

Summerset Care Limited - Summerset Monterey Park

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 Health and Disability Auditing New Zealand 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:	Summerset Care Limited
Premises audited:	Summerset Monterey Park
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 27 November 2018 End date: 28 November 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:	36

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

Summerset Monterey Park provides rest home and hospital (geriatric and medical) level care for up to 81 residents. On the day of the audit there were 36 residents in the care centre and no rest home residents residing in the 29 serviced apartments. Summerset Monterey Park care centre has been operating for 10 months.

The village manager is appropriately qualified and experienced and is supported by an experienced care centre manager who oversees the care centre. The residents, relatives and general practitioner interviewed spoke positively about the care and services provided.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, relatives, management, staff and the general practitioner.

There were no identified areas for improvement identified at this certification 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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Policies are documented to support resident rights. Systems protect their physical privacy and promote their independence. There is a documented Māori health plan in place which acknowledges the principles of the Treaty of Waitangi. Individual care plans include reference to residents' values and beliefs.

Residents and relatives are kept up-to-date when changes occur or when an incident occurs. Systems are in place to ensure residents are provided with appropriate information to assist them to make informed choices and give informed consent.

A complaints policy is documented that aligns with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). A complaints register is maintained.

Consents are documented by residents or family and there are advance directives documented if the resident is competent to complete these.

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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Organisational performance is monitored through several processes to ensure it aligns with the identified values, scope and strategic direction. The business plan is tailored to reflect the goals related to Summerset Monterey Park. There are policies and procedures to provide appropriate support and care to residents with hospital and rest home level needs. This includes updates

around interRAI requirements and a documented quality and risk management programme that includes analysis of data. Meetings are held at regular intervals to discuss quality and risk management and to ensure these are further embedded into practice. There is a health and safety management programme that is implemented with evidence that issues are addressed in a timely manner.

An orientation programme is in place and there is ongoing training provided as per the training plan developed for 2018. Rosters and interviews indicate sufficient staff that are appropriately skilled, with flexibility of staffing around clients' needs. A roster provides sufficient and appropriate coverage for the effective delivery of care and support including planned staffing for the serviced apartments to be certified at this audit. Registered nursing cover is provided twenty-four hours a day, seven days a week.

The residents' files are appropriate to the service type.

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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The service has assessment processes, and resident's needs are assessed prior to entry. There is a welcome pack available for residents and families/whānau at entry. Assessments, resident care plans, and evaluations are completed by the registered nurses within the required timeframes. Risk assessment tools and monitoring forms were available and implemented. Electronic resident care plans were individualised and included allied health professional involvement in resident care.

A team of recreational therapists implement an integrated seven-day week activity programme. The activities meet the individual recreational needs and preferences of the resident groups. There are outings into the community and visiting guests/entertainers.

There are medicine management policies in place that meets legislative requirements. Staff responsible for the administration of medications complete annual medication competencies and education. The general practitioner reviews the medication charts three monthly.

The food service is contracted to an external company. Resident's individual dietary needs were identified and accommodated. Staff have attended food safety and hygiene training. There is a current food control plan in place.

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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There were documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals were stored safely throughout the facility. The building has a certificate for public use. Resident rooms and ensuites/bathroom facilities are spacious. All communal areas within the facility are easily accessible. The outdoor areas are safe and easily accessible and provide seating and shade. Documented systems are in place for essential, emergency and security services in the care centre and for certified serviced apartments. Call bells are in all resident areas. There is always a staff member on duty with a current first aid certificate. Housekeeping/laundry staff maintain a clean and tidy environment. There is plenty of natural light in all rooms and the environment comfortable with adequate ventilation and heating.

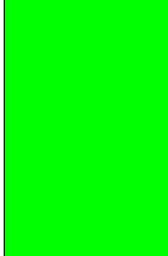
Restraint minimisation and safe practice

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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Restraint minimisation and safe practice policies are in place to guide staff in the use of an approved enabler and/or restraint. On the day of audit there were two residents using restraint and three residents using an enabler with all identified as being bed rails.

Assessments and regular evaluations have been completed. Staff training has been provided around restraint minimisation and management of challenging behaviours.

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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The infection control programme is appropriate for the size and complexity of the service. The infection control coordinator (care centre manager) is responsible for coordinating and providing education and training for staff. The infection control coordinator has completed training. The infection control manual outlined the scope of the programme and included a comprehensive range of policies and guidelines. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This included audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Somerset facilities. There have been no outbreaks.

