

# Hardwill Group Limited - The Lodge

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## 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:

<b>Legal entity:</b>	Hardwill Group Limited
<b>Premises audited:</b>	The Lodge
<b>Services audited:</b>	Residential disability services - Intellectual; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Residential disability services - Psychiatric; Residential disability services – Sensory
<b>Dates of audit:</b>	Start date: 24 August 2018 End date: 24 August 2018
<b>Proposed changes to current services (if any):</b>	The addition of hospital medical (non-acute) care services to the certified providers existing certificate.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	28



# Executive summary of the audit

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## 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.

## General overview of the audit

The Lodge currently provides residential disability services (intellectual, physical, sensory and psychiatric) and hospital and rest home level care for up to 29 residents. This partial provisional audit considered verifying the addition of hospital medical care (non-acute) services to the certificate.

This audit was conducted against the Health and Disability Services Standards and the service's contracts with the Bay of Plenty District Health Board (BOP DHB) and the Ministry of Health. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, a director, the two clinical nurse managers, staff, a referrer and the BOP DHB portfolio manager. No general practitioners were available to interview.

The Lodge has a long history of providing care for individuals with complex medical conditions in response to requests from referrers. This is discussed in detail within the report.

This partial provisional audit found no areas requiring improvement, and that the two findings from the previous audit have been resolved.

## **Consumer rights**

Not applicable to this audit.

## **Organisational management**

The business, quality and risk management plans include the scope, direction, goals and objectives, philosophy and mission statement of the organisation. Monitoring of the services occurs regularly and is communicated daily to the owners. Two experienced and suitably qualified registered nurses (RNs) manage the facility and oversee the clinical care.

The appointment, orientation and management of staff is based on current good practice. 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**

Entry into the service is facilitated by a clinical manager and involves robust consideration at all stages of the entry processes. This takes into account the prospective residents' needs and the ability for the service to meet these without negatively impacting on meeting the needs of the existing residents.

Service delivery is coordinated, and assessment, planning, evaluations and review of the care required by individual residents occurs in a timely manner. The support plans were current and are updated immediately there is a change. Support planning incorporates the requirements of the continuum of service delivery standard.

Activities are planned and coordinated in ways that meet the needs of each person.

Management of medicine is safe. All staff who administer medicines have the required medication competencies with appropriate training and information available.

Residents enjoy nutritious meals and eat healthily. Specific dietary requirements are catered for. Menus are reviewed regularly by registered dietitians and are based on nutritional guidelines for all age groups and their individual needs. Staff are experienced and skilled with supporting people with swallowing difficulties or modified diets.

## **Safe and appropriate environment**

The facility is continuing to be upgraded by the owners. All internal and external areas were 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**

The organisation has policies and procedures that support the minimisation of restraint. There were no restraints or enablers in use at the time of audit and the facility maintains a restraint free environment. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

## Infection prevention and control

The Lodge is a well-managed environment for infection prevention and control which is appropriate for the size and scope of the facility. Infection prevention and control is led by experienced and trained designated staff. The programme is reviewed annually with specialist advice 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	19	0	0	0	0	0
Criteria	0	44	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>The owners/directors who are very experienced in owning and operating age care facilities, purchased The Lodge in March 2017. Their history includes ownership and development of eleven age care facilities since 1983. On the day of audit 28 of the 29 beds were occupied. The breakdown of the population is as follows:</p> <p>Two residents receiving hospital level care and nine residents receiving rest home care under the aged residential care contract (ARCC); one resident with brain injury funded by Accident Compensation Commission (ACC); one resident over 65 under a DHB mental health contract; seven residents under the age of 65 with long term disabilities funded under Disability Support Services (DSS) young people with disabilities contract; and eight residents with long term chronic health conditions. Their conditions range from factors due to, for example, long term alcohol and drug abuse, lifestyle factors, such as obesity and anxiety, emphysema, permanent kidney damage requiring ileostomy care, or genetic conditions such as Huntington's Chorea.</p> <p>The Lodge (previously Pyes Pa Lodge) have been providing long term chronic health care in response to requests by the local needs assessment and coordination service (NASC), Tauranga Public Hospital or other service providers for many years. Telephone interview with the DHB portfolio manager and a referrer</p>

