

Ascot House Limited - Ascot House Retirement 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:	Ascot House Limited
Premises audited:	Ascot House Retirement Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 30 August 2018 End date: 31 August 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:	24

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Ascot House Retirement Home (Ascot House) provides care for up to 27 residents requiring rest home level care.

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.

There is one area identified for improvement related to timeliness of interRAI assessments.

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 identified as Maori at the time of audit. Services are planned to respect the individual culture, values and beliefs of residents.

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

Open disclosure and effective communication between staff, residents and families is promoted. There is access to formal interpreting services if required.

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

A complaints register is maintained and complaints were resolved promptly and effectively.

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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Strategic and business plans include the values and mission statement of the organisation. The owner/operators provide monthly data to monitor the business. The owner/operators have been in the business 19 years and are experienced and suitably qualified.

The quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved, and feedback is sought from residents and families. Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery and were current and reviewed regularly.

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.

Residents' information is accurately recorded, securely stored, and not accessible to unauthorised people.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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The organisation works with the local Needs Assessment and Service Coordination 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.

Services are provided by suitably trained staff to meet the needs of residents. The nurse manager is supported by care staff and the medical general practitioners (GPs). Shift handovers support continuity of care.

The nurse manager completes an initial assessment and initial care plan for each new resident. A comprehensive range of nursing assessments are then completed, and the long-term care plan developed and implemented within three weeks of 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.

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

Medicines are managed according to policies and procedures. An electronic medicine management system is used. Medicines are administered by caregivers or registered nurses 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 six-week rotating menu which has been approved by a dietitian. The kitchen was clean and well managed. A food safety plan has been lodged with the Auckland City Council. 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 facility meets the needs of residents and was clean and well maintained. The service is undergoing a planned redecoration of rooms. 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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Ascot House Retirement Home has implemented policies and procedures that support the minimisation of restraint. No enablers were in use at the time of audit. One restraint was in use. A comprehensive assessment, approval and monitoring process with regular reviews occurs. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

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

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

Surveillance is undertaken, data is analysed and trended and results are reported back to staff. Benchmarking of infection rates externally is now occurring. 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	49	0	1	0	0	0
Criteria	0	100	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: 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. The informed consent forms, including for care, to obtain and maintain health information, participate in outings, and resuscitation and advance care instructions are available and communicated appropriately. The caregivers and the 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, and their right to refuse aspects of care.</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>	FA	<p>During the admission process, residents are given a copy of the Code which includes information on the Advocacy Service. Pamphlets from the Nationwide Advocacy Service are available to residents. Residents spoken to about advocacy were aware of their right to have support persons of their choice if needed. Family members interviewed advised they are consulted about their family member's care and that staff and managers listen to their perspective and requests. The owner/manager advised Aged Concern representatives visit Ascot House normally at least twice a year, and have provided individualised support to a resident.</p> <p>Staff interviewed are aware of how to access the Advocacy Service.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>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 including for exercise and attending community-based activities as part of the planned activities programme. During audit, there were family members and friends of residents regularly coming to visit and some were observed taking their family member on outings. Residents' files sighted referenced support being provided to residents to attend optometrist and dental appointments.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and is available around the facility. Residents have been educated on the complaints process as evidenced in the residents' meeting minutes. Those interviewed knew about the process.</p> <p>The complaints register reviewed showed that two complaints have been received since the last audit and that actions taken, through to an agreed resolution, are documented and completed within the required timeframes. Both complaints were not directly related to the provision of care. No complaints have been referred to the Health and Disability Commissioner's Office. The owner/manager is responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaints process and what actions are required. There have been no complaints received from external sources since the previous audit.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their</p>	FA	<p>Residents and family members interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) through discussion with the owner/manager or nurse manager, and written information provided as part of the admission process. The Code is</p>

