

Heritage Lifecare (BPA) Limited - Redroofs Rest Home

Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Heritage Lifecare (BPA) Limited

Premises audited: Redroofs Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 14 February 2019 End date: 15 February 2019

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: 48

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

Redroofs Rest Home provides rest home level care for up to 50 residents. The service is operated by Heritage Lifecare (BPA) Limited and managed by a facility manager and a clinical manager. Residents and families spoke positively about the care provided.

This certification 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 policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, management, staff, a contracted allied health provider and a general practitioner.

This audit has resulted in one area requiring improvement relating to documentation.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is made available to residents. Opportunities to discuss the Code, consent and availability of advocacy services is provided at the time of admission and thereafter as required.

Services being provided respected the choices, personal privacy, independence, individual needs and dignity of residents and staff were noted to be interacting with residents in a respectful manner.

Systems are in place to ensure any resident who identifies as Māori have their needs met in a manner that respects their cultural values and beliefs. Care is guided by a comprehensive Māori health plan and related policies.

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

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to formal interpreting services if required; however creative strategies are in place to manage potential language barriers.

The service has strong linkages with a range of specialist health care providers, which contributes to ensuring the services provided to residents are of an appropriate standard.

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.		Some standards applicable to this service partially attained and of low risk.
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Business and quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation. Monitoring of the services provided to the governing body is regular and effective. An experienced and suitably qualified person manages the facility.

The quality and risk management system include 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 are reviewed regularly.

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

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people. Up to date, legible and relevant residents' records are maintained using an integrated hard copy file.

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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Comprehensive information packs are available for potential residents and their family members. The clinical services manager and the registered nurse works closely with the local Needs Assessment and Service Co-ordination Service, to ensure access to the facility is appropriate and efficiently managed.

On admission, residents' needs are assessed by appropriate professionals from the multidisciplinary team within the required timeframes. The facility has access to a registered nurse 24 hours each day with one to two being on duty every day. There is also access to a podiatrist, physiotherapist, pharmacist, a designated general practitioner and any other discipline that may be required.

On call arrangements for support from senior staff are in place. Shift handovers and ongoing communication between senior staff and the caregivers guide continuity of care.

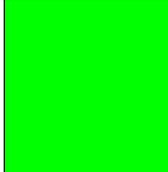
Care plans are individualised and based on a comprehensive and integrated range of clinical information. Short term care plans are developed to manage any new problems that might arise. All residents' files reviewed demonstrated that needs, goals and outcomes are identified and reviewed on a regular 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. Residents are referred or transferred to other health services as required, with appropriate verbal and written handovers.

A dynamic planned activity programme, overseen by a diversional therapist, 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 registered nurses and senior caregivers, all of whom are assessed annually as competent to do so.

The food service meets the nutritional requirements of the residents with personal preferences and any special needs catered for. A food safety plan and 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.
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Redroofs Rest Home meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

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

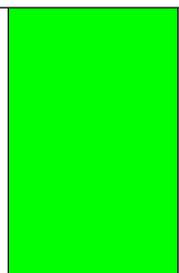
Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells. Security is maintained.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The organisation has implemented policies and procedures that support the minimisation of restraint. No enablers and no restraints were in use at the time of audit.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection prevention and control programme, led by an experienced and appropriately trained infection control nurse, aims to prevent and manage infections. Comprehensive related policies and procedures sit alongside the infection control programme, which is reviewed annually. The role and responsibilities of the infection control nurse, as described in the documents, are being upheld. Specialist infection prevention and control advice can be accessed from the district health board, a microbiologist and the local public health unit.

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

Aged care specific infection surveillance is undertaken, with monthly and ongoing analysis of the incidence of infections, identification of any trends and implementation of quality improvements for prevention. Benchmarking with other aged care facilities within the organisation is occurring.

