

# Fendalton Lifecare (2006) Limited - Fendalton Retirement Village

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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 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:

|   |  |                            |
|---|--|----------------------------|
| <b>Legal entity:</b>  | Fendalton Lifecare (2006) Limited        |                            |
| <b>Premises audited:</b>  | Fendalton Retirement Village             |                            |
| <b>Services audited:</b>  | Rest home care (excluding dementia care) |                            |
| <b>Dates of audit:</b>  | Start date: 19 February 2020             | End date: 20 February 2020 |
| <b>Proposed changes to current services (if any):</b>   | None                                     |                            |
| <b>Total beds occupied across all premises included in the audit on the first day of the audit:</b> | 26                                       |                            |

# 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         |

| 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

Fendalton Retirement Village is privately owned and provides rest home level care for up to 35 residents in the care centre and up to 14 rest home residents in the serviced studio apartment units. On the day of the audit there were 26 residents including three rest home residents in the serviced studio apartments.

This unannounced surveillance audit was conducted against a subset of the Health and Disability sector standards and the district health board contract. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with residents, relatives, staff, the GP and management.

The unit manager (registered nurse) has been in her role since March 2019 and has experience in management and age care. She is supported by the general manager, the management team from Elmswood Retirement Village (sister facility) and experienced long-serving staff. Residents and relatives interviewed were very complimentary of the services and care provided

This audit identified an area for improvement around medication room temperatures.

The service continues to monitor infection rates from the previously awarded continuous improvement.

## Consumer rights

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|--|--|--|
| 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. |
|--|--|--|

A policy on open disclosure is in place. There is evidence that residents and relatives are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. A system for managing complaints is in place.

## Organisational management

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| 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 unit manager is responsible for the day-to-day operations. A quality and risk management programme for 2020 is in draft form. The 2019 programme has been reviewed. Quality data and goals have been discussed at meetings. The risk management programme includes managing adverse events and health and safety processes.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. Ongoing education and training for the 2020 programme has been implemented, which includes in-service education and competency assessments. Residents, relatives and staff reported that staffing levels are adequate to meet the needs of the residents.

## Continuum of service delivery

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| 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. |  | Some standards applicable to this service partially attained and of low risk. |
|--|--|---|

The unit manager is responsible for care plan documentation. InterRAI assessments and care plans are completed within required timeframes. Planned activities are appropriate to the resident's assessed needs and abilities. Residents and relatives commented positively around the activities programme. The service uses an electronic medication management system. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Residents were complimentary of the food services.

## Safe and appropriate environment

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| 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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Fendalton has a current building warrant of fitness and reactive and preventative maintenance occurs.

## Restraint minimisation and safe practice

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| 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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Fendalton has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. The service currently has no residents requiring restraint or enablers.

## Infection prevention and control

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| 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 and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The unit manager is responsible for infection control at Fendalton Retirement Village. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. Infection control issues are discussed at both in the infection control and quality/staff meetings. The infection control programme is linked with the quality programme.

## 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) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| <b>Standards</b>  | 0                           | 15                  | 0  | 1                                    | 0  | 0                                      | 0  |
| <b>Criteria</b>   | 1                           | 39                  | 0  | 1                                    | 0  | 0                                      | 0  |