		<p>from the NASC confirmed that this was because of the lack of suitable beds in the local area and the particular skills set and knowledge of the clinical staff. Other conditions successfully managed in the past have included chronic obstructive pulmonary disease (COPD), Multiple Sclerosis or other degenerative neurological conditions.</p> <p>There is a slow resident turn over, as many of the current residents have been living in the home for more than 10 years. The service has been transferring residents with resistant behavioural and coexisting mental health issues to other providers with the support of the NASC. The intention is to focus on providing residential care for people with physical disabilities or chronic health conditions, provided they pose no risks to the people with age related needs. The owners have plans to build a new wing for hospital (geriatric) and rest home level care. This will be purpose built for the needs of older, less mobile people.</p> <p>There is a natural limit to the number of medical care beds defined by the number of bedrooms available on the ground floor of the existing building that have the facilities (hand basins) and size to safely accommodate this type of resident. Six of the bedrooms are suitable and designated as dual purpose beds (hospital and rest home level care). Not all of the current resident population classified with chronic long-term health conditions require specialist equipment and were independently mobile. Taking into account current staffing and the facility layout, this partial provisional audit verified The Lodge as suitable for the provision of hospital medical (non-acute) services to be added to their existing certificate.</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>The two clinical managers cover for each other's absences, with the support of the other registered nurses who take responsibility for any clinical issues that may arise. The manager's role is supported by the owners/directors who live next door and are available 24 hours a day seven days a week. Staff reported the current arrangements work well. Any absences by rostered registered nurses is covered by existing registered staff. The clinical managers have extensive experience in the health and aged care sector and understand the requirements for all the services provided.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted</p>	FA	<p>Staff are managed effectively according to best employment practice and relevant legislation. The sample of staff files reviewed confirmed that recruitment includes</p>



<p>in accordance with good employment practice and meet the requirements of legislation.</p>		<p>referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. Four new RNs have been employed in to full time positions since the previous audit. Their practising certificates were sighted as current.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role, along with the 'buddy' programme which provides additional support. The staff records reviewed showed documentation of completed orientation and a performance review after 90 days.</p> <p>Continuing education is planned on a biannual basis and delivered monthly, including mandatory training requirements. Information and education on subjects related to the people being cared for is provided when needed. For example, a specific update on Huntington's Chorea and supporting people with swallowing difficulties occurred recently. One of the clinical nurse managers has returned to work at The Lodge after two years of nursing in palliative care. This person is keeping their skills and knowledge updated by continuing to work as a casual RN at the local hospice. The other clinical manager is qualified as a Careerforce moderator and assessor and supports all the care staff to progress their qualifications. All the healthcare assistants have commenced or completed qualifications in aged care including the New Zealand Certificate in Health and Wellbeing (Level 2) to meet the requirements of the provider's agreement with the DHB. There is a current focus on encouraging and supporting care staff to progress to a level 3 and 4 qualification as the owners plan to build a larger facility providing more hospital level care.</p> <p>Four of the six registered nurses are trained and competent to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.</p> <p>All staff have engaged in a performance appraisal within the past 12 months.</p> <p>The current configuration for staffing meets the requirements to provide hospital medical non-acute care</p>
<p>Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced</p>	<p>FA</p>	<p>Review of the roster and staff interviewed confirmed there are sufficient staff available to provide for the needs of all residents.</p> <p>There is at least one RN on duty 24 hours a day seven days a week. The number</p>

