

Lonsdale 2005 Limited - Lonsdale Total Care Centre, Riverside Lodge

Introduction

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

The audit has been conducted by 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:	Lonsdale 2005 Limited
Premises audited:	Lonsdale Total Care Centre Riverside Lodge
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 7 March 2019 End date: 8 March 2019
Proposed changes to current services (if any):	
Total beds occupied across all premises included in the audit on the first day of the audit:	53



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Lonsdale Total Care Centre is a 50-bed facility that provides rest home, hospital/medical and dementia level care. Occupancy on the day of audit was 36 residents. Riverside Lodge is a 20-bed rest home. The total number of residents at Riverside Lodge on the days of audit was 17 residents.

This unannounced surveillance audit was conducted against a subset of the 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, family, management and staff.

A general manager (RN) manages the two facilities and has been in the role since October 2014 and with the service for over five years. The general manager also oversees clinical management. The general manager is supported by registered nurses, a household manager and office manager.

The service has an established quality and risk management system. Residents, families and the general practitioner interviewed commented positively on the standard of care and services provided.

The shortfall identified as part of the previous audit has been addressed around care plan interventions.

The service is commended for maintaining two continued improvement ratings around the quality programme and infection surveillance programme.

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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Lonsdale Total Care Centre and Riverside Lodge have a culture of open disclosure. Families are regularly updated of residents' condition including any acute changes or incidents. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified ongoing involvement with the community.

Organisational management

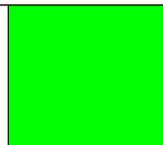
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The service has an annual business and quality plan in place with annual quality objectives.

Quality data is collated for accident/incidents, infection control, internal audits, concerns and complaints and surveys. Incidents are appropriately managed. There are documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. There is a staffing policy that includes a documented rationale for determining staffing levels and skill mixes for safe service delivery for hospital, rest home and dementia level of care. The staffing roster indicates there are adequate numbers of staff and registered nurses on duty to safely deliver care within a timely manner. There is an annual education planner in place that includes compulsory training for aged care staff.

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.

The service has assessment processes and resident's needs are assessed prior to entry. Assessments, resident care plans and evaluations were completed by the registered nurses within the required timeframes. Risk assessment tools including interRAI assessments and monitoring forms were available and implemented. Care plans were individualised and identified involvement of allied health professionals.

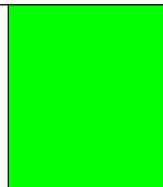
A diversional therapist coordinates and implements activity programmes across the two sites. She is supported by volunteers. The activities meet the individual recreational needs and preferences of the resident groups, including dementia level residents and younger people at the home. There are outings into the community and visiting 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.

All meals and baking are prepared and cooked on-site at each facility. Resident's individual dietary needs were identified and accommodated. Staff have attended food safety and hygiene training. Additional snacks were available 24 hours.

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.

Lonsdale Total Care building and Riverside Rest Home building both have a current building warrant of fitness.

Lonsdale has undergone a complete redevelopment of the hospital end of the building with a new kitchen, nurses' station, family lounge, sluice room, new resident rooms, staff room and visitor's toilet. Riverside is a single-story home set in a beachside community with a home-like environment.

There is a full-time maintenance person that is employed for both facilities. There is a monthly planned maintenance plan that includes environmental and resident equipment maintenance.

The facilities have wide corridors with handrails and sufficient space for residents to safely mobilise using mobility aids. There is safe access to outdoor areas. Seating and shade is provided.

The dementia care unit has exit and entry points to the safe outdoor walking pathway and garden areas which provide seating and shade.

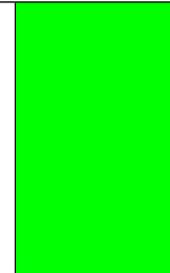
Restraint minimisation and safe practice

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 and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort. Staff receive regular education and training on restraint minimisation. There were nine hospital residents with restraint on the day 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.

The infection control programme is appropriate for the size and complexity of the service. The infection control coordinators are responsible for coordinating and providing education and training for all staff. The infection control coordinators have attended external training. The infection control manual outlined the scope of the programme and included a comprehensive range of policies and guidelines. The infection control team 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.

