

Age Care Central Limited - Marire Rest Home

Introduction

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

The audit has been conducted by 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:	Age Care Central Limited	
Premises audited:	Marire Rest Home	
Services audited:	Rest home care (excluding dementia care)	
Dates of audit:	Start date: 31 October 2018	End date: 31 October 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:	27	

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Marire Rest Home provides rest home level care for up to 29 residents. The service is operated by Agecare Central Limited and managed by a chief executive officer supported by a small team of clinical managers. There has been a recent reconfiguration with a decrease in bed numbers from 38 to 29 beds as notified to the Ministry of Health. Residents and families spoke positively about the care provided.

This surveillance audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of relevant policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, management, staff, a board member, and a general practitioner.

This audit has resulted in all standards being met. Improvements have been made to documenting advance directives, informing the family following a resident's adverse event, clinical data analysis, internal audit, interRAI assessments, care planning and service provision, addressing those areas requiring improvement at the previous audit.

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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Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if required, although these services have not yet been needed at Marire Rest Home. Staff provide residents and families with the information they need to make informed choices and give consent.

A complaints register is maintained with complaints 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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A quality improvement and business goals plan 2016 - 2019 includes the mission statement, philosophy of care and goals of Agecare Central Limited (ACL). Monitoring of the services provided to the governing body is regular and effective. An experienced and suitably qualified person manages the facility.

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, by the CEO and designated senior staff.

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

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Residents of Marire Rest Home have their needs assessed on admission within the required timeframes. Verbal shift handovers and electronically generated handover reports guide continuity of care.

Care plans are individualised, based on a comprehensive and integrated range of clinical information. Acute care plans are developed to manage any new problems that might arise. All residents' files 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 and evaluation, and that the care provided is of a high standard.

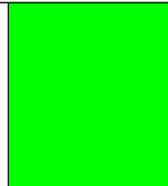
The planned activity programme is run by a diversional therapist and a recreation assistant and provides residents with a variety of individual and group activities and maintains their links with the community. A facility van is available for outings.

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using an electronic system. Medications are administered by an enrolled nurse or care staff, all of whom have been assessed as competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents verified satisfaction with meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.



Standards applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment is tested as required.

Renovations are underway to provide alternative room options for current and prospective residents, such as double rooms for couples.

A revised evacuation scheme was approved by the New Zealand Fire Service in June 2017 which allows for a progressive evacuation process from one area to another. Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised.

Restraint minimisation and safe practice

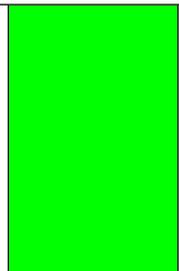
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.



Standards applicable to this service fully attained.

Agecare Central has implemented policies and procedures that support the minimisation of restraint. No enablers or restraints are in use at the time of audit at Marire Rest Home. A comprehensive assessment, approval and monitoring process with regular reviews occur as required. Use of enablers is voluntary for the safety of residents in response to individual requests. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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Infection surveillance, specific to that required in aged care settings is undertaken, with data analysed and trended. Results are reported through all levels of the organisation. Follow-up action is taken as and when 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	19	0	0	0	0	0
Criteria	0	43	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 1.1.10: 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>Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented, as relevant, in the resident's record. Advance directives were observed to be current and the need for this was understood by staff interviewed. The previous required improvement (CAR) has been addressed.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is</p>	FA	<p>The ACL complaints and concerns policy, flowchart 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 those interviewed knew how to do so.</p> <p>The complaints register reviewed showed that two complaints have been received this year and that actions taken, through to an agreed resolution, are documented and completed within the timeframes. Action plans show any required follow up and improvements have been made where possible. The chief executive officer confirmed he is</p>