<p>service providers.</p>		<p>of staff on duty is the same for each day of the week. One of the two clinical nurse managers is on site each day plus another RN. All the RNs are rostered on for four days and then have four days off which ensures a back-up RN is available to cover for absences. Two health care assistants (HCAs) are rostered for each morning and afternoon shift, as well as activities staff, a cleaner and kitchen staff. One RN and one HCA are on site at night.</p> <p>The Lodge is not using bureau staff, any unplanned absences are covered by existing staff. The two clinical managers cover on call responsibility after hours on the days they are working. The owners/directors live next door and are also available 24 hours a day, seven days a week.</p> <p>The current staffing methods ensure there are always sufficient numbers of skilled and competent staff on site to meet the requirement for providing hospital medical (non-acute) services to the certificate.</p> <p>All staff interviewed confirmed that additional staff are allocated when resident acuity places increased demands on workloads. Residents said that staff were always available and responsive to them when needed.</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 current medication system is working well and is suitable for medical care. Policies and procedures clearly described all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. The service is using the robotic roll system and will be moving to 'Medimap' shortly. The medication round observed on the day of audit confirmed adherence to best practice in administration. Controlled drugs are stored securely, administration doses are checked and double signed and the register is reconciled weekly.</p> <p>There were no residents self-administering medicines. All staff who administer medicines have their competency tested regularly. Now there are RNs employed for each shift, medicines are part of their duties and responsibility. Senior HCAs are maintaining their competency and act as verifiers for administration of controlled drugs. There have been no medicine errors this year to date.</p> <p>Both clinical managers are maintaining competency with peg feeds, catheter cares and caring for people with degenerative conditions. One of the clinical managers is competent and experienced with syringe drivers and pain management, the other is maintaining their intravenous certificate.</p>

<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></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>Food services are provided on site by a long term employed cook with support from a small kitchen team. The meals and fluids provided reflected health and nutritional guidelines for older people. The six-week menu follows seasonal patterns and has recently been reviewed by a registered dietitian. This resulted in minor recommended changes which the dietitian is still to finalise.</p> <p>All aspects of food procurement, production, preparation, transportation, delivery and disposal comply with current legislation and guidelines, The Lodge have submitted their food control plan and registration with local council was acknowledged on 31 July 2018. Fridges/freezers and milk temperatures are recorded daily. Food temperatures, including for high risk items such as meat, are monitored appropriately and recorded as part of the plan. Kitchen staff have safe food handling qualifications.</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. On the day of audit, seven residents were being provided with soft/modified texture meals, five with diabetic diets and one was receiving food that did not irritate their diverticulitis. The equipment for preparing modified food is new.</p> <p>Evidence of resident satisfaction with meals was confirmed by resident interviews, satisfaction surveys and review of resident meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion. A small number of residents require supervision and support with eating. These residents are provided with modified crockery and cutlery to support their independence.</p>
<p><b>Standard 1.3.6: Service Delivery/Interventions</b></p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>The current resident population works well. As many as 50% of the residents are independently mobile and require minimal support and oversight. This frees up staff to cater to the needs of more dependant residents. The care records reviewed demonstrated that all interventions were specific to each person's needs and abilities and that these are reviewed and updated as soon as a change occurs. Younger residents attend external activity or education programmes, or work during week days. The residents interviewed were very happy with the ways the service provides for their activities of daily living and said that staff were caring and</p>