rights.		displayed in the entrance way together with information on advocacy services and a suggestion box.
<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 owners and nurse manager are 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. The three rooms that have two beds have one resident currently in each room.</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 care 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, 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 included in the ongoing education programme, as confirmed in the training records, to meet contractual requirements.</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/Cultural awareness staff manual details a commitment to providing services in accordance with the Treaty of Waitangi. The manual 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 (most recently March 2018) and can work appropriately with all residents in their care. The provision of culturally appropriate services and the identification and reduction of barriers are documented in the Maori Health/Cultural awareness manual sighted.</p> <p>There were no residents who identified as Maori at the time of the audit. One staff member identifies 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>All residents can communicate effectively in English. Residents and / or family members interviewed confirmed that they were consulted on their individual culture, values and beliefs as part of the admission process and ongoing care plan review, 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 / the Treaty of Waitangi and this was evidenced in the training records 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 are very satisfied with all aspects of care and have never had any concerns about how staff have conducted themselves or interacted with residents. Residents reported that they felt safe at the facility. The general practitioner interviewed by phone verified satisfaction with the standard of services provided to the residents. Staff interviewed have job descriptions, individual employment agreements, and clear guidelines detailing confidentiality and expected conduct.</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 policies, procedures and guidelines, input from other health professionals, such as the gerontology nurse specialist, clinical pharmacist, wound care nurse specialist and mental health services from the District Health Board (DHB) who visit as required. The nurse manager advised, and records demonstrated, that staff have access to regular ongoing education relevant to their roles. An electronic medicines management system is in use. A range of comprehensive nursing assessments are completed as part of care planning process.</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 are supported by policies and procedures that meet the requirement of the Code. Interpreter services are available and accessible via the DHB if required. Staff knew how to contact the service, although reported this was rarely required. All residents in the rest home are able to communicate in English.</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 and these communications were documented in the resident`s progress notes and incident records sampled. The family are also contacted about the outcomes of regular and / or any urgent medical reviews and invited to attend family meetings.</p>

<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The strategic plan, 'strengths weakness opportunities and threats' (SWOT) analysis, and the business plan (dated 2017), are reviewed annually, and outline the purpose, mission and goals of the organisation. 'We provide a friendly and caring safe homely environment that enhances the quality of life of every resident'. The documents described annual and longer term objectives and the associated operational plans.</p> <p>The service is owned and managed by two directors with clear responsibilities described in job descriptions. The manager/owner has been in this role for 18 years and maintains her professional development through a variety of aged care networking groups. The manager/owner is a board director of a private hospital, is the chair of the New Zealand Aged Care Association (NZACA) Waitemata District Health Board branch, attends managers' workshops, run by the NZACA, and attends the NZACA conference annually. The manager owner confirmed knowledge of the sector, regulatory and reporting requirements.</p> <p>The two directors, (one with the title of owner /manager) and the nurse manager make up the management team. Monthly reports are submitted and discussed by this group and appropriate information from this meeting is discussed at the monthly staff meetings. These reports monitor performance including, emerging risks and issues and progress towards business goals.</p> <p>The service holds two contracts with the DHB. On the day of the audit, all but one of the 24 residents are under the Age Related Residential Care contract, with a variation dated July 2018. The remaining resident is under the DHB Long Term Support, Chronic Health Conditions contract signed in March 2018. One resident is under the age of 65years. All residents are reported to have been assessed as requiring rest home level of care. Two residents are receiving services with support from the DHB community mental health team. There are no boarders.</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>When the manager/owner is absent, the nurse manager carries out all the required duties under delegated authority. During the absence of the nurse manager the second RN will take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.</p>
<p>Standard 1.2.3: Quality And</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality</p>

<p>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>improvement. This includes management of incidents/accidents, complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, clinical incidents including infections and health and safety. Benchmarking against clinical indicators has recently commenced.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators, and related information is reported and discussed at the management team meetings, from this, a report is prepared for discussion at staff meetings. The resident management software programme provides data that is easily understood and able to be trended. Staff reported their involvement in quality and risk management activities through audit activities and meeting attendance. The nurse manger tracks the results of audits and trending of incidents in a quality plan that is regularly reviewed. Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>Resident and family satisfaction surveys are completed annually. The most recent survey showed that residents and families are very satisfied with the service. Where resident responses showed that they were not sure about the complaints process, education was given at the following residents meeting and an independent advocate was invited to talk to the residents. This is evidenced in the residents' meeting minutes.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements. Policies are based on best practice and were current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution, and removal of obsolete documents. The audit calendar is linked to the document review process and this ensures that processes are reviewed annually. The service is changing to an electronically, externally managed, suite of policies and procedures and is currently reviewing these against their own requirements. These are to be implement after this audit.</p> <p>The owner/manager described the processes for the identification, monitoring, review, and reporting of risks and development of mitigation strategies. The risk management plan is comprehensive and is reviewed annually. The owner/manager is familiar with the Health and Safety at Work Act (2015) and has implemented all the requirements of the Act, having previously gained the ACC tertiary certification.</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</p>	<p>FA</p>	<p>Staff document adverse and near miss events on an accident/incident form and resident related events are entered on line directly into the resident's file, on the clinical management programme. A sample of incidents/accidents reviewed showed these were fully completed, incidents/accidents were investigated, action plans developed and actions followed-up in a timely manner. Where incidents relate to hazards these are analysed and they are added to the hazard register if appropriate. Open disclosure is documented, and families spoken with confirmed that this has occurred. Adverse event data is collated, analysed and reported to the management team and reported to staff at the monthly staff meeting. Benchmarking of this data has recently commenced, and although there is limited data at this point, the</p>

