies to maximise independence.</p> <p>The residents' records reviewed verified that each resident's individual culture, religious and social requirements, values and beliefs had been identified and documented into the individual long term care plan.</p> <p>Care staff interviewed understood the service's policy on abuse and neglect, including the signs and symptoms, and what to do should there be any signs. Education on abuse and neglect is part of the orientation programme for all new staff and is then provided two yearly, as confirmed in the training records, to meet contractual requirements. The last education session was provided on 12 February 2018.</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>The Maori Health Plan details a commitment to providing services in accordance with the Treaty of Waitangi. The policy details how residents' cultural needs will be identified, the importance of family/whanau, and that cultural support services will be available if and when required. Staff interviewed received training and were capable of working appropriately with all residents in their care. The provision of culturally appropriate services and the identification and reduction of barriers are part of the organisation's goals which are documented in the Maori Health Plan reviewed.</p> <p>There were no residents who identified as Maori at the time of the audit and no staff who identified as Maori.</p>

<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>There are 18 residents who identify as Chinese and one Pakeha New Zealander. Residents verified with the assistance of an interpreter that they were consulted on their individual culture, values and beliefs and that staff respect these. Resident`s personal preferences, language and any other special needs were included in all of the long-term care plans reviewed. Staff reported they received training in cultural awareness and this was evidenced in the training plan sighted.</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>The family members and residents interviewed reported they were free from any type of discrimination, harassment or exploitation. Residents reported that they felt safe at this facility. The general practitioner interviewed by phone verified satisfaction with the standard of services provided to the residents. The general practitioner was able to communicate in Chinese to the residents and family as required. Staff interviewed have job descriptions and individual employment agreements that have clear guidelines regarding professional boundaries and a code of conduct. The residents interviewed reported they were happy with all aspects of service delivery. Family members interviewed spoke English and also expressed they were pleased with the care provided to their relatives.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service promotes good practice through evidence-based policies and procedures and guidelines, input from a quality consultant and allied health professionals, such as the gerontology nurse specialist from the district health board (DHB) and services for older people who visit as required. The clinical nurse manager interviewed stated that the support of management was appreciated for completing external education currently being undertaken.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Staff interviewed understood the principles of open disclosure which is supported by policies and procedures that meet the requirement of the Code. Interpreter services were used for this audit. Interpreter services are available and accessible via the DHB if and when required. Staff knew how to contact the service, although reported this was rarely required due to staff being able to provide interpretation when needed and the use of family members. For residents in this rest home English is not their first language (only one resident speaks English). The general practitioner also speaks a number of Chinese dialects, such as Cantonese, Mandarin and Shangalese.</p> <p>Family members interviewed stated they were kept well informed about any changes to their relative`s health status and were advised in a timely manner about any incidents or accidents. The</p>

		family are contacted about the outcomes of regular and/or any urgent medical reviews.
<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>Eden Rest Home has a documented mission statement, philosophy and values that is focused around the provision of individualised, quality care where residents' independence is encouraged, and individual needs identified and met that enhance each resident's quality of life.</p> <p>The manager (who is also one of the two owners / directors) is readily available to residents and family as verified by residents and families interviewed. The manager, the accountant officer, the residential care officer, and the registered nurse/clinical nurse manager (RN/CNM), monitors the progress in achieving goals via day to day activities, resident / family feedback and monitoring of the results of quality and risk activities.</p> <p>The day to day operations and ensuring the wellbeing of residents is the responsibility of one of the two owners / directors. The owner / director (manager) has worked at Eden Rest Home since the purchase of the rest home. The manager has previously worked in other aged care services initially as a caregiver before moving to more senior roles.</p> <p>The owner / director participates in relevant ongoing education as required to meet the provider's contract with Auckland District Health Board (ADHB).</p> <p>Since the last audit there has been some refurbishment of the facility. New flooring has been placed in some of the residents' bedrooms. The bathroom has been refurbished and a storage shed built. This aligns with facility goals.</p> <p>An experienced registered nurse was employed in January 2018 who is responsible for clinical services (clinical nurse manager). She works at least 40 hours a week between the two rest homes owned by Y&P NZ Limited. The RN/CNM normally works around twenty hours a week at Eden Rest Home, although there is some flexibility with hours. The RN/CNM initially held a consultancy / advisory role with the owners since the facility was purchased.</p> <p>The RN works between three and five days on site (refer to 1.2.8). The RN/CNM is on call at all times when not on site. The RN/CNM has a current annual practising certificate (APC) and is nearing completion of the interRAI competency requirements (currently doing her fourth interRAI training assessment).</p> <p>The service has a contract with ADHB for the provision of aged related rest home level care. All residents are reported to have been assessed as requiring rest home level care.</p>