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	50	0	0	0	0	0
Criteria	0	101	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights (the Code) brochures are accessible to residents and their families. Policy relating to the Code is implemented and care staff interviewed (seven caregivers, one registered nurse (RN), one recreational therapist, one health and safety representative and four managers) could describe how the Code is incorporated into their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues annually through the staff education and training programme.</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>Informed consent processes were discussed with residents and families on admission. Written general and specific consents were evident in the six resident files (three hospital level and three rest home level of care including one resident under respite care). Caregivers and the registered nurse (RN) interviewed confirmed consent is obtained when delivering cares. Resuscitation orders/advance directive had been appropriately signed by the resident and general practitioner. The service acknowledges the resident is for resuscitation in the absence of a signed directive by the resident. The GP includes the family in discussion for medically indicated not for resuscitation, where residents are not deemed competent to make a decision. Copies of enduring power of attorney are available as required.</p> <p>Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives. Admission agreements for permanent residents were sighted. The respite care</p>

		resident had signed a respite and short-stay agreement. The agreement aligned with the DHB contract.
<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>Information on advocacy services is included in the resident information pack that is provided to new residents and their family on admission. Advocacy brochures are also available at reception. Interviews with residents and family confirmed their understanding of the availability of advocacy services.</p> <p>An advocate from the nationwide Health and Disability Advocacy Service attends the family meetings. Staff can name the advocate and stated that they understand the role of the advocate.</p> <p>The complaints process is linked to advocacy services with this offered to any complainant if required.</p> <p>Staff receive regular education and training on the role of advocacy services, which begins during their induction to the service with training records confirming this.</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>The service has an open visiting policy. Residents may have visitors of their choice at any time and family interviewed confirmed that they can visit whenever they like. There is an intercom system after eight at night whereby visitors can contact a staff member so that they can access the building. Family also have the registered nurse phone number and can ring after hours.</p> <p>The service encourages the residents to maintain their relationships with their friends and community groups. Assistance is provided by the care staff to ensure that the residents participate in as much as they can safely and desire to do, as observed during the audit.</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 organisational complaints policy states that the village manager has overall responsibility for ensuring all complaints (verbal or written) are fully documented and investigated. The care centre manager is responsible at this facility for addressing any complaints in consultation with the village manager.</p> <p>A complaints procedure is provided to residents within the information pack at entry. Feedback forms are available for residents/family members in various places around the facility. There is a complaints' register that includes relevant information regarding the complaint. Three complaints reviewed during the audit were responded to in a timely manner as per policy with each complainant confirming that they were happy with the outcome.</p> <p>There have not been any external complaints to the service since the opening of Summerset at Monterey Park as confirmed by the care centre manager and regional quality manager interviewed.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information folder that is provided to new residents and their families. An RN discusses aspects of the Code with residents and their family on admission.</p> <p>Discussions relating to the Code are also held during the monthly resident and three-monthly family meetings. Eight residents interviewed (four rest home and four hospital level care), confirmed that they received cares that met their needs, and all were aware of their rights. Five family members interviewed (three rest home and two with family requiring hospital level care) confirmed that staff were respectful.</p>
<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>	<p>FA</p>	<p>The residents' personal belongings are used to decorate their rooms. The caregivers interviewed reported that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. This was observed to occur during the audit. Caregivers reported that they promote the residents' independence by encouraging them to be as active as possible. All the residents and families interviewed confirmed that residents' privacy is respected.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff receive annual education and training on abuse and neglect, which begins during their induction to the service.</p> <p>There is a non-denominational service two weekly. There is an Anglican minister who can provide communion if required. Spiritual needs are individually identified as part of the assessment and care planning process.</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>	<p>FA</p>	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. The care staff interviewed reported that they value and encourage active participation and input from the family/whānau in the day-to-day care of the resident. There were no residents living at the facility who identified as Māori on the day of audit.</p> <p>Māori consultation is available through links with Māori organisations within the Summerset community including a village manager who identifies as Māori and who can provide advice and support if required. Staff receive annual education on cultural awareness that begins during their induction to the service.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values,</p>	<p>FA</p>	<p>The service identifies the residents' personal needs and desires from the time of admission. This is achieved in collaboration with the resident, family and/or their representative. Staff interviewed confirmed that they are committed to ensuring each resident remains a person, even in a state of decline. Beliefs and values are discussed and incorporated into the care plan as sighted in the audit of six care plans</p>