<p>appropriate their family/whānau of choice in an open manner.</p>		<p>nurse manager is finding this information useful to implement quality improvements.</p> <p>The manager/owners described the essential notification reporting requirements and gave examples where these have occurred in the past. They advised there have been no notifications of significant events made to the Ministry of Health, since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>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 orientation includes all necessary components relevant to the role. One new staff member interviewed reported that the orientation process prepared them well for their roll, that they felt well supported and welcomed into the service. Staff records reviewed show documentation of completed orientation and a performance review after a three-month period. All staff receive an annual performance review and all were current.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Staff attend education sessions provided by the DHB gerontology nurse two monthly; these sessions include (but are not limited to) nutrition, dementia, elder abuse, and sexuality. Other mandatory training includes manual handling, fire evacuation and first aid, of which all staff have attended. One trained and competent registered nurse maintains their annual competency requirements to undertake interRAI assessments. A second RN is about to undergo training for interRAI.</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>There is 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). Ascot House has a set roster but can adjust staffing levels to meet the changing needs of residents if required. The RN nurse manager is on duty Monday to Friday and is available on call at all times, with staff reporting that good access to advice is available when needed. Recently a second RN has been employed instead of a caregiver. This gives additional RN cover, and this RN will eventually share the on-call duties. Caregivers reported there were adequate staff available to complete the work allocated to them. Residents and family members interviewed supported this. Observations and review of the roster confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. All staff members have a current first aid certificate.</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>	<p>FA</p>	<p>The resident's name, date of birth and National Health Index (NHI) number, and photograph are used on records reviewed as the 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. Records are primarily electronic with all staff having unique passwords for access. Entries are required to be documented in the resident's records on at least a daily basis and more frequently if indicated. The nurse manager can easily identify if there have been any periods of time longer than 24 hours in documentation and follow-up promptly with applicable staff.</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. A register is maintained of the resident's name, discharge date and the date documentation was 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 facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>The service has an admission/enquiry folder with pre-admission information. There are criteria for entry which were sighted. There is a resident's enquiry and welcome information pack. If there are no vacancies at the time of enquiry, a waiting list is maintained; however, the owner / manager advises most enquirers have progressed to locating an alternative facility unless a vacancy was imminent at the time of enquiry. 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. Needs assessments at rest home level of care were present in the five residents' files where this was sampled.</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. Information provided in the 'yellow envelope' includes copies of advance directives, next of kin or enduring power of attorney details, and a summary of the resident's care needs. At the time of transfer, appropriate information including a copy of the medication record (with any known allergies/sensitivities) and recent medical records is provided for the ongoing management of the resident. All referrals are documented in the progress records. There is open communication between all services, the resident and the family.</p>

