

# South Canterbury District Health Board - Talbot Park

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## 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:** South Canterbury District Health Board

**Premises audited:** Talbot Park

**Services audited:** Hospital services - Psychogeriatric services

**Dates of audit:** Start date: 20 February 2020      End date: 20 February 2020

**Proposed changes to current services (if any):** This facility is expected to close in early 2021. Plans are already in place for residents to move to other facilities in the district.

**Total beds occupied across all premises included in the audit on the first day of the audit: 16**

# Executive summary of the audit

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## 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

<b>Indicator</b>	<b>Description</b>	<b>Definition</b>
	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

Watlington Wing, Talbot Park, is a standalone 20 bed hospital specialised dementia level care facility aligned to Timaru Public hospital. The service is operated by the South Canterbury District Health Board (SCDHB) and managed by an on-site charge nurse manager with oversight from an off-site service manager from the SCDHB. Residents said they are happy living here and families spoke very positively about the care provided.

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

There were no areas identified as requiring improvement during this audit. Issues in relation to the winter menu, an aspect of food delivery and the civil defence kit, which were identified for corrective action at the last audit, have been addressed.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Open communication between staff, residents and families is promoted, and confirmed to be effective. Staff were familiar with how to access interpreting services if required.

The complaints management system is well established and a complaints register is being maintained.

## 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.

The mission, philosophy, values and goals of both the SCDHB and the Watlington unit, Talbot Park are available. A continuous quality improvement system is being consistently implemented to ensure there is ongoing monitoring of the quality of services provided and any associated risks. Reporting of the outcomes are provided to the governing body in a regular and effective manner. An experienced and suitably qualified person manages the facility.

The continuous quality improvement system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved and feedback is sought from families. Internal audits and adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery and were current and reviewed regularly.

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

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. The care plans are reviewed every six months or earlier if required, with input from the resident/family/enduring power of attorney (EPOA) as appropriate. File samples identified integration of allied health services and a team approach.

The activities programme involves all staff and is led by a qualified diversional therapist. Staff were observed engaging with residents to meet the needs, preferences, and abilities of the resident.

Medications are managed appropriately in line with accepted guidelines. Medication competencies are completed annually for those involved in the administration of medicines.

Residents' food preferences and dietary requirements are identified on admission and reviewed six monthly. Meals are cooked offsite and delivered in hot and cold insulated boxes by a contracted service.

## 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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The facility has been renovated since the past audit and was clean. A current building warrant of fitness was provided.

Appropriate equipment for emergency management and items for a civil defence kit were available. A checklist system for these was in place.

## 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 organisation implements policies and procedures that support the minimisation of restraint. Enablers are not used in as residents are unable to give consent for their use. A restraint register was viewed and confirmed reports that no restraints were in use at the time of audit. Staff demonstrated a sound knowledge and understanding of the restraint process and why they do not use enablers in the facility.

## 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.

Talbot Park infection surveillance is appropriate to that recommended for long term care facilities. Reports are made to quality management monthly and through all levels of the organisation. Follow up action is taken when required. The clinical nurse manager has the role of infection coordinator and confirmed that Talbot Park has a low rate of urinary tract 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	0	39	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

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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
Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>The SCDHB complaints/concerns/issues policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is included in the admission pack information and in a folder at the entrance to the Watlington unit. Staff interviewed informed family members and residents are informed about their right to complain at the time of admission and family members interviewed knew how to do so.</p> <p>The complaints register reviewed showed that only one complaint has been received since the last audit. This has only been lodged recently, the complainant advised of its receipt and the concerns are currently under investigation. Complaints are managed by the service manager from the SCDHB in consultation with the charge nurse manager.</p> <p>All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints received from external sources since the previous audit.</p>
Standard 1.1.9: Communication  Service providers communicate effectively with consumers and	FA	<p>Incident report records and residents' records showed family members/enduring powers of attorney are being informed following any events. Family members confirmed they were kept well informed about any changes to their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews.</p> <p>Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the</p>