<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The manager's assistant, who is also the residential care officer is responsible for services in the owner / director's absence. The manager's assistant has worked at Eden Rest Home since 2015, employed initially as a caregiver. She has a diploma in healthcare studies (level five), and a diploma in healthcare management (level six), and both certificates were sighted. The manager's assistant was on holiday during the audit and was unable to be interviewed. The accountant officer was able to detail the responsibilities of the second in charge as she provides additional backup cover to the manager / owner as and when required.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Eden Rest Home has a quality and risk management system which is understood and implemented by service providers. This includes internal audits, satisfaction surveys, incident and accident reporting, benchmarking, health and safety reporting, hazard management, infection control data collection and management, restraint minimisation and complaints / compliments management. Regular internal audits are conducted and the results of six audits sampled demonstrated a high level of compliance with organisation policy. A staff satisfaction survey was conducted in September 2017.</p> <p>If an issue or deficit is found, a corrective action is put in place to address the situation. Corrective actions were developed and implemented. Quality information is shared with all staff via shift handover as well as via the monthly staff meetings. The minutes of staff meetings are made available to staff. Staff interviewed verified they were kept well informed of relevant quality and risk information. In addition, quarterly service review meetings are held. Templates are used to discuss individual resident's needs, incident/accidents, audits, complaint and other quality and risk data along with the results of benchmarking activities. An annual review is undertaken on the medicines management programme, infection prevention and control programme, recreation programme and the restraint minimisation programme. Opportunities for improvement are discussed, along with identifying areas of compliance with Eden Rest Home expectations / policies.</p> <p>Meetings are held every month with residents to obtain resident feedback on services, food, and activities as well as obtain information for future planning. The minutes of the last four meetings were sighted for residents, along with the results of the recent residents' satisfaction survey. The feedback from residents in the satisfaction survey was very positive. A separate survey is conducted in relation to food services. One resident made one recommendation regarding their preference for how rice is cooked, and another resident noted they ate 'too much at times'.</p> <p>Policies and procedures were readily available for staff. Policies have been developed by an external consultant and localised to reflect the needs of Eden Rest Home. One paper copy of policies is available for staff. The RN/CNM and the manager's assistant are responsible for</p>

		<p>document control processes.</p> <p>Staff, resident and family interviewed expressed a high level of satisfaction about the services provided at Eden Rest Home.</p> <p>Actual and potential risks are identified in the quality and risk plan. These were reviewed in 2018. Mitigation strategies have been documented. Staff confirmed that they understood and implemented documented hazard identification processes. The hazard register sighted was up to date. Maintenance issues are reported in real time and the records sighted all reported events have been promptly addressed.</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>Policy and procedure details the required process for reporting incidents and accidents including near miss events. Staff are provided with education on their responsibilities for reporting and managing accidents and incidents during orientation and as a component of the ongoing education programme.</p> <p>Applicable events are being reported in a timely manner and disclosed with the resident and/or designated next of kin. This was verified by residents and all family members interviewed. A review of reported events including falls, bruising, a medicine error, and episode of challenging behaviour demonstrated that incident reports are completed, investigated and responded to in a timely manner. Repeat falls assessments were not consistently undertaken following a fall, and for one patient the enabler risk questionnaire had not been updated. Changes were not always made to the resident's care plan where applicable or a short-term care plan developed where necessary. This is raised as an area for improvement in criterion 1.3.4.2. Staff communicated incidents and events to oncoming staff via the shift handover. A summary of events was discussed with staff at the staff meetings as detailed in meeting minutes sighted.</p> <p>The service is benchmarking the number and type of events with other aged residential care facilities. The benchmarking programme was sighted, and data entered reflected the incident reports sighted on site. Eden Rest Home is well positioned in relation to the other facilities in the data sighted,</p> <p>An essential notification was made in August 2017. Depression screening of residents has since been introduced. The RN/CNM and the owner/director detailed the other type of events that require notification.</p>
Standard 1.2.7: Human Resource	FA	Copies of the annual practising certificates (APCs) were sighted for the two general practitioners (GPs), the five other GPs who provide services in the GP's absence, the two pharmacists, and two