<p>And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>reviewed (three rest home and three hospital). Residents and families interviewed confirmed they are involved in developing the resident's plan of care, which includes the identification of individual values and beliefs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>There are implemented policies and procedures to protect clients from abuse, including discrimination, coercion, harassment, and exploitation, along with actions to be taken if there is inappropriate or unlawful conduct. Expected staff practice is outlined in job descriptions. Staff interviewed demonstrated an awareness of the importance of maintaining professional boundaries with residents.</p> <p>Residents interviewed stated that they have not experienced any discrimination, coercion, bullying, sexual harassment or financial exploitation. Professional boundaries are reconfirmed through education and training sessions and staff meetings, and managers stated that performance management would address any concerns if there was discrimination noted.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The service meets the individualised needs of residents who have been assessed as requiring rest home or hospital level care as identified through interviews with care staff and through an audit of resident files.</p> <p>The service has policies and procedures, equipment, and resources to support ongoing care of residents and a transition plan to support implementation of rest home level of care for the 23 beds audited as part of the partial provisional audit.</p> <p>The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. Meetings are conducted to allow for timely discussion of service delivery and quality of service including health and safety.</p> <p>Residents interviewed spoke very positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and stated that they are supported by the management team. Caregivers complete competencies relevant to their practice.</p> <p>The general practitioner interviewed is satisfied with the care that is being provided by the service.</p>
<p>Standard 1.1.9: Communication</p>	<p>FA</p>	<p>Residents interviewed, confirmed they were given an explanation about the services and procedures and were orientated to the facility as part of the entry process. They also stated their relatives are informed of</p>

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>changes in health status and incidents/accidents, with family interviewed confirming that they were kept informed at all times. A review of 15 incident forms confirmed that family were informed.</p> <p>Resident meetings have occurred monthly and there are family meetings three monthly. Residents and family confirmed that they are 'getting used to these meetings' as the care centre is newly opened. Residents and family interviewed confirmed that the care centre manager has an open-door policy.</p> <p>Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services for residents (and their family). If residents or family/whānau have difficulty with written or spoken English, the interpreter services are made available through the district health board with phone numbers identified in policy. There are staff on-site who speak a range of languages including te reo Maori, Korean, Mandarin, German, Dutch, Afrikaans, Tongan, Swedish and Samoan. The care centre manager stated that if a resident enters the service with a language that staff also speak, then that staff would be allocated to support the resident. There are no residents currently requiring the use of interpreting services.</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>Summerset at Monterey Park care centre opened on 20 March 2018.</p> <p>The care centre is across two levels with a total of 81 beds. The ground floor (1st floor) includes the service areas and 29 serviced care apartments (certified for rest home level). On level one, there are 52 (rest home and hospital level) rooms (all dual-purpose).</p> <p>On the day of the audit there were 36 residents in total with 15 residents at rest home level and 19 residents requiring hospital level of care. Two of the residents requiring rest home level of care are identified as requiring respite care. There are no residents under the age of 65 years and no residents under the medical component of certification. All residents are under the age related residential care (ARRC) contract. There are no rest home residents in serviced apartments.</p> <p>Summerset group has a well-established organisational structure. Each of the Summerset facilities throughout New Zealand is supported by this structure. The Summerset group has a comprehensive suite of policies and procedures, which guides staff in the provision of care and services. The Summerset Group Limited Board of Directors have overall financial and governance responsibility and there is a company strategic business plan in place. Summerset at Monterey Park has a site-specific 2018 business plan and goals that is developed in consultation with the village manager, care centre manager and regional quality manager. There is a full evaluation completed at the end of the year with a quarterly review of progress documented against goals. The philosophy, vision and values of the organisation are documented and able to be articulated by staff when interviewed.</p> <p>The service has a village manager who has been in the role for the last 18 months and was involved in the</p>