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	17	0	0	0	0	0
Criteria	2	41	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The general manager has overall responsibility for ensuring all complaints (verbal or written) are fully documented and investigated. There is a complaint's register that includes relevant information regarding the complaint, acknowledgment within the required timeframe, investigation, outcomes, follow-up letters, offers of advocacy and resolution. There were six complaints on the complaint log since the previous audit. All complaints have been managed in line with Right 10 of the Code. A review of complaints documentation evidenced resolution of the complaint to the satisfaction of the complainant. Residents (three rest home and one hospital - who was also a younger person) and family members advised that they are aware of the complaints procedure. Discussion around concerns, complaints and compliments was evident in facility meeting minutes.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</p>	FA	<p>There is a policy to guide staff on the process around open disclosure. Relatives (one hospital and one rest home) stated they are notified promptly of any incidents/accidents. Residents/relatives have the opportunity to feedback on service delivery through annual surveys and open-door communication with management. Resident meetings encourage open discussion around the services provided (meeting minutes sighted). Accident/incident forms reviewed evidenced relatives are informed of any incidents/accidents. Residents receive a regular newsletter (The Goss) that keeps them informed on all matters that affect them, community news and facility renovations.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident</p>

communication.		should they wish to do so. There is access to an interpreter service as required.
<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>Lonsdale Total Care Centre is a 50-bed facility that provides rest home, hospital/medical and dementia level care. Occupancy on the day of audit was 36 residents. There were eleven rest home residents including two YPD residents, eighteen hospital residents including two YPD residents. There are 10 dual-purpose beds. There were seven residents in the dementia unit. All other residents were under the Age Related Residential Care (ARRC) contract.</p> <p>Riverside Lodge is a 20-bed rest home. The total number of residents at Riverside Lodge on the days of audit was 17 residents.</p> <p>A general manager (RN) manages the two facilities and has been in the role since October 2014 and with the service for over five years. The general manager also oversees clinical management. The general manager is supported by a household manager and office manager. The household manager oversees the non-clinical services. The general manager has maintained at least eight hours of professional development annually, attending relevant courses and forums provided at the DHB.</p> <p>The CEO (owner) meets monthly with the general manager, household manager and office manager.</p> <p>The service has a business plan, which included a review of the previous year's plans. The service has quality goals, which have been reviewed regularly.</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>The service has a well-established quality programme.</p> <p>There are policies and procedures 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. Staff (three healthcare assistants, one registered nurse, one cook, one diversional therapist and the head cook) confirmed they are made aware of any new/reviewed policies. There are sufficient clinical policies/procedures to support hospital and dementia level care</p> <p>Quality information is discussed at the monthly staff meetings and include clinical review and analysis of a range of clinical outcomes including; falls, skin tears, behaviour, medication errors, bruises, and infections. Staff interviewed stated they are well informed.</p> <p>An annual internal audit schedule confirmed audits are being completed as per the schedule. Corrective actions are developed where opportunities for improvements are identified and are signed off when completed. The quality and risk management programme also includes health and safety and hazard identification. Staff report</p>

		<p>any hazards identified on the daily maintenance request/hazard form.</p> <p>Falls prevention strategies are in place that includes the analysis of falls incidents and accidents and any areas for improvement. The service has continued to reduce the number of falls. Prevention strategies and corrective actions are documented in the resident's care plan.</p> <p>Satisfaction surveys are completed annually. The survey results are collated to identify if there are any areas for improvement and results documented in the newsletter (The Goss). The July 2018 survey evidenced high levels of satisfaction around; quality of care, resident rights, involvement in care and complaints management.</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>There is an accident/incident policy, which is part of the risk management plan. Monthly data collection of accident/incidents is completed. When an incident occurs, the staff member discovering the incident completes the accident/incident form. The incident/accident is documented in the progress notes. The RN on duty completes a clinical assessment and identifies preventative and corrective actions. All incidents/accidents are signed off by the general manager, who conducts a further investigation if required. Eight falls related incident forms sampled evidenced detailed investigations and corrective action plans following incidents, including neurological observations for six of the resident related incidents.</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>	FA	<p>There are human resources policies to support recruitment practices. Six staff files were reviewed (two RNs, two healthcare assistants, one diversional therapist and one cook). All files contained relevant employment documentation including current performance appraisals and completed orientations. Current practising certificates were sighted for the registered nurses. All required staff have been employed and appropriate employment practices followed. The service has an orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>There is a comprehensive annual education planner in place that covers compulsory education requirements. The planner and individual attendance records are updated after each session. Monthly clinical reviews are used as a forum for education as part of the discussion and review of resident care. Eight of the nine RNs have completed interRAI training. Clinical staff complete competencies relevant to their role. The RNs have completed syringe driver training, advanced care planning training, pain assessment and management, palliative care and have access to external training.</p> <p>Five HCAs are employed in the dementia unit. Four HCAs and the diversional therapist have completed the</p>