<p>Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>registered nurses (RNs). This included the APC of the RN who provides backup / leave cover.</p> <p>Recruitment processes includes completing an application form, conducting interviews and reference checks. Police vetting is occurring for new staff at employment. Staff have a job description on file. The job description / employment contract and confidentiality documents include a statement advising staff of privacy / confidentiality requirements. Annual performance appraisals have occurred in the applicable staff files sampled.</p> <p>New employees are required to complete an orientation programme relevant to their role. A workbook is utilised to ensure all relevant topics are included. New employees are buddied with senior staff for a number of shifts until the new employee is able to safely work on their own.</p> <p>A staff education programme is in place with in-service education provided monthly. The topics are scheduled over a two-year period and align with Eden Rest Home's contract with ADHB. Education provided in 2017 and 2018 year to date includes (but is not limited to); fire safety, abuse and vulnerability, privacy, dementia, delirium, depression, documentation, renal failure, open disclosure, kitchen / laundry services, the Code of Rights, and Treaty of Waitangi / cultural safety. Education is provided by the RN, fire safety consultant, or as a group using an online learning programme. Staff can also attend relevant external education. Records of education are maintained and copies of some education certificates are present in the staff files reviewed. There are processes in place to ensure staff ongoing competency for medicines management, weighing of residents and monitoring vital signs.</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>A policy details staffing levels and skill mix requirements, and this aligns with the requirements of the provider's contract with Auckland District Health Board (ADHB).</p> <p>The current roster was reviewed as well as the week prior. Where there are changes in hours worked different to that noted on the roster, these changes are recorded on the staff timesheets (sighted). The rosters sighted demonstrated that there is a clinical nurse manager on duty more than 20 hours a week, spread over between three and five days.</p> <p>The owner / director (manager) is on site at least three days a week and assist with activities, meal services and assists with residents' care if required. The owner / director and the RN is on call when not on site. This was verified by interview with the RN / CNM, the owner /director, and the caregivers.</p> <p>One caregiver works on every morning, afternoon and night shift. A second caregiver is documented on call each day and will be contacted if the rostered caregiver needs unplanned leave, or if additional staff are required to meet resident care needs. The accountant officer and manager advised that additional staff hours would be allocated to meet the care needs of the residents if</p>

		<p>required. A caregiver that currently works at the owner's other facility is undertaking shifts on site to help cover staff on leave.</p> <p>The residential care officer / managers assistant is normally on-site weekdays 9 am to 5 pm. She is currently on leave and the two rest home owners are assisting with covering this employee's responsibilities, which includes facilitating the activities programme.</p> <p>The caregivers assist residents with the laundry. A cleaner is rostered on duty three hours a day, seven days a week. A cook is rostered on duty from 9 am to 6 pm, seven days a week. Two staff share this responsibility, and the manager has completed food safety training so can cover unplanned leave. The two owners assist with taking residents to health appointments off site in the event a family member is unable to attend with the resident. One of the owners is responsible for undertaking all maintenance and repairs.</p> <p>A staff member with a current first aid certificate is on duty at all times.</p> <p>Residents and the family member interviewed confirmed their personal and other care needs are being well met. Family members spoke positively about how staff assist new residents with diminished mobility and encourage their participation in day to day Eden Rest Home activities. As a result, significant improvements in the resident's mobility was reported to have occurred.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident's name, date of birth and National Health Index (NHI) number are used on all records reviewed as the unique identifier. All required demographic, personal, clinical and relevant health information was fully completed in the residents' records sampled for review. The clinical notes and integrated general practitioner records were legible with the name and designation of the person making the entry identifiable.</p> <p>All interRAI information is stored safely and securely and is protected against unauthorised access, use or disclosure and meets the Health Information Privacy Code and any instructions or protocols issued by interRAI. Back up is available from the DHB in case of outage as per the service agreement obligations and availability of interRAI.</p> <p>Archived records are held securely and are readily retrievable. Residents' records are held for the required period before being destroyed. No personal or private information was on public display during the audit.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is</p>	FA	<p>The service has an admission/enquiry folder that records the pre-admission information. There are criteria for entry which was sighted. There is a resident's welcome brochure and business card.</p>