		<p>attentive to their needs and preferences.</p> <p>The clinical managers are maintaining their skills and competencies with percutaneous endoscopic gastrostomy (peg) feeding, and catheter cares. One of the clinical managers has demonstrated competency with use of syringe drivers for pain management and the other is maintaining intravenous (IV) certification. Where a resident's condition requires it, the staff consult with and call in specialist health professionals for assessment and advice. This includes speech language therapists, physiotherapists, occupational therapists, wound care specialists or orthotic care. Some general practitioners visit the home to carry out medical reviews of their patients or the residents are accompanied to the GP practices by a clinical manager for assessment and review. External providers expressed a high level of confidence with the services' ability to care for and manage residents with complex conditions, based on their already demonstrated capability to provide this level of care to individuals.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>Activities are planned using the online Golden Carers programme which informs each resident's activities programme and planning. Resident's files and progress notes contained evidence that the diversional therapist carries out regular assessments to ensure that the activities on offer to each person are meaningful and contribute to their progress or recreational needs. This is reviewed and evaluated at least three-monthly and as part of the formal multi-disciplinary review.</p> <p>The activities reflect each person's preferences and abilities, their unique goals, and usual patterns of life and involved at home and community times. Individual, group activities and regular events are provided. The Lodge promotes social connection and celebration of special times such as birthdays, 'father's day' or public holidays. Residents and their families participate in evaluating and improving the programme via feedback at residents' meetings, satisfaction surveys during one to one time. Younger people with disabilities have their needs met through work or education programmes.</p> <p>The residents interviewed said there is always something to do and that staff go out of their way to provide them with fun activities. Two of the HCAs have dual roles enabling them to provide activities during the weekends. Group and individual activities are tailor made for individual needs and goals therefore offering all residents regardless of their health and wellbeing needs, something to do. On the day of audit at least 12 residents of varying ages and abilities were observed</p>

		enjoying a group activity.
<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>There are no hazardous substances on site. Normal household waste is disposed of using council systems and recycling. Incontinence products are bagged in special 'sanicare' bags before being placing in the waste bins.</p> <p>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. An external company is contracted to supply and manage all chemicals/cleaning products and provide training for staff on new chemicals. All staff who handle chemicals have attended chemical training. Material safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill/event occur. Staff are provided with aprons, gloves and gumboots when supporting showering and were observed to be using the protective equipment provided.</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>The current building warrant of fitness was issued 27 November 2017 and is due to expire in November 2018. Building improvements are ongoing. These include new bathrooms, replacement of floor coverings, painting, new furniture and improvements to the internal décor. The lodge is situated in rural area and external areas are quiet and spacious. A covered/shaded gazebo and courtyards with sturdy seating is provided for residents who like to sit outside. These areas inspected were safe and hazard free.</p> <p>Staff ensure the environment is hazard free, that residents are safe and that their independence is promoted. External areas are maintained as safe and appropriate for the people who live there. There is an oxygen concentrator on site. The standing and a sling hoist, wheelchairs hospital beds and air cell mattresses were serviced in August 2018.</p> <p>There are eight electric/hospital beds on site and more can be obtained if required.</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</p>	FA	<p>All bathrooms are disability accessible. Two rooms have a shared ensuite bathroom, otherwise residents access the nearest communal bathroom. Each wing has at least two bathrooms. There are four bathrooms on the ground floor and two</p>

<p>privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		<p>upstairs. Inspection revealed that all the bathrooms are within easy walking distance for residents, provide privacy and heating and are in good condition. Three of the bathrooms have been upgraded or fully replaced so all the surfaces are easy to clean and maintain as hygienic. There are hand basins in each of the six rooms designated as dual beds for rest home or hospital level care. Hot water temperature is regulated by tempering valves and monitoring of the temperatures at the tap is carried out monthly. The temperature records sighted showed hot water is delivered within a safe range of temperatures. Residents interviewed were very happy with the provision, cleanliness of and access to ablution areas. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote residents' independence.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>A majority of downstairs bedrooms are large enough for residents and staff to move around safely with mobility equipment. Six of these are designated as dual purpose but all could easily accommodate a hoist. The rooms are for single accommodation and are individualised with furnishings, photos and other personal items displayed.</p> <p>There is sufficient room throughout the facility to store mobility aids, wheel chairs and mobility scooters. Staff and residents were satisfied with the bedrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>The home has two separate dining rooms, and three lounges. Suitable lounge furniture and dining seating is provided. Most of the activities are occurring in the main lounge where there is a specific activities area for arts and crafts. At times the main dining room is used for group activities or games. Residents have access to plenty of alternative areas if they do not wish to participate in activities or need quiet time.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Cleaning and laundry processes are regularly monitored through the internal audit programme. There have been no service gaps identified, no staff incidents nor concerns raised by residents or relatives related to cleaning and laundry. Chemicals are stored securely when not in use and material safety data sheets with information about cleaning products are in place. A designated cleaner is on</p>