		<p>required dementia standards. One HCA has been employed less than 18 months and is enrolled to commence the dementia standards.</p> <p>Staff interviewed believed new staff are adequately orientated to the service on employment.</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>	FA	<p>Staffing rosters were sighted and there are an adequate number of staff on duty to meet the resident's needs on different shifts.</p> <p>Riverside site with 17 rest home residents (of 20 beds).</p> <p>Registered nurse oversight is provided by an RN 7 days a week and also the manager at the Lonsdale site. Staff at Riverside stated that they are supported very well by the RNs and management. There is a healthcare assistant on each shift.</p> <p>The Lonsdale site has eleven rest home residents and eighteen hospital level residents.</p> <p>There is one RN for AM, PM and nightshift. There is also a floating HCA short shift on the AM shift. There are two healthcare assistants on AM, PM and one at night. The dementia unit with seven residents has separate staffing; There is an RN each day and one HCA each shift (AM, PM and night).</p> <p>Staff at Riverside access the RN at Lonsdale after hours for advice and the on-call RN if a clinical assessment is required. The general manager (RN) covers both facilities and works full-time. Residents and relatives interviewed confirmed that there are sufficient staff on-site at all times and staff are approachable and, in their opinion, competent, respectful and friendly. HCAs interviewed stated that there was sufficient staff and any absentees get replaced within the team.</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>All ten medication charts reviewed on the electronic medication system met legislative prescribing requirements. The GP has reviewed the medication charts three-monthly.</p> <p>The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. All residents have individual medication orders with photo identification and allergy status documented. The medication fridge at Lonsdale and Riversdale are monitored. Both sites have secure, dedicated medication storage.</p> <p>A verification check is completed by the RN against the resident's medicine order when new medicines are supplied from the pharmacy. Short-life medications (ie, eye drops and ointments) are dated once opened.</p> <p>Education on medication management has occurred with competencies conducted for the registered nurse and senior healthcare assistants with medication administration. Registered nurses complete syringe driver training.</p>