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	44	0	1	0	0	0
Criteria	0	91	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Redroofs Lifecare uses Heritage Lifecare (BPA) Limited policies, procedures and processes in relation to the Code of Health and Disability Services Consumers' Rights (the Code). The orientation programme for new employees includes information about the Code. Staff training records verified that further education on the Code is provided annually. Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options and maintaining dignity and privacy.</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>Nursing and care staff interviewed understood the principles and practice of informed consent. Organisation-wide informed consent policies and procedures provide relevant guidance to staff and are being followed. Clinical files reviewed show that informed consent has been gained appropriately using the organisation's standard consent form including for photographs, outings, research and management of information. These are completed with the residents, the family member and the admitting nurse at the time of entry to the service.</p> <p>Examples of advance care plans were in residents' files, although many were blank as the resident had chosen not to complete it. Forms relating to resuscitation preferences had been reviewed within the past month and were in all files reviewed. Copies of enduring power of attorney documentation were also in residents' files. Processes for residents unable to consent is defined and documented</p>

		<p>where relevant in the residents' records. The clinical services manager demonstrated an understanding of these processes by being able to explain situations when this may occur.</p> <p>Staff were observed to gain consent for day to day care on an ongoing basis and residents and family members voluntarily informed that staff always ask before they do things.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>During the admission process, residents are given a copy of the Code and a separate leaflet on the Advocacy service. Posters related to the Advocacy Service were also displayed in the facility, and additional brochures were available at the front entrance near reception. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons.</p> <p>Staff interviewed were aware of how to access the Advocacy Service, although there were no examples available in relation to use of the Advocacy Service.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, appointments and entertainment. As described in Standard 1.3.7, the activity programme is diverse and includes a number of outings, one of which is a very popular early morning outing once a week. A local marae, school children, visiting entertainers and community groups are involved. Staff ensure residents are suitably dressed and ready in time for external visits to community-based meetings, church services and events.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' family and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so.</p> <p>The complaints register reviewed showed that nine complaints have been received over the past year and that actions taken, through to an agreed resolution, are documented and completed within the timeframes. Action plans showed any required follow up and improvements have been made where possible. The facility manger (FM) is responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are</p>

		required. There have been no complaints received from external sources since the previous audit.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents interviewed were very familiar with their rights as recipients of care in a health service. They reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) through the admission information provided, discussion with staff and for one person it was through previous employment. Confirmation of understanding about the Code is included in the general consent signed on entry to the service. According to the clinical services manager, the residents and family members are reminded of the Code and the advocacy service following a complaint or an incident.</p> <p>The Code, together with contact details of the advocacy service, is displayed in both English and te reo Maori on a corridor wall. Copies of brochures on the Code, the advocacy service, how to make a complaint and feedback forms were on a table at the front entrance.</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>	FA	<p>Residents and families confirmed that they are receiving services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices. Multiple examples were provided to verify how this is occurring.</p> <p>Staff understood the need to maintain privacy and were observed doing so throughout the audit, while assisting with personal cares, ensuring resident information is held securely and privately, exchanging verbal information and sorting clothing inadvertently unbuttoned and tucked up. All residents have a private room. One resident reported their preference to lock bathroom doors and this is respected.</p> <p>Residents are assisted to maintain their independence by doing as much as they can for themselves and are encouraged to maintain community links according to their abilities. Each service delivery plan included documentation related to the resident's abilities, and strategies to maximise independence. Progress reports included information on the level at which this is occurring.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan. There is a weekly devotions session, a monthly interdenominational service and weekly access to a Roman Catholic priest. Some residents are also assisted to attend external church services or mass. Specific cultural and ethnic needs of one resident are documented and supported.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect is part of the orientation programme for staff. It is then provided on an annual basis, as confirmed in staff and training records with the latest update being</p>

		January 2019. Age Concern is scheduled to attend in March 2019 for a more comprehensive session. The managers informed there was zero tolerance for any such behaviour from staff, including verbal impatience, nor from residents including those with intellectual disabilities.
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>A current Māori health plan developed with input from cultural advisers is available. Links are maintained with cultural advisors from a regional marae, especially through the diversional therapist who proactively integrates Māori culture into the activity programme. The clinical services manager and the facility manager were both familiar with basic tikanga and described how they would ensure appropriate support was available to enable Māori cultural values and beliefs to be integrated into the care plan and life of any person who identified as Māori. There were not any people who identified as Maori in this facility at the time of the audit.</p> <p>Staff were familiar with the principles of the Treaty of Waitangi. Guidance on tikanga best practice is available and the staff interviewed were aware of the importance of whānau for any Māori resident, or staff member.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Residents confirmed during interviews that they are consulted on their individual culture, values and beliefs and that staff respect these. Resident's personal preferences, required interventions and special needs were included in all care plans reviewed. Examples of these included love for the garden and the outdoors, preference to attend church services and devotions, choice to be alone at times and for two residents to enjoy intimacy. Family members informed that the personalised approach and respect for each person's difference is particularly evident in this facility.</p> <p>A resident satisfaction questionnaire completed with the previous owner included evaluation of how well residents' cultural needs are met and this supported that individual needs are being met.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe.</p> <p>All staff have signed 'The Heritage Way', which details the requirement for all employees to maintain professional boundaries. Staff are also provided with a Code of Conduct in both the staff orientation booklet and their individual employment contract. The induction process for staff includes education related to professional boundaries and expected behaviours.</p> <p>Staff are guided by policies and procedures and, when interviewed, demonstrated a clear understanding of what would constitutes inappropriate behaviour and the processes they would</p>

