

Y&P NZ Limited - Eden Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Y&P NZ Limited
Premises audited:	Eden Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 12 December 2019 End date: 12 December 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:	17

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

Y&P NZ Limited - Eden Rest Home provides care for up to 19 residents requiring rest home level care.

This unannounced surveillance audit was conducted against a subset of the Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies, procedures, residents' and staff files, observations and interviews with residents, families, a general practitioner, the owner/manager and staff. An interpreter was used for all resident and most of the family interviews, as all except one of the residents spoke Cantonese, Mandarin or Shanghainese. Two staff were also interviewed with the assistance of an interpreter as they had limited ability to communicate in English or had English as their second language.

The area for improvement raised at the last audit related to falls care planning has been addressed. There were no areas identified as requiring improvement at this audit.

Residents and family members interviewed were satisfied with the owner/manager, staff and the services they provide.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Open communication between staff, residents and families is promoted and was confirmed to be effective. Most staff speak Mandarin or Cantonese and/or Shanghainese and provide residents and families with the information they need to make informed choices and to give consent.

One complaint has been received in 2019. This has been acknowledged, investigated and responded to in a timely manner.

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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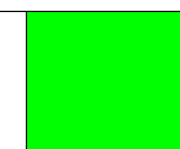
The organisation's philosophy, mission and vision statement are identified in the business and strategic plan. The manager (who is the rest home owner), the manager's assistant (employed in August 2018), and the other members of the care team work together to ensure service planning covers business strategies for all aspects of service. The services offered meet residents' needs, legislative requirements and good practice standards.

The quality and risk system and processes support effective, timely service delivery. The quality management systems included an internal audit programme, complaints management, incident/accident reporting, hazard management, resident satisfaction surveys, and enabler and infection control data collection. Quality and risk management activities and results are shared among managers, staff, residents and families, as appropriate. Corrective action planning is well documented.

New staff have an orientation appropriate for their role. Staff participate in relevant ongoing education. Applicable staff and contractors maintain current annual practising certificates. Residents and family members confirmed during interview that all their needs and wants were met.

The service has a documented rationale for staffing which was implemented. A registered nurse is on call when not on site.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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The processes for planning, provision of care, evaluation and review of care and exit from the service are provided within the timeframes that safely meet the needs of the resident and meets the contractual requirements with the district health board.

The service was coordinated in a manner that promotes continuity of service provision and encouraged a team approach. The care plans described the needs and interventions required to identify objectives and outcomes. Where progress was different to that expected the service was able to respond by initiating changes to the care plan or using short term care plans as clinically indicated.

The service provides planned activities that are voluntary to attend, meaningful to the residents and where independence is maintained.

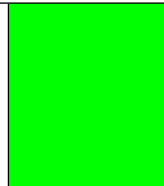
Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents and special needs are catered for.

The residents and families interviewed stated they were highly satisfied with the care provided, the meal service and the activities programme on a daily basis.

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.

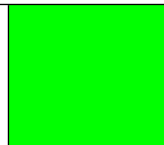


Standards applicable to this service fully attained.

Eden Rest Home has a current building warrant of fitness. There have been no changes to the building since the last audit except for ongoing maintenance and refurbishment. There have been no changes required to the approved fire evacuation plan since the last audit.

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.

The service has a commitment to not use restraint and there were no restraints in use during the audit. The restraint minimisation and safe practice policy and definitions complied with the standard. Two residents have a 'bed loop' to assist them to safely mobilise out of bed independently.

Infection prevention and control

<p>Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.</p>		<p>Standards applicable to this service fully attained.</p>
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Surveillance for infections is undertaken monthly. Results of surveillance are analysed and the information is fed back to staff at the staff meetings and at handover. The incidence of infection was low due to the size and nature of the rest home service.

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	0	40	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>Eden Rest Home implements organisational policies and procedures to ensure complaints processes reflect a fair complaints system that complies with the Code of Health and Disability Services Consumers' Rights (the Code). During interview, residents, family and staff reported their understanding of the complaints process and noted they had no complaints. Complaint forms are present at the main entrance and included an area for the recording of complaints, feedback and compliments. The forms contained information written in both English and Chinese. This was verified to be an accurate translation via the interpreter.</p> <p>A complaints register is maintained, and associated records were verified. One complaint of a minor nature has been received in 2019. The complaint was investigated and responded to in a timely manner. There have been no complaints received from the District Health Board (DHB), Ministry of Health (MOH) or Health and Disability Commissioner (HDC) since the last audit.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with</p>	FA	<p>Residents and families were interviewed with an interpreter assisting the interview process. Family members interviewed by telephone and in person stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in the residents' records reviewed. Staff and the owner/manager understood the principles of open disclosure which was supported by policies and procedures that meet the</p>