		<p>opening of the village. The village manager has a background in human resources and aged care management. She is supported by an experienced care centre manager (RN) who has been in the role for a year and who has been involved in the aged care industry for ten years. The village manager and care centre manager are supported by a regional quality manager who was on-site to provide support on the days of audit.</p> <p>The village manager and care centre manager have attended at least eight hours of leadership professional development relevant to the role.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The village manager is responsible for the administrative functions of the facility and the care centre manager is responsible clinically for the service. The care centre manager will provide clinical leadership and oversight for the clinical nurse lead who has yet to be appointed. The regional operations manager and the regional quality manager will provide oversight and leadership should the village manager or care centre manager be on leave.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>There is an established organisation's quality and risk management system. There are policies and procedures being implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. Policies are reviewed on a regular basis. The content of policy and procedures are detailed to allow effective implementation by staff.</p> <p>The Somerset group has a 'clinical audit, training and compliance' calendar. The calendar schedules the training and audit requirements for the month and the nurse manager completes a 'best practice' sheet confirming completion of requirements. The best practice sheet reports include meetings held, induction/orientation, audits, competencies and projects and these reports are forwarded to head office as part of the ongoing monitoring programme. The first annual residents/relatives survey for Monterey Park was completed in October 2018 and is currently being collated by head office. The food satisfaction indicates that there is a 70%-90% satisfaction with food services. A corrective action plan is documented and is being implemented.</p> <p>There is a meeting schedule that includes monthly meetings as follows: quality improvement; caregiver; registered nurse; activities; and resident meetings. There are three-monthly family meetings. There is a weekly care staff meeting that includes discussion about clinical indicators (eg, incident trends, infection</p>

		<p>rates). Health and safety, infection control and restraint meetings have occurred monthly.</p> <p>The service is implementing an internal audit programme that includes aspects of clinical care. Issues arising from internal audits are developed into corrective action plans with evidence of resolution of issues as these are identified. Monthly and annual analysis of results is completed and provided across the organisation. There are monthly accident/incident benchmarking reports completed by the care centre manager that break down the data collected across the rest home and hospital, with this compared to other Summerset services of similar size and composition. Infection control is also included as part of benchmarking across the organisation. Health and safety internal audits are completed.</p> <p>Summersets clinical and quality managers analyse data collected via the monthly reports and corrective actions are required based on benchmarking outcomes. There is a health and safety and risk management programme in place including policies to guide practice. There is a health and safety plan with evidence of review at the monthly health and safety meetings. There are health and safety representatives, and one interviewed confirmed their role in escalating any issues and making sure that health and safety issues are addressed. The service addresses health and safety by recording hazards and near misses, sharing of health and safety information and actively encourage staff input and feedback. The service ensures that all new staff and any contractors are inducted to the health and safety programme with a health and safety competency completed by staff as part of orientation (staff records confirmed that these had been completed). Falls prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Incident and accident data is being collected and analysed. A review of 15 incident/accident forms for October 2018 identified they were all fully completed, including follow-up by a registered nurse and that family had been notified. Post-falls assessments included neurological observations for four unwitnessed falls.</p> <p>The incident reporting policy includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. Data is linked to the organisation's benchmarking programme and used for comparative purposes. Discussions with the management team confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification completed for a resident with a pressure injury.</p>
<p>Standard 1.2.7: Human Resource Management</p>	FA	<p>There are human resources policies to support recruitment practices. Six staff files (one care centre manager, two registered nurses and three caregivers [one of whom is also working as a recreational therapist]) were reviewed and all had relevant documentation relating to employment. The sample size</p>

<p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>was increased by three to review completion of orientation only.</p> <p>Copies of annual practising certificates are held by the care centre manager and all registered nurses and the care centre manager records confirmed that these were current.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and believed new staff were orientated well to the service. The orientation programme includes a buddy system with the new staff member working alongside an experienced care staff member for five days. Care staff complete competencies as part of orientation relevant to their role.</p> <p>There is an annual education plan that is outlined on the 'clinical audit, training and compliance calendar'. The 2018 education plan is being implemented. A competency programme is in place with different requirements according to work type (eg, caregivers, and RNs). Core competencies are completed, and a record of completion is maintained. Staff interviewed were aware of the requirement to complete competency training and commented that the current education programme was informative and interesting. The service has all RNs (including the care centre manager) trained in interRAI. Staff interviewed stated that the training meets their needs.</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>Staffing levels and skills mix policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. There are clear guidelines for increase in staffing depending on acuity of residents. A staff availability list ensures that staff sickness and vacant shifts are covered, and a review of rosters for the past three months confirmed that staff are replaced when on leave.</p> <p>Interviews with residents and relatives confirmed that staffing levels are sufficient to meet the needs of residents. The village manager and care centre manager both work 40 hours per week from Monday to Friday and are available on call for any emergency issues or clinical support. The service provides 24-hour RN cover.</p> <p>In the care centre there are a total of 33 staff. This includes four registered nurses and 17 caregivers (including three casual staff). There is one RN on each shift. There are five caregivers (three long and two short shift) on duty in the morning shift; four caregivers (two long and two short shift) on duty in the afternoon shift and one caregiver (long shift) on duty in the night shift. In the serviced apartments there is currently one caregiver on duty in the morning and afternoon shifts, and on the night shift. Currently bureau staff are providing cover for the night shift in the care centre while recruitment processes are taking place. There are no rest home residents in the certified serviced apartments at the time of the audit.</p> <p>Caregivers interviewed confirmed that there are sufficient staff on duty and that staff are replaced. A sample of time target rosters sighted, included evidence that staff are replaced when on leave.</p>

