

The Ultimate Care Group Limited - Rosedale Village Hospital

Introduction

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

The audit has been conducted by 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: The Ultimate Care Group Limited

Premises audited: Ultimate Care Rosedale

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

Dates of audit: Start date: 2 August 2018 End date: 2 August 2018

Proposed changes to current services (if any): Rosedale already has approval to use 20 ORA apartments in its retirement village for subsidised care. This partial provisional audit took place to identify specific ORA units in the Retirement Village that are suitable to be used for the provision of rest home and hospital (dual use) care.

Total beds occupied across all premises included in the audit on the first day of the audit: 50



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Ultimate Care Rosedale provides rest home and hospital level care for up to 54 residents. The service is operated by the Ultimate Care Group and managed by a facility manager and a clinical services manager. The facility is a combined aged care facility of 34 hospital level beds in a designated hospital environment and a retirement village with 81 apartment units of five different configurations. Currently 20 of these apartments are certified for the provision of rest home care (10 beds) and 10 beds that can be used for either hospital or rest home level care (dual purpose beds). When Ultimate Care Group purchased this facility in 2015 this configuration of certified beds in the retirement village was already established.

This partial provisional audit was conducted against the Health and Disability Services Standards and the service's contract with the Waitemata District Health Board to determine which specific apartments in the village are suitable for the provision of certified services. The audit process included review of policies and procedures, residents' and staff files, observations and interviews with management, staff and residents.

This audit has resulted in no areas requiring improvement. Specific comments are made about which apartments are appropriate for use when retirement village residents are assessed as being eligible for subsidised care. A recommendation for consideration of two additional rooms to be included in the number certified for the provision of care is also included.

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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Not applicable to this audit.

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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Business and quality and risk management plans include the direction, goals, values and mission statement of the organisation. Monitoring of the services provided to the governing body is regular and effective. An experienced and suitably qualified person manages the facility, with support from an experienced management team in the facility and from Ultimate Care support office.

The appointment, orientation and management of staff is based on current good practice and documented processes. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Laundry is undertaken onsite and evaluated for effectiveness.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells. Security is maintained.

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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Not applicable to this audit.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection prevention and control programme, led by an experienced and trained infection control coordinator, aims to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when needed.

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	0	0	0	0
Criteria	0	35	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>There is an Ultimate Care annual business plan which includes the purpose, values, scope, direction and goals of the organisation. The document describes annual objectives and associated operational plans. The facility manager reports monthly to the national support office which shows adequate information to monitor performance is reported including occupancy data, adverse event information, financial performance, emerging risks and issues enquiries from potential residents, staff training and completion against the facility's quality and risk management plan (QRMP).</p> <p>The service is managed by a facility manager and clinical services manager. The facility manager has been in the position for a year and has a finance and banking background specialising in managing people. The clinical services manager is a registered nurse with a current annual practising certificate. He has held a similar position prior to his role at Rosedale and has experience in the aged care sector as a registered nurse (RN). Responsibilities and accountabilities are defined in position descriptions and both have individual employment agreements. The facility manager is also supported by an experienced assistant manager who has been at Rosedale for 12 years. Both report to a regional operations manager who provides business, financial and operational oversight of the facility.</p> <p>The clinical services manager has support from a regional clinical manager, who is based at Rosedale and has oversight of five other facilities in the upper North Island. The regional clinical manager was available during this audit. She is an RN with 11 years' experience as a clinical services manager prior to moving to</p>

		<p>Ultimate Care in January 2018 in this new role.</p> <p>The service holds contracts with the Waitemata DHB for rest home, hospital medical and hospital geriatric care services. The facility is a purpose-built retirement village and aged care hospital which is on three levels; ground, main and upper level. Village resident parking and their after-hours access is at the rear of the building and on the ground floor level. The public and visitor entrance is on the main level. The upper level is accessed internally via stairs and elevators. The certified rooms being reviewed for this partial provisional audit are all on the main level.</p> <p>Rosedale has a total of 54 certified beds. The aged care facility has 34 hospital level beds. The retirement village is made up of 81 apartment units in five different configurations. Twenty of these units have been approved for certified care; 10 for rest home level and 10 for hospital or rest home (dual use) care. However, specific rooms/units in the village in which care can be provided have not previously been identified. This is addressed in Standard 1.4.4. A recommendation to increase the number of certified rooms is also included, in order to simplify the understanding of the locations of the certified apartments (beds).</p> <p>On the day of the audit, 50 residents were receiving care. There were 30 hospital level residents in the aged care hospital. In the retirement village there were 20 residents receiving subsidised care: nine village residents were receiving hospital care and 11 village residents were receiving 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>	FA	<p>When the facility manager is absent, the assistant manager carries out the required duties under delegated authority with support from the regional operations managers. During absences of the clinical services manager, the senior RN team leader oversees clinical management within the facility, with support from the regional clinical manager. Staff, and the managers interviewed, reported that current arrangements work well.</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>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff induction and orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Records reviewed included documentation of</p>