		follow should they suspect this was occurring.
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service encourages and promotes good practice through the availability of evidence based policies and input from external specialist services and allied health professionals. Such services include a visiting podiatrist and physiotherapist, the local hospice/palliative care team, diabetes nurse specialist, wound care nurse, services for older people, needs assessors, a psychogeriatrician and mental health services for older persons.</p> <p>The general practitioner (GP) confirmed the service sought prompt and appropriate medical intervention when required and staff overall were responsive to medical requests.</p> <p>Staff reported they receive management support for a wide range of in-service education and encouragement to complete their national certificate. They also have access to external education that supports contemporary good practice and is undertaken according to individual preferences.</p> <p>During interview, the clinical services manager described other examples of good practice that she had identified during her short time in the role. These were further observed during the audit, or verified during resident and family members and included that with few exceptions resident care is very good and residents present as clean and well cared for. Staff overall have good relationships with the residents, they are quick to observe any changes in a resident and follow-up by registered nurses is prompt and efficient.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>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 evident on incident report follow-up documentation. It was also evident in residents' records reviewed and by the clinical services manager, who informed she contacts family members after every GP or specialist visit, unless the person does not want this. There was also both reported and documented evidence of resident/family input into the care planning process. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Interpreter services can be accessed via the DHB and from the internet when required. Staff knew how to do so, although reported this has not been required. An example of a person who has minimal English language skills was described and communication processes with them observed. Communication cue cards are in use. The records show that a family member provides interpretation as and when needed, such as for doctor visits, appointments, consent processes and care plan reviews.</p>

		Specific instructions for communicating with other residents, who may have a hearing impairment, or an intellectual disability, for example are described in service delivery plans and were observed throughout the audit as being effective.
<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 business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation and are specific for Redroofs Rest Home.</p> <p>FMs report weekly and monthly to Heritage Lifecare Limited (HLL). The weekly report covers occupancy, general comments on movements, health and safety and compliance issues (incidents/accidents), new risks identified, and any outstanding issues. The quality and compliance manager transfers these to the organisation's risk register or updates the register. Compliments and complaints, staffing and HR issues including training, property and environment issues and general comments are included.</p> <p>The monthly report includes include falls with and without injury, pressure injuries, urinary track infections (UTIs), skin tears, bruising, behavioural events, wound infections, acquired infections, and interRAI, and the clinical manager (CM) sends a narrative report with the data report. Based on these reports a spread sheet with graphs is collated at HLL support office and the general manager quality and compliance prepares a quality and compliance report to the chief executive officer (CEO) and the board. The monthly report information is collated at support office and is used to inform decisions made at HLL operations and board meetings. Feedback from the board is to the executive management team via the CEO and from there to the GM Aged Care to the Regional Operations Managers and to the facility. Collated clinical indicator data is provided to each facility in graph form.</p> <p>The service is managed by a FM who holds relevant qualifications and has been in the role for five months. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The FM confirms knowledge of the sector, regulatory and reporting requirements and maintains currency through the organisation's study days and sector meetings.</p> <p>The service holds contracts with the Southern District Health Board (SDHB) for rest home care and respite care. Thirty-seven residents were receiving services under the contract and 11 residents were private paying at the time of audit.</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</p>	FA	<p>When the FM is absent, the CM carries out all the required duties under delegated authority. During absences of key clinical staff, the clinical management is overseen by the RN who is experienced in the sector and able to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.</p>