<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24-hours of entry into each resident's individual record. An initial support plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held in a secure room. Archived records are secure in separate locked areas.</p> <p>Residents' files demonstrated service integration. Entries are legible, dated, timed and signed by the relevant caregiver or nurse, including designation.</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>	FA	<p>All residents have a needs assessment completed prior to entry that identifies the level of care required. The care centre manager screens all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident.</p> <p>Residents and relatives interviewed, stated that they received sufficient information on admission and discussion was held regarding the admission agreement.</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>	FA	<p>There is an exit, discharge and transfer policy that describes guidelines for death, discharge, transfer, documentation and follow-up. All relevant information is documented and communicated to the receiving health provider or service. Follow-up occurs to check that the resident is settled or, in the case of death, communication with the family is made.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care 2011. The RNs are responsible for the administration of medications and have completed medication competencies. Caregivers complete medication competencies for the checking and witnessing of medications as required. All medications were stored correctly. Regular medications are delivered in robotic rolls and were evidenced to be checked on delivery with any discrepancies fed back to the supplying pharmacy. Blister packs are used for 'as required' medications. Expiry dates were checked regularly for hospital stock and 'as required' medications. There were four rest home self-medicating residents. Self-medication competencies had been reviewed three monthly. All eye drops had been dated</p>

		<p>on opening. The medication fridge is monitored daily.</p> <p>Ten resident medication charts on the electronic medication system were reviewed (six rest home and six hospital). The medication charts had photograph identification and allergy status recorded. Staff recorded the time, date and effectiveness of 'as required' medications. All 'as required' medications had an indication for use. All medication charts had been reviewed by the GP three monthly.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The service has a contracted company for the provision of all meals on-site. The head chef (interviewed) is supported by a sous chef and kitchenhands. All food service staff have completed food safety and hygiene. The service has a food control plan that expires 19 February 2019. The four-weekly menu has been developed to reflect resident preferences and reviewed by a dietitian. The main meal is in the evening. Meals are delivered in a hot box to the care centre kitchenette where meals are served from the bain marie. The chef serves the meals in the serviced apartments and the kitchenhand serves meals in the care centre. The chef receives a dietary profile for each resident and is notified of any changes including weight loss and provides smoothies and high calorie foods. The menu provides for pureed/modified texture diets and vegetarian. Resident dislikes and food allergies are accommodated. The care centre has a fully functioning kitchen used for baking activities and family functions.</p> <p>The fridge, freezer and chiller temperatures are taken and recorded twice daily. End-cooked food temperatures, serving and reheating temperatures are taken and recorded. All foods are stored correctly, and date labelled. Cleaning schedules are maintained. Staff were observed wearing correct personal protective clothing. The chemical provider completes a functional test on the dishwasher monthly. Residents have the opportunity to feedback on meals through direct feedback and resident meetings. Residents and relatives commented positively on the food services and meals.</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>The reason for declining service entry to residents should this occur, is communicated to the resident or family/whānau and they are referred to the original referral agent for further information. The reason for declining entry would be if the service was unable to provide the level of care required or if there were no beds available.</p>