<p>and meet the requirements of legislation.</p>		<p>completed orientation with a performance review after three-months and then annually, if employees were due to have them.</p> <p>Continuing education is planned on an annual basis. Mandatory training requirements meet these Standards and the provider's contracts with WDHB. Care staff either hold a New Zealand Qualification Authority (NZQA) certificate relevant to the provision of care in this sector, are involved in a programme of study for a qualification or completing their orientation.</p> <p>There are enough trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and competencies for RNs and caregivers, including medication management, infection prevention and control and other competencies relevant to the provision of care.</p> <p>Staff members interviewed during the audit confirmed that they have access to adequate training and information to enable them to undertake their roles and support residents safely.</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>Ultimate Care Group has a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). This is based on the Indicators for Safe Aged-care. Staffing levels are adjusted to meet the changing needs of residents. This includes covering the needs of residents in the village ORA apartments if they have been assessed as requiring rest home or hospital level care.</p> <p>Observations and review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff replaced as needed, in any unplanned absence. At least one staff member on duty has a current first aid certificate. There is 24/7 RN coverage in the hospital and for hospital level residents in the ORA apartments.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management, using an electronic system, was observed on the day of audit. The staff who were observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. An RN checks medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided six-monthly.</p>

		<p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices were noted and include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three monthly GP review is consistently recorded on the medicine chart.</p> <p>In the village, there are residents who self-administer their medications. Appropriate processes are in place to ensure this is managed in a safe manner. There are no hospital residents (or village residents receiving hospital care) who self-administer their medicines.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</p> <p>Residents who were interviewed confirmed that they are supported explain their medication to them and give them time to take their medication so that they do not feel rushed. Staff members administering medicines were observed being respectful and considerate of residents while assisting them to safely take their prescribed medication.</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 qualified cook and kitchen team and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and was reviewed by a qualified dietitian in March 2017.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and was registered in June 2018. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. There are two cooks, and both have safe food handling qualifications and additional qualifications. The kitchen assistants undertake relevant food handling training and internal training provided as part of the annual training plan.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals was verified by a 2.8 out of 3 score in the 2017 satisfaction survey. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those</p>

		requiring assistance had this provided.
<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>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary.</p> <p>An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Material safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill/event occur.</p> <p>There is provision and availability of protective clothing and equipment and staff were observed using this. Staff confirmed that there is sufficient quantity of protective clothing and equipment for them to use to undertake their roles safely.</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>A current building warrant of fitness (expiry date 12 October 2018) is publicly displayed. Rosedale is one facility which includes the hospital wings on two levels and the village apartments on three levels. The building warrant of fitness encompasses the whole facility. (See standard 1.4.4 for more details.)</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are purpose built and well maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed. The environment was hazard free, residents were safe and independence is promoted.</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting. Residents were observed moving around the village and facility independently and with their mobility equipment.</p> <p>During interview with the assistant manager she confirmed that village residents know the processes they should follow if any repairs or maintenance are required, requests are appropriately actioned. In the satisfaction survey residents gave a score of 2.5 out of 3 for the facility being in a good state of repair, furniture being in good condition and grounds and gardens being well maintained.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities.</p>	FA	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. All village apartment units have a full shower and toilet ensuite bathroom. Appropriately hand rails are installed adjacent to the shower and toilet in each bathroom.</p> <p>There is enough room in each bathroom to accommodate equipment, such as shower chairs, commodes, raised toilet seats, which may be required by residents who are assessed as needed subsidised levels of</p>