		<p>Education around safe medication administration has been provided. Ten medication charts reviewed identified that the GP had seen the resident three-monthly and the medication chart was signed each time a medicine was administered by staff. An HCA was observed administering medications and followed correct procedures. There were no residents who self-administered medicines on the day of audit although process is in place if needed.</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>	<p>FA</p>	<p>The kitchen at Lonsdale has been fully renovated and extended in April 2016. The kitchen is well equipped with new appliances, has a good work flow and good size pantry and food storage areas. The kitchens at Lonsdale and Riverside were observed to be very clean. There is a verified food control plan in place dated 30 August 2018 and a dietitian review of the menu dated March 2017.</p> <p>The cook on duty is supported by morning and afternoon kitchenhands. At Lonsdale, meals are delivered in a bain marie to the rest home and hospital dining rooms. Meals for the dementia care residents are plated and delivered in a hot box to the dining area. Dietary requirements for residents are known and accommodated such as pureed, soft and dairy-free meals. There are nutritious snacks available 24 hours in the dementia unit kitchenette.</p> <p>There is a cook and kitchenhand on duty at the Riverside kitchen. The cook receives resident dietary profiles and dislikes and dietary requirements are accommodated, including soft diets. Both residents and family members praised the meals and snacks.</p> <p>All food services staff have completed food safety units and refreshers. End-cooked temperatures are taken and recorded daily. Fridge, freezer and dishwasher temperatures are monitored daily. All goods in the party were date labelled. All perishable foods in fridges were date labelled. Chemicals are stored safely. Staff were observed wearing personal protective clothing. Cleaning schedules are maintained.</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>Resident care plans reviewed were resident focused and individualised. Overall identified support needs were included in the care plans for all long-term resident files reviewed. Two files of residents in the dementia care unit (sample increased) contained a comprehensive behaviour management plan. Care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process. Relatives interviewed confirmed they were involved in the care planning process. Resident files demonstrated service integration and evidence of allied health care professionals involved in the care of the resident such as the physiotherapist, hospice service, pain management team and mental health services. Pain interventions were documented as needed, two resident files for residents who used restraint had the restraint and the risks associated with restraint documented in the care plan. This is an improvement from the previous audit.</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>Five resident files were reviewed for this audit. All resident information is documented on the service's electronic care planning and documentation process. Care plans reviewed included; two hospital level including one younger person, two residents at rest home level (one each from Lonsdale and Riverside) and one resident from the secure dementia unit.</p> <p>When a resident's condition alters, the registered nurse initiates a review and if required a GP or nurse specialist consultation. There is evidence that family members were notified of any changes to their relative's health including (but not limited to): accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are documented in the electronic resident file.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. Wound assessments, treatment and evaluations were in place for all current wounds and skin tears. There was one stage two (healing) pressure injury on the day of audit. There was a range of equipment readily available to minimise pressure injuries.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management and continence products identified.</p> <p>Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission identifying resident nutritional status and preferences. Short-term care plans document appropriate interventions to manage short-term changes in health.</p> <p>Monitoring occurs for weight, vital signs, blood glucose, pain, challenging behaviour, wounds, restraint and continence.</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 has a qualified diversional therapist (DT) who has been in the role for six months. She is supported by 21 volunteers.</p> <p>All residents can attend any of the activities planned for each of the services; there are separate activity plans for Riverside, hospital/rest home and the dementia unit. The DT spends one day a week at Riverside Rest Home and ensures residents are invited and transported to activities and entertainment at Lonsdale. There are organised activities during the week and other activities initiated by the HCAs in the weekends. Activities are held in several locations within the facility. The variety of activities meets the abilities of all residents. Entertainers attend the home regularly and there are regular outings and drives for all residents at both facilities. Residents are supported to attend religious services. Residents are encouraged to maintain links within the community including schools. The service provides transport for residents to attend their community groups. Special events and festivities are celebrated, and families are invited to attend.</p> <p>The service ensures that the younger residents (four), are enabled to access the community and also enjoy activities within the home. One younger person interviewed praised the activities. Residents and family members</p>

		<p>spoke positively about the activities provided.</p> <p>One-on-one time or small group activities are carried out with the dementia residents (observed on the day of audit). Healthcare assistants in the dementia unit facilitate small group or individual activities at other times. There are adequate resources available.</p> <p>An activity assessment and plan are completed on admission in consultation with the resident/family (as appropriate) and reviewed six-monthly.</p> <p>Residents and families have the opportunity to feedback on the activity programme through meetings and surveys.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The service continues to document comprehensive evaluations of care on the electronic care planning system. All initial care plans reviewed were evaluated by the RN within three weeks of admission. Long-term care plans have been reviewed at least six-monthly or earlier for any health changes. The written evaluation documents the resident's progress against identified goals. The GP reviews the residents at least three-monthly or earlier if required. The multidisciplinary team includes the general manager (clinical), DT, registered nurse, resident/relative and any allied health professional involved in the care of the resident. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Changes are made to care plans.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The Lonsdale Total Care building has a current building warrant of fitness that expires 31 March 2019. The Riverside Rest Home building has a current building warrant of fitness that expires 12 December 2019.</p> <p>Lonsdale is a large, spacious single-story building with safe internal access between the bedrooms and communal areas of the rest home and hospital. There has been a complete re-development of the hospital end of the building with a new kitchen, nurses' station, family lounge, sluice room, new resident rooms, staff room and visitor's toilet.</p> <p>Riverside is a single-story home set in a beachside community with a home-like environment. Hallways in both facilities are sufficiently wide enough to allow residents to mobilise safely with the aid of walking frames and other mobility aids.</p> <p>There is a full-time maintenance person that is employed for both facilities. There is a maintenance log book for repairs and maintenance requests. Minor repairs are addressed and signed off. Essential contractors are available 24 hours. There is a monthly planned maintenance plan that includes environmental and resident equipment maintenance. Electrical equipment has been tested and tagged. Clinical equipment has been calibrated annually. Planned maintenance includes call bell and hot water temperature monitoring monthly.</p>