provide an environment conducive to effective communication.		<p>requirements of the Code of Health and Disability Services Consumers' Rights.</p> <p>The charge nurse manager knew how to access interpreter services, although reported this had not been required for some years as all residents and family members were competent with the English language. A SCDHB policy on interpreters, which covers Watlington unit, Talbot Park, includes a Code of Ethics and how to access these services. No current resident has been identified as having a significant hearing impairment. Staff were observed demonstrating efforts to interpret conversations from the residents using prompts, signs and taking the time to listen.</p>
<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Watlington unit, Talbot Park has a set of objectives that focus on upholding the Code of Health and Disability Services Consumers' Rights (the Code), residents' dignity, their safety and the need to work in partnership with them. A mission statement refers to a genuine approach to care and a philosophy described a commitment to maintaining independence and the individuality of each person and providing activities of living by experienced staff.</p> <p>The SCDHB has five values which also apply to the Watlington unit, Talbot Park. Twelve goals, some of which are included within the quality plan, described annual and longer term objectives and associated operational plans.</p> <p>The service is managed by a charge nurse manager who is a registered nurse, holds relevant management qualifications and has been in their current role for six of the eight years of working in this facility. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The charge nurse manager confirmed knowledge of the sector, regulatory and reporting requirements and the professional development record showed currency was being maintained through ongoing education, including interRAI competence, and a performance appraisal November 2019. A service manager from the SCDHB has at least weekly meetings with the charge nurse manager to provide oversight of the service and to enable and support the manager.</p> <p>The service holds a contract with the Ministry of Health under the Aged Residential Hospital Specialised Services Agreement to provide services for people requiring dementia/psychogeriatric support. The manager also stated that a resident under 65 was receiving services under a 'Close in Interest' contract. As the Watlington unit, Talbot Park sits under the SCDHB, the charge nurse manager reports directly to the Ministry of Health, as well as providing monthly reports to the SCDHB. Bed numbers have been decreased from 25 to a possible 20 since the last audit, of which 16 were occupied on the day of audit. Although there are plans for the facility to close in February – March 2021, residents are still being admitted. All staff are currently stating they will stay until all residents have been transferred elsewhere.</p>
<p><b>Standard 1.2.3: Quality And Risk Management</b></p>	FA	<p>The SCDHB has a quality team that implements a planned continuous quality improvement system that reflects the principles of continuous quality improvement. It is the responsibility of the charge nurse manager to implement this within the Watlington unit, Talbot Park. Twelve goals guide this process and include meeting schedules, health and</p>

<p><b>Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>safety, infection prevention and control, management of incidents and complaints, internal audit activities, an annual family satisfaction survey and monitoring of outcomes.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the two monthly continuous quality improvement meetings, at registered nurse meetings and at staff meetings. Staff reported their involvement in internal audits, meeting health and safety requirements and reporting incidents and accidents. There was evidence that relevant corrective actions are developed and implemented to address any shortfalls in various areas of the continuous quality improvement system. Results from the March 2019 annual family satisfaction survey affirmed that quality care and services are provided. The charge nurse manager described how concerns raised by one respondent were addressed. A comprehensive internal audit system is being maintained and health and safety systems as per the Health and Safety at Work Act (2015) are well integrated within the continuous quality improvement systems.</p> <p>Overarching SCDHB policies and procedures are available, as are additional documents specific to Watlington unit, Talbot Park, which cover all necessary aspects of the service and contractual requirements. These are available in hard copy; however, staff are encouraged to access them via iHub, the electronic database they are maintained within. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents. All reviewed were current.</p> <p>The charge nurse manager described the processes for the identification, monitoring, review and reporting of risks and development of mitigation/control strategies. A risk management plan for the SCDHB which is updated at least annually was discussed, as were the risks specifically identified as applicable to the Watlington unit, Talbot Park. The unit's hazard register is being updated as required.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b></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</p>	<p>FA</p> <p>Staff document adverse and near miss events on an on-line accident/incident form as part of the wider SCDHB reporting system. 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 by the SCDHB quality team in consultation with the service manager and the charge nurse manager at Watlington unit, Talbot Park. Safety First reports are provided monthly and summary reports of these are presented at the two-monthly continuous quality improvement meetings. Action points raised following analysis of the data are developed, implemented and reported on.</p> <p>The charge nurse manager described essential notification reporting requirements, including for contractual requirements, and noted their fortnightly reporting to the Ministry of Health. There have been no notifications of significant events including following police investigations, coroners' inquests or infection outbreaks, for example, made to the Ministry of Health since the last audit.</p>	