<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The initial assessment including the risk assessment tools (as applicable) are developed with information received on admission, including discussion with the resident and relatives and referring agency for all long-term and short-stay residents. Risk assessments are reviewed six monthly as part of the interRAI assessment. Outcomes of risk assessment tools and interRAI assessment are used to identify the needs, supports and interventions required to meet resident goals of permanent residents. The interRAI assessment tool has been utilised six monthly for the one long-term resident who had been at the service six months. The resident for respite care was not required to have an interRAI assessment.</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>Care plans for long-term residents describe the individual support and interventions required to meet the resident goals. The care plans reflect the outcomes of risk assessment tools and the interRAI assessment. Care plans demonstrate service integration and include input from allied health practitioners. The respite care resident had an initial assessment and initial support plan in place.</p> <p>There is documented evidence of resident/family involvement in the care planning process. Residents/relatives interviewed confirmed they participate in the care planning process.</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>When a resident's condition changes, the RN initiates a review and if required a GP or nurse specialist consultation. Relatives interviewed stated their relative's needs are met and they are kept informed of any health changes. There was documented evidence in the resident files of family notification of any changes to health including infections, accidents/incidents, GP visits and medication changes. Residents interviewed stated their needs are being met. Long-term care plans are updated when there are any changes to health.</p> <p>Adequate dressing supplies were sighted. Initial wound assessments with ongoing wound evaluations and treatment plans were in place for five residents with wounds. Evaluations including size of the wounds demonstrate progress to healing. There were two residents with facility acquired pressure injuries (one stage two and one stage three that had reoccurred following transfer from hospital). There is wound nurse specialist advice and support available at the DHB.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed.</p> <p>There are a number of monitoring forms and charts available on the electronic system and include (but are not limited to) pain monitoring, blood sugar levels, weight, bowel monitoring, behaviour charts, repositioning charts, food and fluid intake and neurological observations.</p>

<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service employs five experienced caregivers (all level two) as recreational therapists (RT) who work in the dual role and provide a seven-day programme. One RT is progressing through the diversional therapist (DT) qualifications. A DT from another Summerset village provides the team with support and oversight of the activity programme. The RTs work as caregivers on the morning and afternoon shifts with one on the night shift who ensures all the resources are available for the weekly programme. They rotate onto activities as per the roster. The rest home/hospital programme is integrated and reflects the resident's choice of activities as discussed in resident meetings. There are integrated activities and invitations to the residents to the independent functions and events, which are identified on the care centre activity programme and include line dancing, Zumba and table tennis. Activities in the care centre include board games, quizzes and trivia, indoor bowls, memory club, happy hours, movies, music groups, painting and entertainment.</p> <p>The care centre has a fully functional kitchen which is well utilised for baking, especially on Sundays when families come in to participate in baking with the residents. There are volunteers involved in the programme. One volunteer takes genealogy sessions weekly which is well attended. The RTs have attended cognitive stimulation therapy (CST) and have introduced the memory club which is open to all residents. Festive occasions and theme events are celebrated. For residents who choose not to join in activities there are pampering sessions and one-on-one time with the RTs. There are regular outings in the wheelchair access van to places of interest.</p> <p>There is a recreational assessment, cultural assessment and activity plan incorporated into the VCare plan. The RTs are involved in the six-monthly evaluation of the VCare plan. There are monthly resident meetings and three-monthly resident and relative meetings. The residents and relatives interviewed expressed satisfaction with the programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All initial care plans were evaluated by the RNs within three weeks of admission. There is evidence of resident and family involvement in the evaluation of the initial care plan. A written evaluation had been completed for one long-term resident who had been at the service six months. The resident/relatives are involved in the review process. Evaluation tools against resident goals were sighted on the electronic resident system. The long-term care plan had been updated for one resident who had been at the service six months. The GP completes three monthly reviews.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability</p>	<p>FA</p>	<p>Referral to other health and disability services is evident in the sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on</p>

<p>Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>resident files. The service provided examples of where a resident's condition had changed, and the resident was reassessed for a higher level of care from rest home to hospital level of care.</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>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets were readily accessible for staff. Chemicals are stored safely throughout the facility. All chemical bottles had correct manufacturer labels. The service uses a mixing system for refilling chemical bottles. The chemical supplier monitors the use and effectiveness of chemicals. Personal protective clothing was available for staff and seen to be worn by staff when carrying out their duties on the day of audit. Relevant staff have completed chemical safety training.</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>The building is three levels with 29 serviced apartments on the first (ground) floor, care centre on the second level and independent apartments on the third level. The building has a certificate for public use which expires 5 December 2018. The construction manager has applied for an extension until construction of the new building has been completed.</p> <p>A full-time property manager has been in the role since the opening of the building and oversees the maintenance for the care centre and serviced apartments. There are two property assistants and a contracted gardening service. There is a reporting system for maintenance requests and repairs, which is entered into the on-line system for approval and sign off when completed. The building is still under warranty. There are essential contractors available 24 hours. Monthly work orders are generated that covers planned maintenance such as resident equipment checks (wheelchairs, beds, call bells), test and tagging of electrical equipment, laundry and kitchen servicing. Hot water temperatures in resident areas are checked monthly. An issue was identified with low water temperatures in one wing and the issue addressed in consultation with the contractors resulting changing of tempering valves.</p> <p>Corridors are wide in all areas to allow residents to pass each other safely. There is safe access to all communal areas and outdoor areas are accessible by lift to the first level. Outdoor areas provide seating and shade. There are small balcony areas also available for care centre residents. The balcony chairs</p>