		A resident at Ascot House is being transferred to another aged care facility. A transfer pack has been assembled that contains copies of the medical practitioner's records, a summary of the resident's care needs, a copy of the resident's needs assessment, and a copy of medicine records and allergy status.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medicine management policy provides guidance on all relevant aspects to meet the standards and to ensure safe administration of all medications. This includes storage, staff competency requirements, prescribing, recording, administration and processes when an error occurs. The sighted policies meet the legislative requirements and best practice. Standing orders are not used. All medicine is prescribed electronically by the resident's GP. There was evidence of communication about new or changed doses of medicines with the GP, external medical specialists involved in the resident's care (where applicable), the resident and family members.</p> <p>Medications for residents are received from the contracted pharmacy in a pre-packaged delivery system and checked by the nurse manager on delivery. A safe medicine management was observed on the days of the audit. Medicines are stored in a locked medicine cupboard and trolley. Controlled drugs are managed in accordance with legislative requirements. There were no residents on insulin. Refrigerated medicines are stored securely, and the temperature is monitored to ensure storage is within the required temperature range.</p> <p>The electronic medication records were reviewed for ten residents. Photographic identification was present for each resident and allergies and/or sensitivities were clearly detailed. The general practitioner reviewed the medication at least three monthly or sooner if required. All prescriptions were accurately documented by the GP and checked by the contracted pharmacist. Staff administering medicines have electronic access which is unique to each employee. The nurse manager ensures the competencies for medication management are completed annually for staff who administer medications. Five caregivers, the nurse manager and the RN had current competencies as sighted by the other auditor.</p> <p>No residents were self-administering medicines at the time of audit. Protocols and assessment tools are in place to assess resident competency and safety prior to self-managing medicines should this occur.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The food service is provided on site by two cooks. The cook interviewed has been involved with catering services for over 15 years, and has been at this facility for two and a half months working Monday to Thursday, and will also work Fridays from the week after audit. The cook has recently completed updated food safety education. The organisation is registered with the Auckland City Council for assessment of the Ascot House food safety plan. The service is awaiting a date for the plan to be reviewed and confirmation of this was sighted. The six-weekly menu was updated in March 2018 and has been</p>

		<p>subsequently reviewed by a dietitian to ensure it is appropriate for the service setting.</p> <p>All aspects of food preparation, ordering and storage of food complies with legislation. Temperature monitoring of the fridges and freezers is undertaken daily and recorded. The ordering of food is the responsibility of the owner/manager. There is enough food available on site in the event of an emergency. There is a water tank that is reported to contain 3000 litres of drinking water.</p> <p>Positive feedback was received from the residents about the food services provided. Residents were seen to be enjoying their lunch which was the main meal for the day. Staff were providing assistance to residents as required. Residents were able to enjoy their meal time and were not rushed.</p> <p>When residents are admitted, the nurse manager discusses the resident's food preferences and/or any special diets which are accommodated as required. Written records detailing individual residents' food allergies, preferences, and dietary needs were present in the kitchen, along with details of residents who have recently lost weight. Special equipment to meet resident's nutritional needs is available. Guidelines are available on the use of food/fluid thickeners and modified texture diets. Nutritional supplements are prescribed when required and signed by staff as administered.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>If a referral is received but the prospective resident does not meet the entry criteria, the potential resident has needs that cannot be safely managed at Ascot House, or there is full occupancy, the enquirer and 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 services provided at Ascot House, the nurse manager advises a referral for reassessment to the NASC is made by the 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>	FA	<p>The nurse manager has a process for identifying when ongoing interRAI assessments are due, however acknowledged that the initial assessments are not always conducted within 21 days as required. (Refer to criterion 1.3.3.3). Ongoing six monthly interRAI assessments are current with one resident due reassessment at the time of audit. The outcomes from all the interRAI assessments (initial and ongoing) are referenced to corresponding components of the resident's care plan.</p> <p>The residents' records sampled for review verified that a comprehensive suite of nursing assessment tools are utilised on admission to identify resident needs. These include (but are not limited to): behaviour, cognition, communication, continence, nutrition, mobility, safety, emotional needs, relationships and spiritual/cultural/social needs. Information also obtained from the NASC assessment</p>