manner.		
Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	<p>Watlington unit, Talbot Park use the SCDHB policies and procedures for human resources management. These are based on good employment practice and relevant legislation. According to the policy documentation and reports from the charge nurse manager, the service manager and staff interviewed, the recruitment process includes referee checks, police vetting, health checks and validation of qualifications and practising certificates (APCs), where required. Staff files are retained at the main Timaru hospital and because of the unannounced nature of this audit it was not possible to check implementation of all of these aspects. Records of annual practising certificates for health professionals involved with the residents at Watlington unit, Talbot Park are held on-site and demonstrated currency.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role, additional days are provided when indicated and the overall process takes previous experience into consideration. Two sets of staff orientation that had not yet been sent to Timaru hospital were reviewed and showed documentation of completed orientation.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. A spreadsheet of the training plan and attendance was sighted and showed an increased use of on-line training opportunities. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. All except two new staff and some very part time casual staff have either completed, or are enrolled in, the required dementia education. There are sufficient trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. As the charge nurse manager retains copies of staff qualifications, training records and performance reviews, a sample of these records were able to be reviewed and demonstrated completion of the required training as described above and confirmed annual performance appraisals are occurring and are on track.</p>
Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	<p>There is an overarching SCDHB rostering of nursing and midwifery staff policy and procedure and a more specific one for rostering in the Watlington unit. Staff responsibilities for rostering including staff allocation, staffing levels, skill mix and replacement over 24 hours a day, seven days a week are described. Any changing needs of residents are taken into account and examples of these were provided.</p> <p>The Charge Nurse Manager accepts calls outside of core hours, which is the first contact registered nurses make. A Duty Nurse Manager for SCDHB is available 24 hours a day and provides back up when required. Staff of all levels reported there is good access to advice and healthcare assistants reported there were adequate staff available to complete the work allocated to them. Observations and review of six weeks of rosters confirmed adequate staff cover has been provided and is planned for the next two weeks. Staff are replaced in the event of any unplanned absence. All healthcare assistants except some casual staff undertake basic life support training every two years and at least one staff member on each shift has a current first aid certificate. A registered nurse is allocated for each</p>

		shift.
Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	<p>Since the last audit an electronic system has been introduced to provide a safe system of medicine management in line with the Medicines Care guide for Residential Aged Care. Staff observed administering medication on the day of audit demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. Current competences were sighted and were reviewed on an annual basis.</p> <p>Medications are supplied from a contracted pharmacy in blister pack form and stored in a locked cupboard. These are checked by night staff against the prescription and inputted into the system. All medicines sighted were within current use by dates. Unpackaged medicines were stored in a tidy manner in a locked cupboard evidencing stock rotation.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two medication competent staff, one who is an RN. The controlled drug register provided evidence of weekly and six-monthly stock checks with accurate entries. Pharmacy input is received as required.</p> <p>The records of temperature for both the medication room and fridge were within the recommended range.</p> <p>Prescribing practices were noted to include all required recommendations with pro re nata medication effectiveness documented in the system and individual resident progress notes.</p> <p>No residents were self-administering medication at the time of audit.</p>
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	<p>Meals are prepared off site at Timaru Hospital by a contracted food service and transported in insulated hot and cold bins in time for each meal. On arrival, food is transferred to a pre heated bain-marie to maintain temperature exceeding the recommended 60°C and this was observed in temperature recordings. The consistency of food being provided to residents at a temperature above 60 degrees Celsius has addressed the issues around cool food being provided to residents, which was raised for corrective action at the previous certification. There is provision on site for staff to prepare additional food for residents if required at any time.</p> <p>The menu follows summer and winter patterns and is monitored by a dietitian who works with the external contractor. At the time of audit, evidence was unable to be sighted that the summer menu had been approved by a qualified dietitian as being in line with recognised guidelines for older people. A telephone conversation with the dietitian confirmed that this requirement had been met and a confirmation email of this having occurred in August 2019 was received the following morning. This action not only closed out the related corrective action raised at the previous certification audit, but also enabled the corrective action provided at the end of this unannounced surveillance audit the day before to be withdrawn.</p>