understood, respected, and upheld.		ultimately responsible for complaints management and follow up and that this is done in conjunction with the relevant clinical or non-clinical manager. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints received from external sources since the previous audit.
<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>Residents and family members stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code. The previous required improvement relating to documentation failing to indicate families have been informed of changes has been addressed.</p> <p>Staff know how to access interpreter services through Taranaki Base Hospital (TDHB), or residents' family members, although reported this has never been required due to all residents speaking English.</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>	FA	<p>The quality improvement and business goals plan 2016 - 2019, which is reviewed annually, outlines the mission, philosophy and goals of the entire organisation. The document describes annual and longer term objectives, the associated operational plans and annual progress against these, the most recent being December 2017. A sample of two to three weekly management meetings showed adequate information to monitor performance is reported including, but not limited to, bed occupancy, financial performance, staffing, training, emerging risks and issues. Managers quarterly reports to the CEO are provided to the board of trustees and are included in the board meetings as indicated in the board minutes.</p> <p>The service is managed, along with another facility, (Maryann Residential Care Home and Hospital) by a CEO, a nurse manager and a clinical manager who hold relevant qualifications. The nurse manager and the clinical manager have been in their roles for two and a half years. These two registered nurses share clinical management responsibilities, are based in the other facility and work a total of 60 hours per week between them, across both sites. The facilities are situated only 2km away from each other and the coordinator and the nurse manager report they visit Marire Rest Home several times a week and often daily. Marire staff reported they have frequent, daily telephone support as required by the clinical team based in the other facility. The CEO and clinical manager were not present on the day of the spot audit. The nurse manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through ongoing education including Ko Awatea online learning, Taranaki DHB Aged Care forum and hospice training.</p> <p>The service holds contracts with the Taranaki DHB for chronic long term conditions, including palliative care, respite and age related residential care (ARRC). All 27 residents were receiving services under the ARRC contract at the</p>

		time of audit.
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents, concerns and complaints, audit activities, a regular resident and family satisfaction surveys, monitoring of outcomes, clinical incidents including infections, skin tears, falls, medication errors and any other resident or staff related adverse events.</p> <p>Analysis, monitoring, trending and reporting of clinical indicators is completed by the clinical coordinator and provided to staff within the electronic system. Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the management team meeting, health and safety and risk team meetings, RN and restraint group meetings, health care assistant (HCA) meetings, team meetings and residents' meetings. Staff reported their involvement in and awareness of quality and risk management activities through meeting attendance and audit activity. The corrective action from the previous audit relating to analysis of data and the communication of results to staff has been addressed.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls and staff provided examples of these resulting in quality improvement and better outcomes for residents. The up to date corrective action register indicated a timely resolution and sign off process has been imbedded. The corrective action from the previous audit relating to clinical corrective actions has been addressed.</p> <p>Resident and family satisfaction surveys are completed annually. The most recent surveys in April of this year, showed overall satisfaction, with comments such as 'Very happy with overall care' and 'Home away from home'. A suggestion for improvement was made related to the size of the hairdresser's room.</p> <p>Policies are based on best practice and were current. The electronic document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents. The CEO, clinical /nurse managers and senior staff are each delegated responsibility for specific organisation wide policies and procedures.</p> <p>The domestic services supervisor described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The domestic services supervisor reported the CEO is familiar with the Health and Safety at Work Act (2015) and has implemented requirements in conjunction with the domestic services supervisor.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p>	FA	<p>Staff document adverse and near miss events on an accident/incident form. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is collated, analysed and reported to each of the regular staff meetings, the</p>

<p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>management meetings, and the board and directly to all staff through the electronic notification system.</p> <p>The nurse manager described essential notification reporting requirements (Section 31 notifications), including for pressure injuries. 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. RNs reported they had a preceptor, and care staff that they had a buddy to assist them. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation and regular performance reviews.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. An external person is the assessor for the programme. Staff have undertaken dementia care related education. There are sufficient trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled</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). Marire Rest Home senior staff and managers adjust staffing levels to meet the changing needs of residents. An afterhours on call roster is in place, with staff reporting that good access to advice from a registered nurse is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. An onsite enrolled nurse or RN is supported by the clinical manager, nurse manager and clinical coordinator who are based at the nearby facility and who visit regularly throughout the week. Residents and family interviewed supported this. Observations and review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. At</p>

and/or experienced service providers.		least one staff member on duty has a current first aid certificate and there is 24/7 RN on call.
<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 medication management policy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff member observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by an RN against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review was consistently recorded in the electronic medical records, and electronic medication records.</p> <p>There were no residents who were self-administering medications at the time of audit, however appropriate processes are in place to ensure this is managed in a safe manner.</p> <p>Medication errors are reported to the clinical coordinator (CC) or the RN and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</p> <p>Standing orders are not used at Marire Rest Home.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's</p>	FA	<p>The food service is provided on site by a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns was reviewed by a qualified dietitian in July 2018. Recommendations made at that time have been implemented and changes verified by the dietician.</p> <p>A food control plan is in place and registered with the Stratford District Council. A verification audit of the food control plan was undertaken on 17 August 2018; three areas requiring improvement have been verified as being</p>