| Attainment Rating | Unattained Negligible Risk (UA Negligible) | Unattained Low Risk (UA Low) | Unattained Moderate Risk (UA Moderate) | Unattained High Risk (UA High) | Unattained Critical Risk (UA Critical) |
|-------------------|--|------------------------------|--|--------------------------------|--|
| <b>Standards</b>  | 0  | 0                            | 0                                      | 0                              | 0                                      |
| <b>Criteria</b>   | 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:<br/>Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>               | FA                | <p>Complaints forms are available throughout the facility. Information around the complaints process is provided on admission. A record of all complaints, both verbal and written is maintained by the unit manager on the complaints register. There have been no complaints received since the last audit. Documentation and correspondence of previous complaints reflected evidence of responding to the complaints in a timely manner with appropriate follow-up actions taken. Healthcare assistants interviewed confirmed that complaints/concerns and any required follow-up is discussed at staff meetings. Residents and the relative advised that they are aware of the complaints procedure and how to access forms and would feel comfortable talking to the unit manager if they had concerns.</p> |
| <p>Standard 1.1.9:<br/>Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</p> | FA                | <p>Comprehensive information is provided at entry to residents and family/whānau. Five residents interviewed stated that they were welcomed on entry and were given time and explanation about the services and procedures. The unit manager is available to residents and relatives and promotes an open-door policy. Incident forms reviewed for January and February 2020 evidenced that relatives had been notified on all occasions. The relative interviewed advised that they are notified of incidents and when residents' health status changes promptly. The three healthcare assistants (HCAs), one diversional therapist, one activities assistant, one cook and the maintenance man interviewed fluently described instances where relatives would be notified.</p>                                  |

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| communication.  |    |   |
| <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>Fendalton Retirement Village provides care for up to 35 rest home residents in the care facility, and there are 14 serviced studio apartments certified for rest home level of care. On the day of audit there were 26 residents in the rest home, and three rest home residents in the serviced studio apartments. All residents were under the age-related residential care services agreement (ARCC). There were a further six residents from Elmswood Retirement Village serviced apartments residing at Fendalton temporarily (not requiring rest home care) while their apartments are refurbished.</p> <p>Fendalton Retirement Village is privately owned by a company of three directors, one of whom is the general manager across two facilities (Fendalton rest home and Elmswood rest home and hospital) owned by the company. Currently there are eight shareholders, directors meet four times a year and have an annual general meeting. The managing director (general manager) is non-clinical and has been in the aged care industry for a number of years. Clinical governance is provided by a contracted quality/risk consultant/registered nurse.</p> <p>The 2019-2020 quality goals have been reviewed which included (but not limited to); improving staff wellbeing, sharing events with the Elmswood facility, and reviewing the emergency preparedness plan. These have been reviewed regularly throughout the year and have been achieved. The 2020-2021 plan remains in draft and has goals to continue to maintain low infection rates and incident rates, reviewing the satisfaction survey templates and continuing to build community engagement.</p> <p>The unit manager is supported by an enrolled nurse. They are supported by the wider management team including; the general manager, the Elmswood facility manager, who has overall responsibility for clinical operations of both Fendalton and Elmswood facilities, Elmswood clinical manager and the Elmswood management team. There are regular meetings with the combined management teams.</p> <p>The unit manager has attended at least eight hours of education within the last year.</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</p> | FA | <p>The 2019 quality plan has been reviewed and goals achieved. The 2020 quality plan was in draft form on the day of the audit. Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data, surveys and complaints management. Data collected is analysed and compared monthly and annually for a range of adverse event data. Where improvements are identified, corrective actions are developed, implemented and regularly evaluated.</p> <p>Quality data from all meetings are discussed at the monthly quality/staff meeting. Meeting minutes evidenced quality data, trends and analysis including areas for improvement around infections, accidents and incidents, health and safety, restraints/enablers, concerns/complaints, internal audit outcomes and quality goals. Information is shared with all staff as confirmed in meeting minutes and during interviews. Benchmarking occurs against NZ industry standards. Staff receive a bi-monthly newsletter that includes quality data and statistics for infection</p>   |