		<p>Talbot Park has an approved food control plan that is current until 21 September 2020 as sighted on the certificate.</p> <p>On admission, a nutritional assessment is completed and dietary profile developed incorporating personal preferences, required texture, and modified cutlery. A meal time observed during the audit showed a calm atmosphere and residents being assisted in a dignified manner with sufficient time to eat their meal in an unhurried manner. Four of five residents' files reviewed showed stable weight and body mass index in the healthy range. The fifth resident had experienced some weight loss and a referral was sighted to a dietitian for review. Residents and family interviewed expressed satisfaction with the meals. Birthday and special occasions were celebrated.</p>
Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	<p>Interviews, documentation and observations verified that the care provided at Talbot Park was consistent with individual needs, goals and the plan of care. The RN reported that challenging behaviours are kept to a minimum with all staff employing diversional tactics before situations escalate. Staff were observed to be engaging with the residents and providing a calm atmosphere.</p> <p>The GP acknowledged that medical input was sought in a professional and timely manner, that medical orders were followed through and that Talbot Park had a consistently high standard of care.</p> <p>Equipment is available to provide pressure relief (padded boots/pillows) and assist with transferring residents (hoists).</p>
Standard 1.3.7: Planned Activities  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.	FA	<p>The activities programme is provided by a qualified diversional therapist (DT), who is employed 20 hours a week. Each month a calendar is displayed of activities and planned entertainment including outings twice a week. Each morning 'fiddle boards' and puzzles are spread throughout the lounges and dining room available to all residents and these were observed to be well utilised. Although the DT runs small group activities all staff were observed to be interacting with the residents and encouraging assistance with the delivery of laundry and meaningful activities. Each resident has a 'Map of Life' which staff use to initiate conversations and provide diversion. Entertainers include various musicians which the DT reported settled residents. The activities programme caters for the varied abilities of the residents and is reviewed and evaluated six-monthly in line with interRAI assessments. There are no formal residents' meetings but any comments or suggestions are considered. Residents and family interviewed reported that they enjoyed the different activities.</p>
Standard 1.3.8: Evaluation  Consumers' service delivery plans are	FA	<p>Residents' care is evaluated on each shift and reported in the progress notes. Any change noted is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six monthly interRAI reassessments, or as residents' needs change. Two of the five files reviewed showed interRAI was reviewed early due to change in the</p>

evaluated in a comprehensive and timely manner.		residents' health status. If progress is different from that expected, changes are initiated in the care plan. Short term care plans are utilised for such things as weight loss or behavioural issues and are reviewed weekly. If the situation is unresolved after a month it is transferred to the LTCP. This was confirmed through an interview with an RN, and observation of residents' files.
<p><b>Standard 1.4.2: Facility Specifications</b></p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>Talbot Park was the name of this building when rest home, hospital and dementia/psychogeriatric services had been provided. The psychogeriatric unit is now specifically known as Watlington wing/unit, Talbot Park, as the SCDHB has introduced other community and public health services to the larger Talbot Park complex. Watlington unit has also been renovated and was clean and tidy. No structural changes have been made to the facility.</p> <p>The building warrant of fitness on display had expired 1 December 2019. Correspondence confirmed that the SCDHB maintenance manager had been asked by the charge nurse manager for this to be updated. A copy of the updated building warrant of fitness with an expiry date of 1 December 2020 was provided the day after the audit. The corrective action issued on the day of the unannounced surveillance was withdrawn as the requirement has been met.</p>
<p><b>Standard 1.4.7: Essential, Emergency, And Security Systems</b></p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>The need for items for an emergency kit to be complete, for the items to be in one place, for a checklist of items and for monitoring of the presence of the items was raised for corrective action at the previous certification audit. These issues have now been addressed with appropriate items and equipment for emergency management, including for the civil defence kit, all readily available. A checklist is now in place and according to the records sighted, the equipment and items are now being checked every six months. Staff have completed relevant training in relation to emergency management.</p>
<p><b>Standard 3.5: Surveillance</b></p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that</p>	FA	<p>Each month data from infection records is analysed to identify trends, possible causative factors and required actions. Comparisons are able to be made with the same time frame in previous years. Required interventions are reported back to staff via shift handovers and are documented in the residents' files. Infections are reported at quality meetings and quarterly to the SCDHB quality team and Board. Infections included in surveillance are urinary tract, soft tissue, fungal, eye, gastro-intestinal, upper and lower respiratory infections. Data showed that Talbot Park has a low rate of urinary tract infections. There have been no outbreaks reported since the previous audit.</p> <p>Surveillance is appropriate to that recommended for long term care facilities.</p>

have been specified in the infection control programme.		
Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised.	FA	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of any restraint. An appropriate definition of an enabler is in place and notes that should a facility use an enabler it is be the least restrictive in nature and to be used voluntarily.</p> <p>On the day of audit, there were no residents for whom any form of restraint had been approved for use. There were no residents using an enabler as all residents have been diagnosed with dementia and therefore unable to consent to their use.</p> <p>The restraint coordinator described the oversight for restraint management in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and the coordinator's responsibilities.</p> <p>The charge nurse manager and staff interviewed informed that restraint is used as a last resort when all alternatives have been explored. Three episodes of restraint were recorded in the restraint register in mid-2019. All three were for the one resident for whom a lap belt had been used when the person was in a wheelchair outside the unit. Records of approval of this restraint were sighted as was review of its use in quality meeting minutes.</p>

## **Specific results for criterion where corrective actions are required**

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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
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## **Specific results for criterion where a continuous improvement has been recorded**

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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 audit.

No data to display

End of the report.