<p>facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>There is currently a waiting list maintained. Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) service.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Exit from the facility, inclusive of discharge or transfer, is managed in a planned and co-ordinated manner with an escort as appropriate. A transfer/discharge communication summary is completed when facilitating a transfer from the rest home to the DHB acute services. There is also transfer of care from residential care to the DHB documentation that is completed with all family contact details and demographics required. There is open communication between all services, the resident and the family. At the time of transfer, appropriate information including a copy of the medication record (with any known allergies/sensitivities) is provided for the ongoing management of the resident. All referrals are documented in the progress records.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medicine management policy provides guidance on all relevant aspects to meet the standards and to ensure safe administration of all medications. This includes competency requirements, prescribing, recording, processes when an error occurs as well as definitions for medications that may be required by residents. The sighted policies meet the legislative requirements and best practice.</p> <p>Medications for residents are received from the contracted pharmacy in a pre-packaged delivery system. A safe medicine management was observed on the days of the audit. Medicines are stored in a locked medicine cupboard.</p> <p>The medication hard copy records were randomly reviewed. Allergies and/or sensitivities were recorded on the summary record sheet. Photographic identification was noted on the front sheet. The general practitioner reviewed the medication three monthly and monthly if required. All prescriptions were accurately documented by the GP and checked by the contracted pharmacist. A signature register is maintained for all staff who administer medications. The clinical nurse manager ensures the competencies for medication management are completed annually for staff who administer medications. Training was provided to all care staff on the 9 December 2017 on safe practice and medication recording requirements.</p> <p>Four residents were self-medicating low risk medicines (eg, GTN spray, eye drops and scalp lotion) at the time of audit. Protocols are in place to verify competency and the records were signed off by the GP and dated. Status is reviewed six monthly.</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>	<p>FA</p>	<p>The food service is provided on site by a cook. The cook has been at this facility for five years. Has a current first aid certificate and has completed relevant food safety education (as sighted). The organisation is registered with the appropriate agency for the food safety plan. A plan is in place to have this completed by 31 March 2018. The three-weekly menu was reviewed by a dietitian 31 January 2017. Recommendations made at that time have been implemented. A food satisfaction survey was performed 13 September 2017 and the outcomes are documented.</p> <p>All aspects of food preparation, ordering and storage of food complies with legislation. The ordering of food is shared between the cook and the facility manager. Temperature monitoring of the fridges and freezers is undertaken daily and recorded.</p> <p>Positive feedback was received from the residents at the resident group interview assisted by an interpreter. The residents were pleased as the cook effectively met their personal food preferences, as some residents came from the south and some from the north of China, and the diet differs considerably. All were seen to be enjoying their lunch which was the main meal for the day. When residents are admitted, the facility manager or the cook discuss the personal food preferences and/or any special diets which are accommodated as required. Special equipment to meet resident`s nutritional needs is available.</p> <p>There was sufficient staff on duty at meal times to ensure appropriate assistance is available to residents as needed.</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>	<p>FA</p>	<p>If a referral is received but the prospective resident does not meet the entry criteria or there is full occupancy, the local NASC service is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the service offered referral for reassessment to the NASC is made by the facility manager or the clinical nurse manager and a new placement is found in consultation with the resident and family/whanau. There is a clause in the resident`s access agreement related to when a resident`s placement can be terminated.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>PA Moderate</p>	<p>A schedule has been developed by the registered nurse for interRAI assessments on admission and for the six-monthly reviews to be completed in a timely manner. In the residents' records sampled for review nursing assessment tools, such as a recognised pain scale, falls risk, skin integrity, nutritional assessments and other tools were sighted. These tools were used when deficits are recognised. The sample of care plans reviewed had an integrated range of resident related information. All residents` records reviewed have a completed interRAI assessment (completed by the previous</p>