<p>consumers and provide an environment conducive to effective communication.</p>		<p>requirements of the Code.</p> <p>The owner/manager and all except one staff member employed are Chinese speaking and do not require an interpreter service but are aware that they can access the DHB services if needed. Family members are available to assist staff if needed. The caregiver that does not speak Chinese is able to effectively communicate with the residents via key phrases and other nonverbal communication. The staff, except for the cook and the cleaner, were also able to communicate sufficiently in English to the one resident who is not Chinese.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Eden Rest Home has a documented mission statement, philosophy and values that is focused around the provision of quality care where residents' independence is encouraged, and individual needs identified and met in order to enhance each resident's quality of life in a 'home' environment. The philosophy is about providing needs based care.</p> <p>The owner (who is also the manager) is readily available to residents and family as verified by residents and families interviewed. The owner/manager, the manager's assistant and the registered nurse (RN) monitors the progress in achieving goals via day to day activities, resident / family feedback and monitoring of the results of quality and risk activities.</p> <p>The day to day operations and ensuring the wellbeing of residents is the responsibility of the owner/manager. The owner/manager owns Eden Rest home (purchased in February 2012) and two other aged related care facilities in Auckland. The other two aged care facilities have other managers who are responsible for the day to day services. The owner/manager is on site at least three days a week. The owner/manager is supported by the manager's assistant who works on site full time and who is being trained to undertake the facility manager role in the future. The manager's assistant has a Postgraduate diploma in business administration (July 2017). The owner/manager is also supported by a registered nurse who works on site two days a week and who is on call when not on site. The RN also works in one of the other rest homes owned by the owner/manager. The owner/manager is aware of the aged related residential care (ARRC) contract requirements, current legislation and care planning requirements.</p> <p>The owner/manager and manager's assistant participate in relevant ongoing education as required to meet the provider's contract with Auckland District Health Board (ADHB). The owner/manager, the RN, and caregivers can communicate with the residents in English, and all except one caregiver can speak to residents in Chinese. The cleaner and cook were interviewed with the assistance of an independent interpreter from Auckland DHB.</p> <p>The service has a contract with ADHB for the provision of aged related rest home level care. All 17 residents are reported to have been assessed as requiring rest home level care. There were no boarders.</p>
<p>Standard 1.2.3: Quality And Risk</p>	<p>FA</p>	<p>Eden Rest Home has a quality and risk management system which is understood and implemented by service providers. This includes internal audits, satisfaction surveys, incident and accident reporting, the health and safety</p>

<p>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>programme, hazard management, infection control data collection and management, restraint minimisation and complaints / compliments management. Regular internal audits are conducted and the results of seven audits sampled demonstrated a high level of compliance with organisation policy. A resident satisfaction survey was conducted in October 2019. Feedback was received from 14 residents and was positive about the services provided. A staff satisfaction survey was conducted in September 2019.</p> <p>If an issue or deficit is found, a corrective action is put in place to address the situation. Corrective actions were developed and implemented. Quality information is shared with all staff via shift handover as well as via the monthly staff meetings. The minutes of staff meetings are made available to staff. Staff interviewed verified they were kept well informed of relevant quality and risk information. In addition, quarterly service review meetings are held. Templates are used to discuss individual resident's needs, incident/accidents, audits, complaint and other quality and risk data along. Opportunities for improvement are discussed, along with identifying areas of compliance with Eden Rest Home policies and procedures.</p> <p>The manager's assistant holds monthly meetings with residents to obtain residents' feedback on services, food, infection prevention and control principals, health and safety, and activities as well as to obtain information for future planning. The minutes of three recent meetings were sighted.</p> <p>Policies and procedures were readily available for staff. Policies have been developed by an external consultant (dated 2018) and localised to reflect the needs of Eden Rest Home. A copy is held at the nursing station. The manager's assistant is now responsible for document control processes.</p> <p>Staff, residents and family members interviewed expressed a high level of satisfaction about the services provided at Eden Rest Home.</p> <p>Actual and potential risks are identified in the quality and risk plan. These were reviewed in 2019. Mitigation strategies have been documented. The owner/manager could detail organisation risks and how these were being addressed. Staff confirmed that they understood and implemented documented hazard identification processes. The hazard register sighted was up to date and is in picture format to more effectively communicate key issues to staff who have English as a second language. Maintenance issues are reported in real time and in the records sighted all reported events have been promptly addressed.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically</p>	<p>FA</p>	<p>Policy and procedures detailed the required process for reporting incidents and accidents including near miss events. Staff are provided with education on their responsibilities for reporting and managing accidents and incidents during orientation and as a component of the ongoing education programme.</p> <p>Applicable events are being reported in a timely manner and disclosed with the resident and/or designated next of kin. This was verified by residents and all family members interviewed. A review of reported events including falls with or without an injury, challenging behaviour, and an unwell resident requiring transfer to acute care service demonstrated that incident reports were completed, incidents were investigated and responded to in a timely</p>