		<p>site for four hours per day, seven days a week. Inspection of all areas in the home revealed a high standard of cleanliness. The HCAs carry out laundry duties for the residents who are unable to do their own laundry. Interviews with HCAs confirmed they manage to incorporate these duties with their other workload and care tasks. Safe chemical handling is provided to all staff at regular intervals. There is a separate laundry for residents to wash their own clothes if they prefer.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>The fire evacuation scheme was updated and approved by the NZ Fire service on 27 November 2017 after changes were made to the upstairs area of the home.</p> <p>Fire drills are occurring every six months. The most recent was February 2018, where records sighted revealed it took 3.25 minutes to evacuate the entire facility. Two false alarms in the early morning have been efficiently responded to. The directors live nearby and always attend when a fire alarm is activated.</p> <p>A fully equipped civil defence kit is stored on site. Inspection of this confirmed the expected contents. Onsite inspection revealed here is enough food and water stored for the needs of a maximum number of residents (29) for five days. The site uses bore water which was recently tested and found to be safe for consumption - this was required for the food control plan.</p> <p>There is no backup generator, but emergency lighting is activated by battery during power outages. Staff said the service managed a recent event of power outage by hiring a generator for half a day from a nearby provider.</p> <p>Staff were observed to be responding to call bells immediately, and residents interviewed said staff reliably attend to these on all shifts. A security service is contracted to respond to pendant activation. All staff know how to call for security services when required.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>The common rooms and bedrooms have external windows and/or ranch sliders to provide plenty of natural light and fresh air. The home is heated by electricity and each bedroom has its own heater which residents can adjust to set at their preferred temperatures. All areas of the home were warm on the day of audit. Residents and staff interviewed were satisfied with the internal temperature and access to ventilation.</p>

<p><b>Standard 3.1: Infection control management</b></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>Review of the documented infection control programme confirmed that it contains all expected topics. Adherence to the programme and an annual review of infection rates occurred in January 2018. The two clinical managers are the designated infection, prevention and control coordinators. They maintain competency and knowledge through attendance at clinical forums, online learning and via their membership with an organisation that specialises in prevention of and effective containment of infection.</p> <p>Staff interview, review of residents' care files and documents related to infections revealed that The Lodge reports a very low overall rate of infection. When an infection is suspected or confirmed actions are taken immediately by the RNs or clinical managers to identify pathogens and/or treat the situation. A short term care plan is developed and the infection is monitored until it is fully resolved. Matters related to infections are a standing agenda and are always discussed at the monthly staff meeting. There have been no infectious outbreaks since the previous audit. The service has sound infection prevention and control practices and staff demonstrated good knowledge. A policy on staff sickness describes how staff and visitors are discouraged from being on site. Notices to this effect are posted on entry doors. There are no perceived risks in this area with the addition of medical (non-acute) care to the scope of services.</p>
<p><b>Standard 2.1.1: Restraint minimisation</b></p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There were no residents using restraints at the time of this audit. One resident voluntarily uses a lap belt as an enabler when in their wheelchair. This person can apply and remove the lap belt themselves. The Lodge has a clearly described set of restraint minimisation and safe practice policies and procedures, including use of emergency restraint, which meet the requirements of this standard. The clinical managers understand the requirements and know how to enact processes in the event that a restraint or enabler is required. Staff interviewed confirmed they are provided with regular updates about preventing the use of restraint by using alternative methods. The service contracts in registered occupational therapists and/or physiotherapists for residents assessed as high risk of falls to develop programmes to promote strength and mobility. Staff are trained in ways to manage challenging behaviour and how to de-escalate threatening situations.</p>





## Specific results for criterion where corrective actions are required

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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
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.