		registered nurse). The newly appointed clinical nurse manager is currently near completion of the interRAI training. Reassessment of resident's falls risk, and the development of a short term care plan following a resident fall is not occurring.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	The residents` care plans reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. Care plans evidenced service integration with progress records and medical records being clearly written. Any change in care is documented and verbally passed on to relevant staff. Residents and families reported satisfaction in the development and ongoing evaluation of the individual care plans.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Documentation, observations and interviews verified the provision of care provided to residents was consistent with their needs, goals and the plan of care. There is evidence of some short-term care plans in place, but not in all records sampled when required following some adverse events (refer to criterion 1.3.4.2). The service has adequate dressing and continence supplies to meet the needs of the residents. Observations on the days of the audit indicated residents are receiving care to meet their individual needs. The clinical nurse manager discussed the care plans. The care staff interviewed reported that the care plans are kept up-to-date and followed.
Standard 1.3.7: Planned Activities 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.	FA	The activities programme is developed and implemented by a recreational officer who was absent during the audit. The recreational officer is responsible for the activities programme. In the absence of the recreational officer, the staff and the facility manager provide the planned and spontaneous activities. A social assessment and history is undertaken on admission to ascertain residents` needs, interests, abilities and social requirements. A lifestyle flowchart was evidenced in the integrated records reviewed along with a completed personal profile for each resident. Goals are documented. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The individual resident`s activity needs are evaluated six monthly as part of the six-monthly care plan review. The planned monthly activities programme sighted matches the skills, likes and dislikes and interests identified in the assessment data. Examples of the programme reviewed included music sessions, mah-jong, news and current events television channels, church visitors and family events. Photographs are displayed on the walls of recent events held at the rest home. The activities

		programme is displayed in the lounge.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The residents' records reviewed had a documented evaluation that is conducted within the past six months. Evaluations are resident focused and indicate the degree of achievement or response to support interventions and progress towards meeting the goals set. If a resident is not responding to the interventions being delivered or their health status changes, then this is discussed with the general practitioner. The changing needs are clearly described in the care plans reviewed.</p> <p>Short term care plans are underused when an issue arises; this has been addressed in criterion 1.3.4.2.</p> <p>The care staff interviewed demonstrated good knowledge of short term care plans and reported that these are identified at handover.</p> <p>The families interviewed reported that they can talk with staff, the facility manager, clinical nurse manager or the general practitioner if they have any concerns or there are changes in the resident's condition. A family communication record is maintained and was sighted in the front of each individual resident's record reviewed.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Residents are supported to access or seek referral to other health and/or disability service provider. If the need for non-urgent services is indicated or requested the general practitioner sends a referral to seek specialist input. Copies of any referrals made were sighted in the individual resident's records, for example, referrals to skin clinic, podiatrist, medical outpatients at the DHB or radiology services. The GP interviewed reported referrals to other services is well managed at this service. The facility manager accompanies residents to appointments if the family are unable to do so. Transportation is provided by the facility manager as required with consent of the resident/family.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Policies detail how waste is to be segregated and disposed. The policy content aligns with current accepted practice.</p> <p>Chemicals sighted were stored in designated and secure areas. Material safety data sheets and wall safety charts detailing actions to take in the event of exposure were sighted for chemicals in use. Staff have been provided with training on chemical safety and handling.</p> <p>Appropriate personal protective equipment (PPE) was available on site including disposable gloves, aprons, masks, and face protection. An emergency kit with PPE is also available for use in an</p>

		<p>outbreak or other significant event.</p> <p>Staff advised they would report inadvertent exposures to hazardous substances and blood and body fluids via the incident reporting system and confirmed receiving education on handling chemicals and waste. This training is verified to occur by the chemical supply representative who visited on the day of audit to undertake checks of the chemical supply.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>There is a current building warrant of fitness (BWOFF) with an expiry 29 September 2018. Ongoing checks to maintain the BWOFF are occurring. Another company undertakes performance monitoring and electrical safety checking (where applicable) of clinical equipment and provides a written summary. Electrical equipment sighted had evidence of current electrical testing and tag checks. Clinical equipment checked at random had a current performance validation. Maintenance requests are identified and documented by staff when issues are noted. Requested tasks have been signed off as completed.</p> <p>There is a covered deck area that residents and family can use. These are appropriately furnished and includes shade. Residents were observed to be mobilising independently including with the use of a mobility device in their bedrooms and throughout the rest home communal areas and outside areas. Internal audits detail that the temperature of hot water is below 45 degrees Celsius in the results of the monthly tests sighted. The two thermometers in use have evidence of current calibration.</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>Hand basins and showers are present in each resident's bedroom. Waterless hand gel is also available for staff and residents at locations around the facility. There are two showers for resident use. Residents are able to shower throughout the day at their convenience. One resident currently showers three times some days.</p> <p>All but one resident's bedroom has access to an ensuite toilet.</p> <p>There are separate bathroom facilities for staff and visitors to use.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with</p>	FA	<p>All residents' bedrooms are single occupancy. The rooms are of different sizes and all contain space for the residents, personal possessions and use of mobility devices, if required. Residents were sighted mobilising inside the rest home independently, including while using a mobility aid.</p>