<p>recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>manner. One resident has been subsequently re-assessed as requiring dementia level care and one resident has been re-assessed as requiring hospital level care. Staff communicated incidents and events to oncoming staff via the shift handover. A summary of events was discussed with staff at the staff meetings as detailed in meeting minutes sighted and reviewed at the quarterly service review meetings.</p> <p>The owner/manager is aware of the events that are required to be reported to external agencies including the DHB and HealthCERT and the process. The owner/manager advised there have been no events that have required external notification since the last audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Copies of the annual practising certificates (APCs) were sighted for the two general practitioners (GPs) (including the GP that provides cover in the GP's absence), the two pharmacists, and the registered nurse (RN). Another experienced aged care RN provides consultancy services to the employed RN when required. The RN/consultant also has a current APC.</p> <p>Recruitment processes included completing an application form, conducting interviews and reference checks. Police vetting is occurring for new staff at employment. Staff have a job description on file. The job description / employment contract and confidentiality documents included a statement advising staff of privacy / confidentiality requirements. Annual performance appraisals were current in the applicable staff files sampled.</p> <p>New employees are required to complete an orientation programme relevant to their role. A workbook is utilised to ensure all relevant topics are included. New employees are buddied with senior staff for a number of shifts until the new employee is able to safely work on their own.</p> <p>A staff education programme was in place with in-service education provided monthly. The topics are scheduled over a two-year period and align with Eden Rest Home's contract with ADHB. Education provided in 2019 year to date, included fire safety, the aging process, vascular dementia, food safety, the aging process, infection prevention and control, communication, commonly used medications, insulin, and the dietary requirements for persons with renal failure. Staff can also attend relevant external education provide for the 'ARRC' sector. Records of education were maintained, and copies of some education certificates were present in the staff files reviewed. There are processes in place to ensure applicable staff ongoing competency for medicines management. The RN has completed interRAI competency requirements. There were no caregivers currently working to complete an industry approved qualification. Some of the caregivers have worked as registered nurses overseas.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive</p>	<p>FA</p>	<p>A policy details staffing levels and skill mix requirements, and this aligns with the requirements of the provider's contract with Auckland District Health Board (ADHB).</p> <p>The current roster was reviewed as well as past rosters for the last month. The owner/manager is on site three</p>

<p>timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>days a week (Monday, Wednesday and Fridays). The manager's assistant is on site weekdays.</p> <p>One caregiver is rostered on every morning, afternoon and night shift. The owner/manager advised that additional staff hours would be allocated to meet the care needs of the residents if required. There is a caregiver allocated on the roster as being on call if required.</p> <p>One RN is on site two days a week. The owner/manager and the RN are on call when not on site. This was verified by interview with the RN, owner/manager and the caregivers interviewed.</p> <p>A cleaner is rostered on duty three hours a day weekdays and two hours each day on the weekend. A cook is rostered on duty from 9 am to 6 pm, seven days a week. Two staff share this responsibility. Refer to 1.3.7 regarding the activities programme.</p> <p>The owner/manager and the manager's assistant take residents to health appointments off site in the event a family member is unable to attend with the resident.</p> <p>A staff member with a current first aid certificate is always on duty, including accompanying the residents on outings.</p> <p>Residents and the family members interviewed confirmed their personal and other care needs are being well met.</p> <p>The owner/manager advised there were no staff vacancies. Volunteers are not involved in providing services.</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 medicine policy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management was observed on the day of the audit. The care staff observed demonstrated good knowledge and had a clear understanding of the role and responsibilities relating to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and this was verified in the training records.</p> <p>Medications are supplied by a contracted pharmacy in a pre-packaged format. The registered nurse checks medications against the prescription. All medications reviewed were current. Clinical pharmacy input is provided six monthly or on request.</p> <p>There were no controlled drugs on site. A signature verification list was sighted. All staff have current first aid certificates dated 22 May 2019.</p> <p>The records of temperatures for the small medicine fridge were within the recommended range. There is a small medicine cupboard which can also store the medication trolley when not in use. The hard copy medication records were reviewed. Good prescribing practices were noted and included the signature and date being recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines were met. The required three monthly medication reviews is consistently recorded in the clinical notes and on the medication record sheets reviewed. There are no standing orders. Five residents were self-administering medicines at the time</p>