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| <p>improvement principles.</p>   |           | <p>control and accidents/incidents.</p> <p>The quality consultant completes a six-monthly summary of internal audits with corrective actions which are implemented by the relevant person. Additional facility audits are included in the programme as per corrective action planning. Corrective actions sighted, had been completed and closed out as documented in meeting minutes.</p> <p>Annual resident/relative satisfaction surveys have been completed which identified 100% positive results around care and support (same as 2018), lower satisfaction was identified around the activities, corrective action plans are in place including the introduction of activities meetings and a more in-depth discussion with residents around activities at the resident meetings. In the 2018 survey, 62% of residents' answers exceeded or greatly exceeded expectations, this increased to 84% in 2019.</p> <p>The relatives survey identified improvement in laundry services with 63% satisfaction in 2017, 83% in 2018 and 83% in 2019. Food services improved from 87% in 2018 to 100% in 2019. Areas for improvement were identified around cleaning, a corrective action including education and training, a review of schedules and regular "spot" internal audits have been implemented.</p> <p>There is a risk management plan in place. There is a monthly health and safety meeting which includes infection control and restraint on a bi-monthly basis, this is chaired by the unit manager. The committee includes a representative from all areas of the facility that meet monthly. Staff can attend and provide input into health and safety. A report is forwarded to the combined quality/staff meeting. One committee member (interviewed) has completed level three of health and safety training, and reports members of the committee have completed training or are in the process of completing training. Staff receive health and safety training during orientation and ongoing training is provided. Contractors complete a health and safety induction. Actual and potential risks are documented on the hazard register (last updated in January 2020).</p> <p>Falls management strategies for residents are assessed on an individual basis.</p> |
| <p>Standard 1.2.4:<br/>Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers</p> | <p>FA</p> | <p>Fendalton Retirement Village collects incident and accident data and reports aggregated figures monthly to the quality meeting. Incident forms are completed by HCAs, the resident is reviewed by the RN or the care lead at the time of event and the form is forwarded to the unit manager for final sign off. Ten electronic incident forms reviewed identified registered nurse follow up. There is an incident reporting policy to guide staff in their responsibility around open disclosure. Incident/accident forms include a section to record relatives have been notified. Minutes of the combined quality/staff meetings reflect a discussion of incident statistics and analysis. The caregivers interviewed could discuss the incident reporting.</p> <p>Discussions with the unit manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been three notifications (two in 2018 and one in 2019)</p>   |

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| and where appropriate their family/whānau of choice in an open manner.  |        | made since the previous audit.   |
| <p>Standard 1.2.7:<br/>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. A list of practising certificates is maintained. Five staff files were reviewed (one cook, one diversional therapist one team leader, and two HCAs). All had relevant documentation relating to employment, and current appraisals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and orientation checklists (sighted in files). Staff interviewed were able to describe the orientation process and reported new staff were adequately orientated to the service.</p> <p>There is an education plan that is being implemented that covers all contractual education topics and exceeds eight hours annually. Interviews with caregivers confirmed participation in the Careerforce training programme. A competency programme is in place that includes annual infection control, manual handling, medication administration and second checker competency for staff administering medications. Competency questionnaires were sighted in reviewed files. The unit manager is interRAI trained.</p> |
| <p>Standard 1.2.8:<br/>Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>       | FA     | <p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The unit manager/RN works full-time Monday to Friday. Residents, relatives and staff interviewed stated there were sufficient numbers of staff on duty to safely deliver residents cares.</p> <p>Morning shift has a care lead (enrolled nurse or senior HCA) rostered from 6.45 am to 3 pm. They are supported by four HCAs; 3x 7 am to 3 pm and 1x 7 am to 1 pm.</p> <p>Afternoon shift has one care lead (enrolled nurse or senior HCA) rostered from 2.45 pm to 11 pm who is supported by two HCAs; 1x 3 pm to 11 pm and 1x 4.30 pm to 9.30 pm.</p> <p>On night shift there is one care lead from 10.45 pm to 7 am and one HCA from 11 pm to 7 am on duty. Healthcare assistants are allocated to wings (wing one and two downstairs, upstairs and studio apartments). There is a Diversional Therapist (DT) on Monday to Friday. The unit manager shares on call with Elmswood.</p>  |
| Standard 1.3.12:<br>Medicine Management   | PA Low | Ten electronic medication files were reviewed. All had photo identification, allergies recorded, and all medications were clearly and appropriately prescribed including indications for use. The service uses four weekly blister packs which are delivered by the pharmacy and checked and sighted for by unit manager, or the enrolled nurse with a   |