		<p>and resident/family interviews.</p> <p>The ongoing assessment process included a comprehensive range of assessment tools used to assess the resident's ongoing care needs, including aspects of assessments already detailed as well as communication/hearing/speech/vision, and level of understanding, skin, self-care ability/preferences, depression scale, oral/dental care needs, and sexuality/intimacy. Five resident files were reviewed and care plans had an integrated range of individualised resident related information. The outcomes from the assessments populate the electronic care plans to ensure the care plans consistently detail the individualised interventions required. Residents' goals are documented and reviewed at least six monthly. The nurse manager or registered nurse reviews each resident's progress notes on at least a weekly basis and documents a summary of changes, key issues and progress.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>The 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 as observed and verified by staff interviews. Recommendations from external health services are integrated into the resident's plan of care. Residents and families reported satisfaction in the development and ongoing evaluation of the individual care plans.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Documentation, observations and interviews verified the provision of care provided to residents was consistent with their needs, goals and the plan of care. There was evidence of short-term care plans in place, or the long term care plan has been updated for challenging behaviours, infections, wounds and following incidents/events.</p> <p>The service has adequate dressing, nutritional supplement 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 nurse manager discussed the care plans. The caregivers interviewed reported that the care plans are kept up-to-date, staff are kept well informed of changing residents' needs, and care plans are followed. Residents' goals are identified and progress to meet goals are evaluated at least six monthly.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the</p>	FA	<p>The activities programme is developed and implemented by the activities coordinator who has been in the role for eight months, and works Monday, Wednesday and Fridays. An assessment and history is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Goals are documented. Activities assessments are regularly reviewed to help formulate an activities programme</p>

<p>service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>that is meaningful to the residents. The individual resident's activity needs are evaluated at least six monthly as part of the six-monthly care plan review and annual multidisciplinary review meeting. Records of attendance are maintained. Resident and family members verified the resident is encouraged to participate in the activities programme although participation is voluntary. The activities coordinator summarises each resident's participation in activities weekly in the progress notes.</p> <p>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/entertainment, bowls, bingo, beach ball games, exercise classes/walking, nail care/pampering, mini golf, church visitors, planned outings to at least three different community forums as well as other outings and celebrating special occasions. Residents are encouraged to participate in family events and go on outings with family members. The activities programme for the day is displayed in the main entrance. There are televisions that residents can watch in the lounge area, a piano in the downstairs lounge, puzzles and board games available, and two library areas with large and normal print books available for residents' use. A hairdresser visits weekly. Two residents have community support workers (CSW's) that are involved with taking the client on outings or activities.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<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 applicable general practitioner. The changing needs are clearly described in the care plans reviewed. The nurse manager or registered nurse reviews each resident's progress notes on at least a weekly basis and documents an overview summary of changes, key issues and progress.</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/owner, nurse manager if they have any concerns or there are changes in the resident's condition. All communications with family members are documented and this was sighted in all residents' records reviewed.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or</p>	<p>FA</p>	<p>Residents are supported to access or seek referral to other health and/or disability service provider, with prior discussion and consent from the resident and/or family member. If the need for non-urgent services is indicated or requested the general practitioner or nurse manager sends a referral to seek specialist medical or nursing input. Copies of referrals made were sighted in the individual resident's records sampled including, for example, referrals to the mental health service, palliative care service, and wound</p>

<p>referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>care nurse specialist. The nurse manager advised referrals are also made to the gerontology service and clinical pharmacist where required. Residents are assisted to attend dental, optometrist, and DHB medical outpatients services where required. The GP interviewed reported referrals to other services are well managed. Family are advised of appointments and encouraged to attend if able. Staff facilitate attendance at appointments if the family are unable to do so. Transportation is provided by the facility 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>	<p>FA</p>	<p>Staff follow documented processes for the management of waste, infectious substances and sharps, and they were knowledgeable about how to handle all waste. Appropriate signage is displayed where necessary. An external company is contracted to supply and manage all chemicals and cleaning products and they 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.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness (expiry date 14 July 2019) is publicly displayed.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment was current as confirmed in documentation reviewed, interviews with the owner/manager and observation of the environment. Efforts are made to ensure the environment is hazard free, that residents are safe and independence is promoted. An environmental walk around audit is conducted monthly.</p> <p>The facility has embarked on a redecoration programme with new wallpaper, curtains, and furniture. Residents confirmed they are happy with the new decorating and residents' meeting minutes confirmed the residents' involvement in the decisions around the redecoration.</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting. There is good outdoor access to three sides of the building and residents were observed sitting outside in the sun. Umbrellas are used for shade. The gardens are accessible, and handrails make walking the garden paths safe.</p> <p>Requests for repairs or maintenance are appropriately actioned and there is a plan for maintenance and refurbishment.</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>There are adequate numbers of accessible bathroom and toilets throughout the facility. This includes eight rooms with ensembles, six rooms have a shared ensuite, and there are three additional bathrooms with showers. 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</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. Twenty-four of the twenty-seven bedrooms provide single accommodation. Three rooms may be shared with another resident, however all three rooms are used by one resident only at audit. It was reported by the manager/owner that where rooms are shared approval is sought. Examples were given when it has been appropriate to share these rooms in the past. Rooms are personalised with furnishings, photos and other personal items displayed.</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>	FA	<p>Communal areas are available for residents to engage in activities. The dining and lounge areas, which have recently been redecorated, are spacious and enable easy access for residents and staff. New furniture has been purchased for the dining room and lounge, and bedroom furniture is currently being replaced. Furniture has been thoughtfully chosen, with some resident input, and is appropriate to the setting and residents' needs. Residents can access areas for privacy, if required. Residents and family interviewed were satisfied with the facility and environment.</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</p>	FA	<p>Laundry is undertaken on-site in a dedicated laundry. The laundry management guidelines detail the safe process for storage and use of chemicals. One designated caregiver is responsible for cleaning and laundry, but all caregivers participate in both activities, and the nurse manager oversees this. Caregivers demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. One new caregiver described her training in cleaning and the laundry processes. Personal clothes are returned to residents in a timely manner. Residents and family interviewed were satisfied with the</p>