		<p>of the audit in different forms, such as, nitro-lingual spray, fatty creams and one resident uses eye drops. Appropriate processes were in place to ensure this is managed safely.</p> <p>There is an implemented process for any medication errors to be reported, analysed and actioned if necessary and for information to be used for quality improvement.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The food service is prepared and provided by two cooks who share this role. The menu plans were reviewed 31 March 2018. The menus reviewed were in line with recognised nutritional guidelines for older people. Only one resident identifies as a New Zealander and the remaining residents are Chinese. The cooks are able to prepare 'kiwi' meals as chosen by the resident daily and the resident interviewed enjoys all meals provided. The cook interviewed with the interpreter stated that meals can be prepared for those residents from the north and south of China. Residents were seen enjoying the lunchtime meals provided. The residents interviewed also stated the meals were healthy, tasty and fresh.</p> <p>The registered nurse completes a nutritional assessment and any special foods or diets are considered by the cooks. 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 council. The service received an A grade (over 90% outcome) food control audit result dated (expiry 02 July 2020). This was displayed in the entrance to the facility. Both family members and residents interviewed were satisfied with the meal service. Residents were given adequate time to eat their meal and those needing assistance had this provided.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The interRAI assessments are completed three weeks after a resident is admitted to the rest home and every six months thereafter. The current interRAI assessments and long term care plans completed by the one registered nurse were up-to-date. This was an area for improvement in the previous audit which has been addressed. Other recognised assessment tools are also utilised, such as continence, nutritional requirements, mobility assessments, falls risk assessment and post falls assessments, and others as needed. These assessments serve as the basis for service delivery planning. A re-assessment is always completed if a resident is to transfer to another service provider.</p>
<p>Standard 1.3.6: Service Delivery/Interventions Consumers receive</p>	FA	<p>Documentation, observations and interviews verified that the care provided to residents was consistent with their needs, goals and the plan of care reviewed. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed verified that medical input was sought in a timely manner and that any medical orders or instructions are followed and care and residents' well-being is maintained at a high standard. Care staff confirmed that care was provided as outlined in the documentation. A</p>

adequate and appropriate services in order to meet their assessed needs and desired outcomes.		range of equipment and resources was available suited to the rest home care provided and in accordance with the residents' needs.
<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>	FA	<p>The activities programme is provided by an activities coordinator who works across two rest homes. The activities coordinator covers 10 hours a week and is supported by the staff at Eden Rest Home.</p> <p>A social assessment and 'My Life' is undertaken on admission to ascertain residents' needs, interests, history, abilities and social requirements. The activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The residents have an individual weekly activity plan and these are evaluated monthly. Residents and family confirmed at interview that the activities are enjoyed by the residents. Exercise to music occurs every morning and residents were seen participating. Photographs of activities and special events adorn the walls in the entrance to the facility. The records were reviewed but the activities coordinator was not able to be interviewed on the day of audit.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Residents' care is evaluated on each shift and was reported in the progress records reviewed. The care staff members on duty were interviewed for both the morning and afternoon shifts. If any changes occurred it is reported to the registered nurse.</p> <p>The formal care evaluations occur every six months in conjunction with the interRAI re-assessments or as residents' needs change. Where progress is different from expected the service responds by initiating changes to the plan of care. Examples of short term care plans being consistently reviewed and progress evaluated as clinically indicated were noted for skin tears, diabetes blood sugar levels if variable, and wounds. Residents and families interviewed mostly with an interpreter provided examples of how the families are involved in the evaluation of progress and any resulting changes. Residents and family members interviewed were pleased with the care provided by the staff and the GP.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical</p>	FA	<p>The building has a current building warrant of fitness (expiry 29 September 2020). There have been no changes to the facility except ongoing maintenance and refurbishment of residents' rooms as they become available. There have been no changes to the approved fire evacuation plan.</p>

environment and facilities that are fit for their purpose.		
<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 and includes infections of the urinary tract, soft tissue, eye, gastro-intestinal, skin infections and lower and upper respiratory infections. The infection control coordinator (ICC) reviews all reported infections and these were documented. Any new infections and any required management plans are discussed at handover to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated and analysed to identify if any trends exist. Results of surveillance are reported back to staff via the staff meetings, handover between shifts and are documented in the communication book reviewed. Education is provided to staff. The incidence of infections is low due to the nature and size of the service.</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 identify that the facility is restraint free. All 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 should they be implemented. The RN is the restraint minimisation coordinator.</p> <p>On the day of audit, no residents were using restraints or enablers. Enablers were described in policy as the least restrictive and used voluntarily at a resident's request. Restraint would only be used as a last resort when all alternatives have been explored. Two residents have a bed loop in use to aid independent mobilisation out of bed. Staff education related to restraint was last undertaken in May 2018, and training on managing challenging behaviours occurred in September 2018 as identified in the staff education records sighted.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.