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| <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>  |           | <p>senior healthcare assistant. Standing orders were not in use. Medication reviews were completed by the GP three monthly. PRN medications were prescribed correctly with indications for use. Medications are stored securely in the locked nurses' station. There were no self-medicating residents. The unit manager, enrolled nurse and care leads are assessed as medication competent to administer medication. The medication fridge temperatures have been monitored daily and temperatures were within the acceptable range. The medication room temperatures have been recorded; however, the temperature was higher than 25 degrees Celsius.</p>   |
| <p>Standard 1.3.13:<br/>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>There is a functional centrally located kitchen where meals are served from. All meals are prepared and cooked at Elmswood (sister site). Baking and snacks are prepared on site. Food is transferred to Fendalton in hot boxes and served from a heated bain marie. Food is served from the kitchen to the dining area adjacent to it. Temperatures are checked on leaving Elmswood, and on service at Fendalton.</p> <p>There is a food services manual in place to guide staff. A current food control plan is in place expiring 2 March 2021. All food is stored appropriately, with evidence of good stock rotation. Fridge and freezer temperatures are checked daily and are within expected ranges.</p> <p>Both cooks have food handling certificates and cooking experience. Special diets are being catered for. The five-week summer and winter menu has been reviewed by a registered dietitian. Residents have had a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. This is reviewed six monthly as part of the care plan review or sooner if required. The cook interviewed was aware of changes in resident's nutritional needs and was knowledgeable around the current nutritional requirements of residents. A light lunch is provided at lunchtime, with the main meal served in the evening for dinner.</p> <p>Residents and relatives interviewed reported satisfaction with meals. Meals are discussed at the resident meetings and feedback is given to kitchen staff.</p> |
| <p>Standard 1.3.6:<br/>Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>                        | <p>FA</p> | <p>When a resident's condition changes, the unit manager initiates a referral (eg, to the physiotherapist, dietitian, speech and language therapist). The GP actions external medical referrals when required. The care plans reviewed were current, and reflected the assessments conducted and the identified requirements of the residents. Healthcare assistants follow the care plan and report progress against the care plan in the electronic progress notes.</p> <p>Adequate supplies of wound dressings were sighted on the day of the audit. There were six wounds on the day of the audit (four superficial skin tear, one cancerous fungating ulcer, and one basal cell carcinoma. All wounds had individual electronic assessments, plans and evaluations completed each time the wound was dressed. These are linked to electronic short-term care plans.</p> <p>Continence products are available and resident files included a continence assessment and plan. Specialist</p>   |