<p>manner which ensures the provision of timely, appropriate, and safe services to consumers.</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>	<p>PA Low</p>	<p>The organisation has a quality and risk management plan. It is detailed and specifies the roles and responsibilities of all staff members, in particular the FM and CM. Management reporting is also detailed. Refer Standard 1.2.1.</p> <p>The FM develops the quality plan and goals, maintains the document management and control in the facility and is responsible for monitoring and reporting on progress against the quality goals in their weekly manager's report.</p> <p>The CM responsibilities include providing clinical leadership in the facility for the implementation of the plan, providing educational support for the staff and RNs, and providing early warning to the FM on risks.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and were current. Document control is management at HLL support office by the general manager quality and compliance. All documents are updated and sent out via memo with instructions for replacement in manuals in hard copy. However, not all service delivery documents in use are those of HLL and this requires improvement.</p> <p>There are terms of reference for the committees: restraint standards approval; quality, health and safety; resident care review; resident and family; staff meetings; and registered nurse meetings. Training is provided to all staff annually on the quality and risk management system and this includes incidents/accidents, complaints and hazards. Staff interviewed confirmed familiarity with the quality plan.</p> <p>An internal audit schedule is in place and implemented. There is a standard risk management plan which Redroofs Rest Home adds to and is site specific. The FM described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The manager is familiar with the Health and Safety at Work Act (2015) and has implemented requirements.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded</p>	<p>FA</p>	<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 the FM and to the quality and compliance manager.</p>

<p>by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>The FM described essential notification reporting requirements, including for pressure injuries. They advised there have been four notifications of significant events made to the Ministry of Health since the previous audit. All have been closed out.</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. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation and a performance review after three-months and annually thereafter.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Care staff have either completed or commenced an education programme to meet the requirements of the provider's agreement with the DHB. There are sufficient trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments.</p> <p>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 and/or experienced service providers.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. An after-hours on call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this.</p> <p>Observations and review of four weeks of rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate.</p>
<p>Standard 1.2.9: Consumer</p>	<p>FA</p>	<p>The resident's name, date of birth and National Health Index (NHI) number are used on labels as the unique identifier on all residents' information sighted. All necessary demographic, personal,</p>

<p>Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>		<p>clinical and health information was fully completed in the residents' files sampled for review. This has all been updated.</p> <p>Clinical notes were current and integrated with GP and allied health service provider notes. These included copies of interRAI assessment related information that have been extracted from that entered into the Momentum electronic database. Records were legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely on site downstairs and are readily retrievable using a cataloguing system. Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit with all current records kept in the care station that is only accessible to health professionals and caregivers.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Services at Redroofs Rest Home may be accessed via referral from a GP, self-referral, or from a NASC agency. Prospective residents and/or their families are encouraged to visit the facility prior to admission and meet with the clinical services manager. They are also provided with a comprehensive enquiry pack that includes written information about the service and the admission process. A waiting list for entry is in place; however, priorities may overtake this when necessary. The clinical services manager seeks information updates from the NASC and the GP for residents accessing respite care and provided an example of a current respite person who is likely to require long term care.</p> <p>Residents and family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments (including interRAI) and signed admission agreements in accordance with contractual requirements. The clinical services manager requests a copy of a completed pre-entry interRAI assessment for all new residents.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Exit, discharge or transfers are managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses the DHB's 'yellow envelope' system to facilitate the transfer of residents to and from acute care services. Documentation and reports confirmed there is open communication between all services, the resident and the family. At the time of transition between services, appropriate information goes with the resident, including a completed transfer form (from the organisation's documents), medication records with two day's supply of medicines, resuscitation status document, enduring power of attorney documentation and the internal face sheet that includes the resident's details. Transfer documentation was evident in two of the residents' files that</p>

		<p>were reviewed. A resident informed they had no concerns during a transfer, were well informed and felt safe.</p> <p>The process of transfer to another facility was described. This was described as being the same as for acute services with use of the 'yellow envelope' system but the new facility is telephoned first and a handover provided to the nurses there. A copy of the latest interRAI assessment is included. Family are encouraged to transport the resident, otherwise the registered nurse takes them in the van.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. Manuals to guide the use of the electronic medicine management system are available. Use of the electronic system, which is password protected, is enabling easy identification of the prescribers and administrators.</p> <p>A safe system for medicine management using an electronic system was observed during the mid-day meal on the first day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. Records sighted confirmed that 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 and signed off by a registered nurse and a senior caregiver on duty at the time against the prescription. Any changes are checked by the clinical services manager and the registered nurse. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request, to deliver and sign in any controlled medicines and to pick up any unused medicines.</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, accurate entries and signatures of the pharmacist's sign in for new stock.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>An electronically generated report of medicine administration, review dates, prescriber authorisation and use and effectiveness of pro re nata medicines was reviewed. The few omissions identified were already being actioned and addressed by the clinical services manager with the persons responsible. There were no residents requiring a three monthly GP review of their medicines.</p>