		<p>The facilities have wide corridors with handrails and sufficient space for residents to safely mobilise using mobility aids.</p> <p>There is safe access to outdoor areas. Seating and shade is provided.</p> <p>The dementia care unit has exit and entry points to the safe outdoor walking pathway and garden areas which provide seating and shade.</p> <p>The RNs and HCAs (interviewed) at both sites, stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plans.</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>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinators collate information obtained through surveillance to determine infection control activities and education needs in the facility. Infection reports are completed for all infections. Infection control data and relevant information is displayed for staff. Definitions of infections are in place appropriate to the complexity of service provided.</p> <p>Infection control data is discussed at the monthly clinical review meetings and presented by PowerPoint, including graphs of infection events. Monthly and annual comparisons are made for the type and incidence of infection rates. Internal audits for infection control are included in the annual audit schedule.</p> <p>There is close liaison with the GP that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>There have been no outbreaks since the previous audit.</p> <p>Urinary tract infections were noted to have decreased following a spike in August. A process of education, information in the staff newsletter and team talks to staff have reduced the occurrence to nil at the time of audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are policies around restraints and enablers last reviewed January 2017. The service currently has nine residents assessed as requiring the use of restraint. There is a restraint coordinator (RN) who reports to the RN meetings and general manager. There is documented evidence of consultation with the resident and family/whānau regarding the use of restraint. Residents voluntarily request and consent to enabler use. There were no enablers in use on the day of audit.</p> <p>Staff receive training around restraint minimisation on orientation and as part of the annual education programme.</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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	CI	<p>The service has continued to implement a project around improving the practice to eliminate pressure injuries by early recognition of residents with pressure injury risk and early intervention. The fall preventions programme has also continued with positive results evidenced.</p>	<p>The focus on education on pressure injury prevention for RNs and HCAs has continued. Education for RNs also included risk assessments and integrating outcomes into care plans and monthly team talks. The daily electronic progress notes require the HCAs to report on daily skin checks of residents in their care. The service has one pressure injury and this resident is on the palliative journey. The service has been successful in changing the culture to increase awareness around pressure injuries, risk assessments, early detection and intervention to actively eliminate pressure injuries.</p> <p>The service continues to implement a falls prevention programme since previous audit with the overall falls trend continuing to decrease. The overall service has improved as staff are more falls prevention aware, report any “unplanned change of level” as a fall and make requests for safety equipment. Incident forms reviewed documented an in-depth review of the fall and ways to prevent/minimise further falls.</p>

<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>	<p>CI</p>	<p>Trends are reviewed monthly and goals identified with preventative measures put in place. Infection control goals are reviewed and discussed at each infection control team meeting. The service has been successful in continuing to reduce and maintain low rates, especially over the warmer months.</p>	<p>The action plan that has continued to be implemented included: increased discussion and presentations at clinical review meetings, internal audits, team talks, roster emails, education and awareness through hand hygiene, perineal care (HCAs), wound care (RNs), catheter cares and fluid/hydration promotion. The service also identified “blue hands in the corridor” and launched a campaign to reduce inappropriate use of gloves. An evaluation of the action plan evidenced an improvement in infection control practice and use of gloves, hydration rounds offering fluids in a variety of forms (eg: ice blocks). At the time of audit, urinary tract infections continued to remain low with nil at the time of audit.</p>
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End of the report.