		<p>have been fixed in place for safety.</p> <p>The caregivers (interviewed) stated they have all the equipment required to safely provide the care documented in the care plans.</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>All rooms are single. There are eight standard rooms. Each set of two rooms have a shared toilet and located near the rooms. Communal toilets/showers have privacy locks and privacy curtains. All other rooms have full ensuites. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. There are adequate numbers of communal toilets located near the communal areas with privacy locks. Resident interviewed confirmed the care staff respect their privacy when attending to their personal cares.</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>There is adequate room to safely manoeuvre mobility aids and transferring equipment such as a hoist as needed for cares and transfer of residents. The doors are wide enough for ambulance trolley access. Residents and families are encouraged to personalise their units as viewed on the day of audit.</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 within the facility include a large main lounge and adjacent dining room with a fully functioning kitchen for baking activities and family use. There is a family/whānau room with tea/coffee making facilities. There are seating alcoves in the care centre. The communal areas and outdoor balconies and garden areas are accessible for residents or with staff assistance.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with</p>	FA	<p>There are adequate policies and procedures that provide guidelines regarding the safe and efficient use of laundry services. The laundry is located in the basement area. All linen and personal clothing is laundered on-site during the night by a dedicated laundry person who carries a pager and is available to staff as required. There is a defined clean/dirty area with an entry and exit door. The laundry facility is</p>

<p>safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>well equipped, and all machinery has been serviced regularly. Dirty laundry is delivered in laundry bags via a chute in the care centre sluice room.</p> <p>There are dedicated cleaning staff on duty daily that commence from 5.30 pm to 12.30 am. Care staff complete linen changes and room tidies. Cleaning trolleys sighted were well equipped and are kept in designated locked cupboards when not in use. There are safety datasheets and product sheets available. All chemicals are dispensed through an auto dispenser. Internal audits monitor the effectiveness of laundry and cleaning processes. The chemical provider monitors the laundry and cleaning processes for effectiveness. Cleaning and laundry staff have completed chemical safety training.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Emergency and disaster policies and procedures, a pandemic plan and a civil defence plan are documented for the service. The education and training programme includes fire and security training, which begins during new staff orientation. Staff interviewed confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit in the care centre and serviced apartments already certified. Fire equipment has been checked within required timeframes.</p> <p>There are adequate supplies readily available in the event of a civil defence emergency including food, water and blankets. Two gas barbeques are available. There is an emergency generator on site and this will include emergency lighting for the care centre and all apartments including those requiring certification. Currently there is enough stored water on site for the care centre residents and those in certified serviced apartments. There are supplies of clinical equipment, medication and other resources to support all residents in the care centre and those in certified serviced apartments for at least three days in the event of an emergency.</p> <p>A call-bell system is in place. Residents were observed in their rooms with their call-bell alarms in close proximity. There is a minimum of one staff available 24-hours a day, seven days a week with a current first aid/CPR certificate. All care staff (including the caregivers allocated to the 23 serviced apartments to be certified) have a current first aid/CPR certificate as confirmed through review of staff records.</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</p>	<p>FA</p>	<p>Visual inspection evidences that the residents have adequate natural light in the bedrooms and communal rooms, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. There is individual ceiling heating that is adjustable in the resident rooms.</p>

temperature.		
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control programme is appropriate for the size and complexity of the service. There is an infection control responsibility policy that includes responsibilities for the infection control coordinator and infection control team members. The infection control coordinator (care centre manager) has been in the role since the service opened 10 months ago.</p> <p>The infection control programme is linked into the quality management system and has been reviewed November 2018 in consultation with the RNs. The quality and staff meetings include a discussion of infection control matters.</p> <p>Visitors are asked not to visit if they are unwell. Influenza vaccines are offered to residents and staff. Hand sanitisers are available throughout the facility.</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>	FA	<p>The infection control coordinator attended the Summerset seminar for all infection control coordinators in October 2018, which included education and training on outbreak management. The infection control team includes all the RNs, the caregivers on duty the day of the meeting, a housekeeping and laundry staff member and input from the GP and pharmacist.</p> <p>The facility has access to an infection control nurse specialist at the DHB, DHB wound nurse, public health, laboratory, GPs and support from the head office.</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</p>	FA	<p>There are comprehensive infection control policies that are current and reflected the Infection Control Standard SNZ HB 8134:2008, legislation and good practice. These are across the Summerset organisation and are reviewed regularly by the national infection control person/registered nurse at head office. The infection control policies link to other documentation and cross reference where appropriate.</p>