<p>individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>attended to.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The cook has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of a high level of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There were enough staff on duty in the dining rooms at meal times to ensure appropriate assistance is available to residents as needed.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>The electronic care plans reviewed of residents at Marire Rest Home reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments were reflected in the care plans reviewed.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professional's notations clearly recorded, informative and relevant. Any change in care required was recorded and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of 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>	<p>FA</p>	<p>Documentation (as observed in the electronic care delivery management system), observations and interviews verified the provision of care provided to residents of Marire Rest Home was consistent with their needs, goals and the plan of care. The attention to meeting a range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs. Previous areas identified as requiring attention in regards to wound management, wound education and neurological observations following falls, have been addressed.</p>
<p>Standard 1.3.7:</p>	<p>FA</p>	<p>The activities programme is provided five days a week by either the diversional therapist or a recreation assistant.</p>

<p>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>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Residents' level of participation in activities is recorded twice a day, enabling regular review of the programme to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated regularly and as part of the formal six-monthly care plan review.</p> <p>The planned monthly activities programme sighted matches the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. The rest home is located close to the shops. Several residents walk to the shops, while others ride mobility scooters. Van outings are provided weekly, and include outings to community events, picnics, places of interest or visits to other rest home for social events. Activities in-house include visiting entertainers, quiz sessions, daily news updates and visiting community groups. The activities programme is discussed at the minuted residents' meetings and indicated residents' input is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction and that information is used to improve the range of activities offered. Resident meeting minutes identified some residents had expressed concerns last year regarding the absence of an activities programme last Christmas. Evidence verify this has been acknowledged and responded to, with relief cover already in place to cover the Christmas holiday period. Residents interviewed confirmed they find the programme meets their needs.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal electronic care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN or EN, with RN oversight. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples were sighted of acute care plans being consistently reviewed for acute incidents, pain and weight loss with progress evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Other plans, such as wound management plans, were evaluated each time the dressing was changed. Evaluation of wounds included photographs for evidence. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical</p>	FA	<p>A current building warrant of fitness expiry date May 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 and calibration of bio medical equipment is current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. The environment was hazard free, residents were safe and independence was promoted.</p>

environment and facilities that are fit for their purpose.		
<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 describe the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was revised and approved by the New Zealand Fire Service on the 29 June 2017. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 5 June 2018. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</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 of infections at Marire Rest Home is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. When an infection is identified by the GP, a record of this is documented electronically in the resident's clinical record. The resident's care plan displays an alert that identifies staff of the resident's infection. The alert is removed when the evidence verifies the infection has been resolved which is then recorded as resolved. New infections and any required management plan are discussed at handover to ensure early intervention occurs. Alerts are generated when infections have not been recorded as being resolved.</p> <p>The infection control coordinator and clinical coordinator review all reported infections. Monthly surveillance data is collated electronically and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with alerts to staff through the electronic care delivery system, clinical meetings and at staff handovers. Surveillance data is captured in the organisation's electronic infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively</p>	FA	<p>Policies and procedures provide guidance on the safe use of both restraints and enablers. The clinical coordinator who performs the role of restraint coordinator provides support and oversight for enabler and restraint management in both this facility and Maryanne Rest Home and Hospital. The restraint coordinator demonstrated a sound understanding of the organisation's policies, procedures and practice and her role and responsibilities.</p> <p>On the day of audit, no residents were using restraints and no residents were using enablers. Staff described an understanding that enablers should be the least restrictive and used voluntarily at a resident's request. A similar</p>

minimised.		process is followed for the use of enablers as is used for restraints. Restraint is not used at Marire Rest Home and this was evident on review of the restraint approval group minutes, files reviewed, and from interview with staff.
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.