is being provided.		cleaning and laundry services. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers.
<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>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 described 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 in May 2000 and council compliance gained after renovations in 2009. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 15 May 2018. The orientation programme includes fire and security training. All staff are trained as fire wardens and trained in the emergency plan and fire evacuation and participate in drills. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, phones and gas BBQ's and heater, are available and meet the requirements for 27 residents. A 3000 litre water storage tank is located at the back of the property along with a generator which is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. The manager/owner can monitor the length of calls from the office. There have been no complaints about the time taken to answer call bells.</p> <p>Doors and windows are locked at dark when curtains are pulled and external sensor lights are activated. There is a policy about visitors and in particular unknown visitors.</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>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light and opening external windows. Sitting and dining rooms open onto the small patio areas. Electric wall heaters in communal areas and a heat pump in the sitting rooms provide heating. Residents' rooms all have a column oil heater. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are 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</p>	FA	<p>The service provides a managed environment that minimises the risk of infection to residents, staff and visitors through the implementation of an appropriate infection prevention and control (IPC) programme. Infection control management is guided by an infection control manual, developed by Ascot House. Implementation of the infection prevention and control programme is the responsibility of the nurse manager with input from the RN and the owners/manager as required.</p>

<p>consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>Advice and support is available from the infection prevention and control team at the DHB if required and/or the other nurse specialists, the GP or pharmacist. The infection control programme and manual are reviewed annually. The programme was reviewed in the last 12 months via internal audit and evaluation of surveillance outcomes. The programme reviewed is appropriate for the size and nature of this service.</p> <p>The nurse manager is the designated IPC coordinator whose role and responsibilities are defined. Any infection issues, including monthly surveillance results, are reported monthly to the owners/manager and discussed at the staff meeting.</p> <p>Residents and staff 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/nurse manager has appropriate skills, knowledge and qualifications for the role. The 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 residents' records and diagnostic results to ensure timely treatment of any infections.</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</p>	<p>FA</p>	<p>The infection prevention and control policies reflected the requirements of the infection prevention and control standard and current accepted practice. Policies were reviewed in the last 12 months. The organisation is transitioning to a new suite of infection prevention and control guidelines, policies and procedures which have been developed by an external organisation. A copy of the new policy manual was available on site.</p>

of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The staff education plan includes infection prevention and control and is being implemented. The nurse manager or external speakers provides training, with infection prevention and control principals regularly included in in-service topics. Online education is also provided. An attendance record is maintained. The nurse manager has completed relevant training including via WDHB's in-service education programme and on line training. Residents' care plans sampled included education on hand hygiene, and support with maintaining continence and dental/oral care.</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>	FA	<p>Surveillance is appropriate to that recommended for a long-term care facility with infection definitions detailed. This includes urinary tract infections, eye, skin/soft tissue infections, respiratory and gastro-intestinal infections. When an infection is identified, a record of this is documented on the infection reporting form included in the electronic patient management programme. Details of the infection populate the infection surveillance data report for the month. The nurse manager reviews and confirms all infections. Surveillance data is collated 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 the monthly staff meetings and discussed where applicable at staff 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. Ascot House has commenced benchmarking infection data. There have been no outbreaks of infections since the last audit and infection rates are trending downwards from previous years.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The restraint coordinator provides support and oversight for enabler and restraint management in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and her role and responsibilities.</p> <p>On the day of audit, one resident was using a restraint. No residents were using enablers. The use of enablers is well documented in the policy, should they be required in the future. A similar approval process is followed for the use of enablers as is used for restraints.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident on review of the restraint care plan, the file reviewed, and from interview with staff.</p>