		<p>There was one resident who was self-administering a medicine at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner. Medication errors are recorded on an accident/incident form and followed up with quality improvement processes. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</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>Food services are provided on site by a chef, a cook and a team of kitchen hands. The menu rotates over four weeks and follows summer and winter patterns. It is the same menu as Heritage Lifecare (BPA) Limited has had prepared and approved by a registered dietitian in 2018, for which an email affirming this was viewed. Food provided is in line with recognised nutritional guidelines for older people.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the local city council with an expiry date of 31 July 2019. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. Accepted good principles and practices around safe food storage are being upheld. The food services manager 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. A registered nurse is responsible for reporting any changes to these requirements to the kitchen in writing. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews and resident meeting minutes. Food is an agenda item for all residents' meetings. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There was enough staff on duty in the dining rooms at meal times to ensure appropriate assistance is available to residents as needed.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the</p>	FA	<p>The clinical services manager informed that in her experience the local NASC services are aware of the services provided at the facility and people are fully informed of the services provided when they visit. However, in the event of a prospective resident not meeting the entry criteria, or the service being unlikely to adequately meet their needs, or there is no vacancy at the time, the local NASC is advised. The NASC is responsible for ensuring the prospective resident and family are supported to</p>

<p>consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>		<p>find an appropriate care alternative.</p> <p>If the needs of a resident change and service is no longer able to provide the level of services required, a referral for reassessment to the NASC is made and a new placement found. Such actions are undertaken in consultation with the resident and whānau/family. Examples of this occurring were discussed with the facility manager and the clinical services manager. There is a clause in the Aged Related Residential Care Agreement related to when a resident's placement can be terminated.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>Information is documented using validated nursing assessment tools that include skin integrity/pressure injury risk, pain levels, falls risk, oral health and nutrition. Additional information is obtained from the resident, family members and from the GP following a medical assessment. All new residents are visited by a physiotherapist, who completes a physiotherapy assessment. A diversional therapist completes a personal profile and an activity assessment.</p> <p>The information obtained is used to identify any deficits and to inform care planning. The sample of care plans reviewed had an integrated range of resident-related information. All residents have current interRAI assessments.</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>Plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. In particular the needs identified by the interRAI assessments and reassessments are reflected in care plans reviewed. Personal goals sit within the organisation's template used to record the care plan, which is divided into categories of different aspects of care. It was noted that five of the seven care plans were documented on the template of the previous provider, despite them all having had one or more reviews since the ownership changed. This has been identified for corrective action in criterion 1.2.3.4.</p> <p>Care plans evidence service integration with progress notes, activities notes, medical and allied health professional's notations clearly written, informative and relevant. Any change in care required is documented and verbally passed on to relevant staff at shift handovers, or during the shift the change occurs on. 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>FA</p>	<p>Documentation, observations and interviews verified the provision of care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of</p>

<p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>resident's individualised needs was evident. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a very high calibre. Note was made of the competence staff demonstrated during a particularly challenging situation.</p> <p>Care staff confirmed that care was provided as outlined in the documentation and that they have easy access to the service delivery plans. They feel the senior staff listen to them when they report changes for a resident. Equipment and resources were available, including access to a range of external services and specialist. All were suitable for the level of care provided and in accordance with the residents' needs.</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 activities programme is provided by a trained diversional therapist, who holds the national Certificate in Diversional Therapy, works 40 hours a week and has been at the facility for six years. Caregivers and volunteers may assist when required.</p> <p>A personal profile that involves a social assessment and history is undertaken on admission to ascertain the residents' needs, interests, abilities and social requirements.</p> <p>The resident's activity needs are individually evaluated as part of the formal six monthly care plan review. Until late 2018 these had been completed three monthly. All reviewed were comprehensive and consistent with the person's goals.</p> <p>The planned monthly activities programme sighted matches the skills, likes, dislikes and interests identified in assessment data. Activities reflect residents' goals, ordinary patterns of life and include normal community activities. Individual, group activities and regular events are offered. Examples include a gardening group, a book club, a weekly happy hour, newspaper reasons, exercises, quizzes, outings (including picnics), spiritual meetings and housie. Residents interviewed stated there was always something happening and confirmed they find the programme mostly stimulating, although reported that some days may be not quite so exciting if it is not an activity of their interest.</p> <p>Residents' meeting minutes demonstrated how activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents at a given point in time. Informal feedback from residents is also noted and results of a survey prior to the current owner provided guidance. Participant records for each activity are maintained and also contribute to planning the programme.</p> <p>Each year, the diversional therapist constructs an album that includes an informative overview of key activities and photographs of the participants. Positive feedback about the albums, as well as the content of them has been provided by residents and family members. Family members were all positive about the energy of the diversional therapist, the number and types of activities organised</p>