type 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 infection control coordinator is responsible for coordinating and providing education and training to staff. The induction package includes specific training around hand washing competencies and standard precautions. Ongoing training occurs annually as part of the training calendar set at head office. There are infection control meeting minutes and quality data including graphs displayed for staff.</p> <p>Resident education occurs as part of providing daily cares such as prompting to sanitise hands before entering the dining room. Care plans can include ways to assist staff in ensuring this occurs. Infection control is discussed at resident meetings.</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>The infection control policy includes a surveillance policy including a surveillance procedure, process for detection of infection, infections under surveillance, outbreaks and quality and risk management. Infection events are collected monthly and entered into the electronic system. The infection control coordinator (care centre manager) provides infection control data, trends and relevant information to the quality and full staff meetings. Infection control data, trends and analysis are reviewed by management, and data is forwarded to head office for benchmarking. Areas for improvement are identified and corrective actions developed and followed-up. The infection control board in the staff office displays meeting minutes, statistics and graphs. A recent rise in urinary tract infections was identified, and analysis identified hot water temperatures were low in one wing of the facility. This was reported to the property manager and the tempering valves replaced and issue resolved. Infection control audits are completed, and corrective actions signed off. Surveillance results are used to identify infection control activities and education needs within the facility. There have been no outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. Interviews with the care staff confirmed their understanding of restraints and enablers.</p> <p>The service currently has two residents assessed as requiring the use of restraint (bed rails) and three requiring enablers (bed rails). Residents voluntarily request and consent to enabler use. Two resident files using enablers were reviewed and included an assessment and consent for use of an enabler. Staff training has been provided around restraint minimisation and management of challenging behaviours.</p>
<p>Standard 2.2.1: Restraint approval and processes</p>	FA	<p>The restraint approval process is described in the restraint minimisation policy. Roles and responsibilities for the restraint coordinator (RN) and for staff are documented and understood. The restraint approval process identifies the indications for restraint use, consent process, duration of restraint and monitoring</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>		<p>requirements. Care staff interviewed confirmed an understanding of the approval process.</p>
<p>Standard 2.2.2: Assessment Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	<p>FA</p>	<p>Only registered nursing staff can assess the need for restraint. Restraint assessments are based on information in the resident's care plan, discussions with the resident and family, and observations by staff. The restraint assessment tool meets the requirements of the standard with risks related to the restraint used documented.</p> <p>Two hospital level residents' files where restraint was being used (bed rails) were reviewed. Each file reviewed included a restraint assessment and consent form that was signed by the resident's family. Caregivers interviewed were all aware of the residents using bedrails.</p>
<p>Standard 2.2.3: Safe Restraint Use Services use restraint safely</p>	<p>FA</p>	<p>Procedures around monitoring and observation of restraint use are documented in policy. Approved restraints are documented. The restraint coordinator (care centre manager) is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialled before implementing restraint.</p> <p>Restraint authorisation is in consultation/partnership with the resident, family and the GP. The use of restraint is linked to the resident's restraint care plan. An internal restraint audit monitors staff compliance in following restraint procedures.</p> <p>Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Documentation reviewed for the two residents using restraint confirmed that there are two hourly checks documented on the monitoring forms.</p> <p>A restraint register is in place, providing an auditable record of restraint use and is completed for residents requiring restraints.</p>
<p>Standard 2.2.4: Evaluation Services evaluate all episodes</p>	<p>FA</p>	<p>The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations are conducted six-monthly and evidenced in one resident record where restraint had been in use for over six months.</p>

of restraint.		
<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>The restraint minimisation programme is discussed and reviewed at a national level and includes identifying trends in restraint use, reviewing restraint minimisation policies and procedures and reviewing the staff education and training programme. The use of restraint and individual clinical issues is discussed at the monthly quality meeting, the monthly registered nurse meeting and the weekly care staff meeting. Staff interviewed, including the care centre manager and the registered nurse, confirmed that a robust process for monitoring use of restraint is in place.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.