<p>Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		<p>care.</p> <p>Additional toilets are available in the facility for staff and visitors and all are identified with appropriate signs.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All hospital bedrooms provide single accommodation. Apartment units which are occupied under ORAs can accommodate couples. Rooms are personalised with furnishings, photos and other personal items displayed. There is room to store mobility aids, wheel chairs and mobility scooters. Staff and residents reported the adequacy of bedrooms.</p> <p>Residents who used mobility aids can manoeuvre around their rooms with the assistance of their aid.</p> <p>This partial provisional audit is to identify which apartments in the village are suitable for the provision of certified services. As noted in standard 1.2.1 Rosedale village is built on three levels.</p> <p>The ground floor village apartments are unsuitable for the provision of certified services due to the lack of any nurses' station or other area currently available in which to accommodate a team of staff members. The upper floor village apartments are similarly unsuitable for the provision of certified services due to the distance of the apartments from the upper floor nurses' station. However, the ground and upper floor apartments themselves would be suitable if appropriate nurses' stations, utility rooms, staffing and physical resources were to be installed.</p> <p>Currently there is approval for 20 village apartments (rooms) to be used for subsidised care if residents require this: 10 beds for rest home level care and 10 for dual use at any time. The 20 apartments identified are amongst a well differentiated group of 22 rooms. It is recommended for ease of administration that approval be increased by two beds to a total of 22 beds in the village apartments certified for the provision of care with: 11 rest home apartments and 11 dual use apartments specified as followed:</p> <p>Apartments M1 – M5 are personal suites and M6 – M11 are one-bedroom apartments. These 11 apartments are all suitable for rest home level care if approval for the beds is increased, as noted above. Or, up to 10 of these rooms at any one time could be used for rest home level care if there is no change to the currently approved number of 10 rooms for rest home level care.</p> <p>Apartments M28 - M38 are studio apartments. These 11 apartments are all suitable for dual use care if approval for the beds is increased, as noted above. Or up to 10 of these rooms at any one time could be used for dual use care if there is no change to the currently approved number of 10 rooms for dual use care. The dual use apartments are adjacent to the main floor level hospital wing rooms.</p>

<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>Communal areas are available for residents to engage in activities. The dining and lounge areas are spacious and enable easy access for residents and staff. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p> <p>There are additional areas, including a library and quiet alcoves and seating areas around the village, where residents can sit and talk privately if they choose. During the audit, residents were observed using communal areas, the library and other areas for dining, activities and relaxation.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Laundry is undertaken on site in a dedicated laundry. Dedicated laundry staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. The satisfaction survey confirmed that there is a high level of satisfaction with laundry services. The laundry was visited and is well organised, with systems for ensuring personal items are returned in a timely manner.</p> <p>Chemicals are stored in lockable cupboards throughout the facility and were in appropriately labelled containers. When in use, they are available in the laundry and in secure containers on the cleaner's trolleys.</p> <p>Cleaning and laundry processes are monitored through an internal audit every four months. The audits confirmed that cleaning and laundry services are being conducted to the standard expected by Ultimate Care.</p> <p>There is a small designated cleaning team who, like the laundry staff, receive appropriate training. This was confirmed through review of personnel files for cleaning and laundry staff and review of training attendance records.</p> <p>The satisfaction survey score for cleanliness of the facility was 2.7 out of 3. Cleanliness of residents' rooms and satisfaction and laundry services was given a score of 2.9 out of 3.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on the 24 September 2014. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 23 March 2018. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures. Appropriate equipment is available in the facility for initial</p>

<p>and security situations.</p>		<p>response in emergencies if required.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and a gas BBQ were sighted and meet the requirements for the number of residents. There is enough water stored around the complex. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed on a regular basis and residents and families note in the satisfaction survey that staff respond promptly.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and a security company checks the premises at night.</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 and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows and many apartments on the ground and main levels have doors that open onto outside garden or small patio areas. Other apartments and hospital rooms have small balconies and / or a view of the garden.</p> <p>Heating is provided by electric wall mounted heaters or heat pumps in residents' rooms. In the hallways and in the communal areas there is gas central heating. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facility is maintained at a comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The service implements an infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive and current infection control manual. The infection control programme and manual are reviewed annually.</p> <p>The senior RN is the designated IPC coordinator, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the Ultimate Care support office, and tabled at the infection control meeting. This committee includes the IPC coordinator, the clinical services manager, the health and safety staff, and representatives from food services and domestic services.</p> <p>Signage at the main entrance to the facility requests anyone who is, or has been unwell, not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.