		and the level of participation of residents, which was also observable during the audit.
<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 registered nurse or the clinical services manager.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment and as residents' needs change. Most reviews were against the interventions, rather than the goals of the residents, but they did reflect the level of functioning and degree of response to the interventions. There were multiple examples of reviews having occurred following a change of health status or abilities of a resident. Evaluations are documented by the registered nurse or the clinical services manager and where progress is different from expected, the service responds by initiating changes to the plan of care. Copies of notes from multi-disciplinary reviews were sighted and demonstrated that input from residents, family members and allied health professionals are taken into consideration. Residents and families/whānau interviewed provided examples of involvement in the evaluation of progress and any changes evident.</p> <p>Examples of short term care plans having been consistently reviewed for infections, skin tears and post fall observations were sighted. Progress was evaluated as clinically indicated with most being every two to three days 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.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability 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>	FA	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a 'house doctor', residents may choose to use another medical practitioner and three people have chosen to do this. If the need for other non-urgent services are indicated or requested, the GP or clinical services manager sends a referral to seek specialist input.</p> <p>Copies of referrals were sighted in residents' files, including for dental treatment, podiatry, dietitian input and ear health. Other examples provided by the clinical services manager included referrals to a wound nurse/specialist, the NASC, older person's mental health, denture repair services and medical and surgical specialists, when indicated. Referrals are followed up on a regular basis by the registered nurse, or the GP. The resident and the family are kept informed of the referral process, as verified by documentation in the communication log in individual files and during interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate. Examples of these were sighted, including for the tracer. All referrals are documented in the progress notes.</p>

<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. There is a designated chemical handler who has completed the required training. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff and audit the chemicals for effectiveness.</p> <p>Material safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur.</p> <p>There is provision and availability of protective clothing and equipment and staff were observed using this.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness (expiry date 02 March 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 staff and observation of the environment. The environment was hazard free, residents were safe, and independence was promoted.</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting.</p> <p>Residents and staff confirmed they knew the processes they should follow if any repairs or maintenance is required, that any requests were appropriately actioned and that they were happy with the environment.</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>	<p>FA</p>	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. This includes ensuite bathrooms. Appropriately secured and approved handrails are provided in the toilet and shower areas, and other equipment and accessories are available to promote residents' independence.</p>

<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids, wheel chairs and mobility scooters. Staff and residents reported the adequacy of bedrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>Communal areas are available for residents to engage in activities. The dining and lounge areas are spacious and enable easy access for residents and staff. There are many other small seating areas around the facility and observed being used. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Laundry is undertaken on site in a dedicated laundry. Laundry staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner.</p> <p>There is a small designated cleaning team who have received appropriate training, as confirmed in interview of cleaning staff and training records. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers.</p> <p>Cleaning and laundry processes are monitored through the internal audit programme, and by the external company.</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>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service in March 2015. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 28 August 2018. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for full occupancy of</p>

		<p>residents. Water storage tanks are located around the complex. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed on a regular basis and residents and families reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows and many have doors that open onto an outside garden or small patio area. Heating is provided by electric panel heaters in residents' rooms and heat pumps in the communal areas. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The service provides a managed environment that minimises the risk of infection to residents, staff and visitors by the implementation of an appropriate infection prevention and control (IPC) programme. Infection control management is guided by a comprehensive and current infection control manual (March 2018), developed at organisational level, with input from relevant specialist. This covers infection control staff and health practices, overall policies and procedures and waste management. The infection control programme, as described within the manual, is reviewed annually.</p> <p>The clinical services manager, who is also a registered nurse, is the designated infection, prevention and control nurse. The role and responsibilities are defined in a job description in the infection control manual. Infection control matters, including surveillance results, are reported monthly to the quality and risk team meeting at Redroofs Rest Home, as well as being included in the key performance indicators that are reported monthly to the Heritage Lifecare (BPA) Limited support office.</p> <p>During winter months, signage is reportedly at the main entrance to the facility requesting anyone who is or has been unwell in the past 48 hours not to enter the facility. This is also on display in the event of an outbreak. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these related responsibilities and the facility and clinical services managers both noted that staff are generally good at keeping away from work if not well, but any unwell staff are sent home.</p>