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|   |    | <p>continence advice is available as needed, and this could be described.</p> <p>A suite of monitoring charts is available on the electronic system. Monitoring charts sighted included weight, vital signs, food and fluid charts and blood sugar monitoring were completed as per care plan interventions.</p>  |
| <p>Standard 1.3.7:<br/>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>Fendalton rest home employs a qualified diversional therapist who works full time across Monday to Friday. She is supported by a part time activities assistant who works 12 hours a week on Wednesdays and Thursdays. The diversional therapist has a current first aid certificate.</p> <p>Each resident has an individual profile completed on admission, and a current activities plan which has been reviewed at least six monthly. Attendance records were maintained and sighted in the resident files.</p> <p>The activities team develops a monthly planner which has regular activities such as newspaper reading, group games, church services, and exercises. There are combined activities with the residents from the serviced apartments including painting club, happy hours, entertainment, book club and church services. The activities assistant provides 'devotions' which is non-denominational and is well attended by residents. A recent initiative is to broaden the activities programme, continue to increase community engagement, and focus on more frequent one on one/small group activities. Interviews with residents identified that activities provided were appropriate to the needs, age and culture of the residents.</p> <p>The service has a van that is used for weekly resident outings. Residents were observed participating in activities on the days of audit.</p> <p>Resident meetings are held bi-monthly and provide a forum for feedback and suggestions relating to activities. Residents and relatives interviewed commented positively around activities and the range of activities on offer.</p> |
| <p>Standard 1.3.8:<br/>Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>  | FA | <p>Care plan evaluations were sighted in resident files reviewed. Evaluations have been completed at least six monthly and when there is a change in condition or care requirements, and document progress toward achieving goals. There is at least a three-monthly review by the GP. The files reviewed included examples where changes in health status had been documented and followed up. Short-term care plans reviewed had been evaluated and closed out or added to the long-term care plan where the problem was ongoing.</p>   |
| <p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are</p>   | FA | <p>Fendalton Retirement Village holds a current building warrant of fitness expiring on 1 August 2020. Preventative and reactive maintenance occur, and records are maintained. Hot water temperatures are checked randomly and were within ranges. Tradesmen are available if required. Equipment has been tagged and tested.</p>  |

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| <p>provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>   |           | <p>Fendalton is a two-storey building, there is a lift with current compliance, and ramps are in place where there are different levels on the lower floor. All rooms are fully furnished, spacious and personalised.</p> <p>Staff reported that there is adequate equipment available. All areas are accessible for residents using mobility aids, ramps are in place for areas of different levels. There is a large communal lounge area mainly used for larger group activities, and a small lounge for residents and relatives to enjoy. There is a separate lounge/dining area for residents residing in the serviced apartments. Outdoor areas and gardens are well maintained and accessible to residents. The gardens have seating and shade provided.</p> <p>The caregivers interviewed stated they have sufficient equipment including mobility aids, wheelchairs and pressure injury equipment (if required), to safely deliver the cares as outlined in the residents' care plans. There is a hoist available if required.</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> | <p>FA</p> | <p>Systems in place are appropriate to the size and complexity of the facility. The infection control coordinator (unit manager) collates information obtained through electronic individual infection logs. Trends are identified and analysed, and preventative measures put in place. Infection control data is discussed at the bi-monthly infection control committee meeting and staff meetings. Data and graphs of infection events are available to staff. The service completes monthly, six monthly and annual comparisons of infection rates for types of infections. Fendalton Retirement Village continue to be successful in reducing urinary tract infections.</p>   |
| <p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>  | <p>FA</p> | <p>There is a restraint minimisation and safe practice policy that is applicable to the service. The unit manager is the restraint coordinator. There are currently no residents using restraint or enablers. All staff have completed restraint/enabler and challenging behaviour training annually via the online system. Healthcare assistants interviewed could fluently describe the differences between restraint and enablers.</p>   |

## Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome   | Attainment Rating | Audit Evidence   | Audit Finding   | Corrective action required and timeframe for completion (days)   |
|--|-------------------|--|---|--|
| <p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p> | PA Low            | Temperatures have been recorded weekly for the medication room and the medication fridge. The medication fridge temperature is maintained at 4 degrees; however, the medication room exceeds the recommended 25 degrees Celsius. | The temperature of the medication room exceeded 25 degrees on the day of the audit. | <p>Ensure the medication room temperature is maintained and less than 25 degrees Celsius.</p> <p>30 days</p> |

## 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, 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 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> | CI                | Fendalton Retirement Village continues to provide education around infection control measures and management of urinary tract infections. | Fendalton Retirement Village continue to be successful in reducing urinary tract infections. 2018 statistics evidenced the rate of urinary tract infections (UTIs) had remained well below the benchmark of 7 per 1000 bed nights. The numbers of UTIs have remained low, with no residents experiencing UTIs in the last eight months and 0.1 per 1000 bed nights in the first six months of 2019. |

End of the report.