<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>The restraint approval group, comprising of the GP, the nurse manager and a caregiver, are responsible for the approval of the use of restraints and the restraint process. A consumer representative has been asked to join this group. It was evident from the six monthly review of restraint approval documentation and care plan in the resident's file, and interviews with the restraint coordinator, that there are clear lines of accountability, and the overall use of restraint is being monitored and analysed. The restraint used is to hold the resident when sitting on the toilet. The nurse manager/restraint coordinator has a job description for this role.</p> <p>Evidence of family involvement in the decision making was on file. Use of a restraint is part of the plan of care.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>Assessments for the use of restraint were documented and included all requirements of the Standard. The RN undertakes the initial assessment and input from the resident's family where possible. The nurse manager/restraint coordinator interviewed, described the documented process. Family involvement was well documented. The general practitioner is involved in the final decision on the safety of the use of the restraint. The assessment process identified the underlying cause, which is well documented, the history of restraint use, alternatives, and associated risks. The desired outcome was to ensure the resident's safety and security. The completed assessment was sighted in the records of the resident who is using a restraint.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>The use of restraint is actively minimised and the restraint coordinator described how alternatives to restraint are discussed with staff and family members, for example, the use of sensor mats and low beds.</p> <p>When restraints are in use, frequent monitoring occurs to ensure the resident remains safe. Records of monitoring had the necessary details. Access to advocacy is provided if requested and all processes ensure dignity and privacy are maintained and respected.</p> <p>A restraint register is maintained, however there have been very few residents who have required restraint.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>Review of the resident's file showed that the individual use of restraint is reviewed and evaluated during care plan and interRAI reviews, and that monthly restraint evaluations with the approval group usually occurs on the GP's round. Emails from the family of the one person using a restraint confirmed their involvement in the evaluation process and their satisfaction and support with the restraint process. The</p>

		evaluation covers all requirements of the Standard.
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	<p>This person's restraint is reviewed monthly as the resident's condition is gradually deteriorating. Use of restraint is reported, and discussed, via the management and staff meetings including the type of restraint use in the facility, whether all alternatives to restraint have been considered, and the effectiveness of the restraint in use. All staff have been trained in the use of this individual restraint and each episode of restraint is monitored and documented every ten minutes.</p> <p>There is an annual review of the restraint processes and audit of the policy. Any changes to policies, guidelines, education, and processes are implemented if indicated.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	PA Low	<p>Five resident files were sampled. An initial assessment of the individual resident is undertaken and the short-term care plan is developed within 24 hours of an admission. The long-term care plans are developed within three weeks of admission. These are based on a range of clinical assessments, referral information, resident and family input and the NASC assessments. However, an updated interRAI assessment is not consistently undertaken within 21 days. The sample size was expanded to review this aspect for other residents admitted since April 2017. Four out of seven residents' records sighted, admitted since April 2017 did not have their interRAI assessment reviewed and updated within 21 days as required.</p> <p>A medical assessment is undertaken within five working days of admission (or two days if clinically indicated) and reviewed as a resident's condition changes or until the resident's condition is stable. A full medical review (including medications) occurs every three months, with input from other members of the multidisciplinary team as applicable. The nurse manager maintains a schedule of when these occur</p>	InterRAI assessments are not consistently reviewed and updated within 21 days of admission.	<p>Ensure interRAI assessments are reviewed and updated within 21 days of admission.</p> <p>180 days</p>

		<p>and are next due. This was verified by sampling residents` records and interviews. The care plans are reviewed at least six monthly with short term care plans reviewed weekly or earlier if clinically indicated and as required. Residents' goals are identified and reviewed.</p> <p>The nurse manager has oversight of all assessments, care planning and evaluation. Another registered nurse has been employed and is being mentored to progressively understand the RN role requirements and responsibilities. Resident independence is maintained as much as possible for all residents.</p>		
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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.