<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The infection prevention and control nurse has appropriate skills, knowledge and qualifications for the role. She has only been in this role since her appointment to the position several months ago, although undertook the same duties at a facility she previously worked at. An appropriate post-graduate infection prevention and control certificate has been obtained and relevant study days attended, as verified in training records sighted. Well-established local networks with a DHB infection control nurse, the local public health unit and expert advice from a microbiologist is available when additional support and information is required. The infection prevention and control nurse has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The infection prevention and control nurse confirmed the availability of resources to support the programme and any outbreak of an infection.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The infection prevention and control policies reflected the requirements of the infection prevention and control standard and current accepted good practice. Policies were last reviewed in March 2018 and included appropriate referencing. Public health fact sheets are included in the manual.</p> <p>Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves, as appropriate for an aged care service. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Priorities for staff education are outlined in the infection control programme annual plan. Interviews, observation and documentation verified staff have received education in infection prevention and control at orientation and ongoing education sessions. Education is currently being provided by the clinical services manager/infection prevention and control nurse. Although this person has only been at the facility for a couple of months, staff have already been provided with a session on use of personal protective equipment. The registered nurse confirmed she undertakes annual hand-washing competency reviews with staff. Content of the training and competency reviews are documented and a record of attendance at all staff training is maintained. Staff reported an outbreak had occurred more than a year ago, prior to the current owner, the current managers and</p>

		<p>the provisional audit, but was quickly contained.</p> <p>Education with residents was reported as generally being opportunistic and on a one-to-one basis. It has included reminders about handwashing (observed during the audit) and advice to residents about keeping fluids up in the hot weather (also observed).</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Surveillance is appropriate to that recommended for 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, a record of this is documented in the infection reporting form and in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>The infection control nurse reviews all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Examples of such actions being followed through were viewed. Results of the surveillance programme are shared each month via both quality and staff meetings. Infection surveillance data is reported to support office in the key performance indicators report each month. This report includes the total incidence of infection and, whether the rate was higher or lower than the previous month. Comparison with data from a year ago is not yet possible as it was still under the previous owner. Graphs are produced that identify trends over the past ten months. Data is benchmarked externally alongside that of Heritage Lifecare's other aged care providers. Benchmarking has provided assurance that infection rates in the facility are generally low for the sector.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provided guidance on the safe use of both restraints and enablers. The restraint coordinator is responsible for enabler and restraint management and education in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and her role and responsibilities.</p> <p>On the day of audit, no residents were using restraints and no residents were using enablers. This has been consistent over many years.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.4</p> <p>There is a document control system to manage the policies and procedures. This system shall ensure documents are approved, up to date, available to service providers and managed to preclude the use of obsolete documents.</p>	PA Low	<p>Heritage Lifecare has a set of document-controlled policies and procedures, templates and forms. These include templates for use in residents' clinical records. It is expected that as reviews occur, the information is transferred to the documentation for the current owner.</p> <p>In five of seven residents' files reviewed during the audit, the care plan in use was still on the template of the previous provider. This was evident despite at least one six-month review having occurred for the residents and the updates having been documented into the previously used template. In two files, the residents concerned had had two reviews since the template change.</p> <p>Also observed were examples of short-term care plans and infection control records, some as recent as the past two months, being entered into templates of the previous owner. Three such examples were of a Heritage Lifecare template being used at one point and then use of the forms of the previous owner recurring. One file had two short term care plans for the</p>	<p>There was evidence of non-approved and obsolete documents in use. For example:</p> <ul style="list-style-type: none"> Some care plans remain on the care plan template of the former owner of the facility, despite one or 	<p>Documents, templates and associated forms being used in residents' files consistently comply with the requirements of the current service provider.</p>

		<p>same purpose, one on a form of the current owner and one on that of the previous owner, with crossovers of updates. Conflicting information was provided by staff as to whether they were expected to have already changed to documentation of the current service provider, or whether they were to wait for introduction of electronic recording systems.</p>	<p>two residents' reviews having occurred since the purchase.</p> <ul style="list-style-type: none"> • Examples of recent short-term care plans and infection control records being documented on the templates of the former owner were sighted in residents' files reviewed. 	<p>180 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.