adequate personal space/bed areas appropriate to the consumer group and setting.		The staff interviewed advised there is sufficient space for the residents to mobilise, including when assistance was required. The residents and family member interviewed confirmed this.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	All residents have single occupancy rooms. There are a number of other areas that residents can use for activities or to meet with family and friends. This includes the open planned lounge and dining room, and the covered deck area (near the dining area). The residents and family members interviewed confirmed that there is sufficient space available for residents and support persons to use in addition to the residents' bedrooms.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Policies and activity lists detail how the cleaning and laundry services are to be provided. Resident's personal clothing is washed and returned at the frequency determined by the resident. Some residents want to hang out their own clothes to dry. Each resident has a linen basket in their room for their personal laundry.</p> <p>The residents and family members interviewed confirmed the rest home is kept very clean and tidy and residents' laundry is washed and returned in a timely manner. Audits of cleaning and laundry services were undertaken as scheduled and reports demonstrated compliance with the service requirements. The resident satisfaction survey includes questions related to environmental cleanliness and laundry services. The feedback from residents is very positive. Chemicals are stored in designated secure cupboards which are locked. A cleaner interviewed (with the assistance of an independent interpreter), identified being provided with training on the safe handling of chemicals, and had written instructions readily available on the use of products and required cleaning processes / activities. Wall mounted instructions were verified by the interpreter to reflect the tasks that staff are responsible for doing.</p> <p>Instructions for managing emergency exposures to chemicals is readily available to staff. The cleaning chemical supplier advised he comes on site regularly to check chemical use and provide staff education. The representative visited the rest home during the audit and noted it was a routine visit.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate</p>	FA	The fire evacuation plan has been approved by the New Zealand Fire Service (NZFS) in a letter dated 5 August 2008. The most recent fire evacuation drills were conducted in October 2017 as part of the staff education programme provided by an external fire safety consultant. A wall mounted summary of the fire evacuation procedure is present throughout the facility in both English and

<p>and timely response during emergency and security situations.</p>		<p>Chinese as verified by the independent interpreter.</p> <p>Policy documents provide guidance for staff on responding to civil emergency and disaster events.</p> <p>Review of the staff files and training records verified that staff are provided with first aid training, and at least one staff member with a current first aid certificate is rostered on duty each shift.</p> <p>There are sufficient supplies available of dry food, lighting, a radio and batteries, and other clinical supplies for use in emergency. A gas hob for cooking is available along with spare blankets and a gas heater. Water bottles are onsite that contained sufficient supplies for use in emergency. Supplies are checked and rotated as required.</p> <p>Call bells are present in the bathrooms and residents' bedrooms. They alert via an audible sound, and notification of the room number/location through to a centralised panel. Three call bells tested at random were fully functioning.</p> <p>Most persons entering the building come to the main entrance. The doors are locked at designated times, although staff and family advise they are given access if presenting after this time. There are two other doors that could be used by residents if they wanted to independently enter the building. No concerns were expressed by residents or the family member interviewed about security arrangements.</p> <p>Caregivers advise they are required to visually check each resident on shift handover and at least hourly overnight. There are 12 security cameras in use monitoring communal areas, entrances / exits and outside the facility. Images are filed for 28 days and are accessible by the owners/directors, and also display on a screen in the staff office in real time. There are signs alerting residents and visitors on the use of cameras.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All residents' rooms have a window. Heating is via electrical wall mounted heaters in each bedroom. Gas heating is used in the communal; areas and corridors. The gas heaters were reviewed and certified in January 2018. Residents and family members interviewed verified the facility is keep suitably warm and ventilated. Smoking is only allowed in a designated outside area for one resident that currently smokes.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment,</p>	<p>FA</p>	<p>The service provides a managed environment that minimises the risk of infection to residents, staff and visitors by the implementation of an appropriate infection prevention and control (IPC) programme. Infection control management is guided by a current infection control manual,</p>

<p>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>developed and implemented by the clinical nurse manager with input from the infection prevention and control team at the DHB if required and/or the gerontology nurse specialist. The infection control programme and manual are reviewed annually. The programme was signed off by the facility manager 6 February 2018. The programme reviewed is appropriate for the size and nature of this service.</p> <p>The clinical nurse manager is the designated IPC coordinator whose role and responsibilities are defined in a job description. Any infection issues, including monthly surveillance results, are reported three monthly to the facility manager and discussed at the quality meeting.</p> <p>Residents are offered annual influenza vaccinations and are encouraged with hand hygiene and other practices to minimise the spread of infection.</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>	<p>FA</p>	<p>The infection prevention and control coordinator has appropriate skills, knowledge and qualifications for the role. The clinical nurse manager has completed training as verified in the training records. The infection control team at the DHB is available and expert advice can be sought from the community laboratory and/or the GP. The coordinator has access to resident's records and diagnostic results to ensure timely treatment of any infections. The clinical nurse manager is supported by a senior caregiver with a special interest in infection control.</p> <p>The infection prevention and control coordinator confirmed at interview the availability of resources to support the programme and any outbreak of an infection. There have been no outbreaks since the previous audit.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The infection prevention and control policies reflect the requirements of the infection prevention and control standard and current accepted practice. Policies were reviewed in February 2018 and included appropriate referencing. The organisation is a member of an external organisation which provides infection prevention and control guidelines, policies and procedures for reference.</p>

<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The staff education plan for 2018 includes infection prevention and control and is being implemented. The clinical nurse manager completes the training for the care and domestic staff. An attendance record is maintained by the RN. Infection control booklets are completed by staff following the education session. There is also an infection prevention and control online course provided by the Ministry of Health (MoH) that can be completed by staff. The clinical nurse manager has completed relevant training at ADHB and patient safety courses.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance is appropriate to that recommended for a long-term care facility with infection definitions reflecting a focus on symptoms rather than on laboratory results. This includes urinary tract infections, fungal, eye, skin infections, such as scabies, upper and lower respiratory and gastro-intestinal infections. When an infection is identified a record of this is documented on the infection reporting form. The clinical nurse manager reviews all infections. Surveillance data is collated three monthly and analysed to identify any trends, possible aetiology and required actions if necessary. The results of the surveillance programme are shared with staff at meetings and shift handovers. Graphs are produced that identify any trends. New infections and any required management plans are discussed at handover, to ensure early intervention occurs. There have been no outbreaks of infections since the last audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards. The service has a restraint free philosophy. The definitions of restraint and enablers align with the standards. The restraint coordinator (the clinical nurse manager) provides support and oversight for enabler and restraint minimisation processes, and demonstrated a sound understanding of the organisation's policies, procedures and practice, and the restraint minimisation coordinator role and responsibilities. Caregivers interviewed could describe enablers and restraints. An annual review of the restraint minimisation programme has occurred.</p> <p>Three residents have enablers in use. Written consent forms are on file. The enabler questionnaire has been reviewed in the last three months for two of the three residents with enablers in use. The questionnaire includes an area to evaluate why an enabler is used, medications the resident is on, cultural needs as well as safety concerns. The resident reviewed using tracer methodology is using an enabler to help get up to the toilet at night. The resident has had several falls, predominantly during the night; however, the enabler questionnaire has not been reviewed/updated since January 2017. This is included in the area for improvement raised in criterion 1.3.4.2.</p> <p>On the day of audit, no residents were using restraints.</p>

		Staff have been provided with orientation and ongoing training on restraint minimisation and enabler use. In-service education occurred in October 2016 attended by seven staff. Training was undertaken in September 2017 on depression and associated risks factors. Seven staff attended.
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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 1.3.4.2</p> <p>The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.</p>	<p>PA</p> <p>Moderate</p>	<p>Residents' records were reviewed. Incident logs were evident in all records sighted. While assessment tools were used appropriately to identify residents at risk, there was no evidence of any post assessments or short-term care plans in the records reviewed, following the adverse events records. One resident who has had several falls uses an enabler to aid independent mobilisation. The risk assessments related to enabler use had not been reviewed for this resident for over 12 months (refer to 2.1.1)</p>	<p>Three residents who have had one or more falls in February and March 2018, including the resident used for tracer methodology, have not had a post falls assessment and / or short-term care plan developed and implemented following these events. One resident with a recurrent falls risk history uses an enabler to aid independent mobilisation. A review of the resident's risks related to use of enablers have not been reviewed.</p>	<p>Ensure residents with an increased falls risk are reassessed following a fall and plans are developed to mitigate ongoing risks in a timely manner. Ensure risks associated with use of an enabler is regularly reviewed.</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, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.