

The Russley Village Limited - Ashley Suites

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	The Russley Village Limited
Premises audited:	Ashley Suites
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 7 September 2020 End date: 8 September 2020
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:	21

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

The Russley Village provides rest home and hospital level care for up to 44 residents in care suites and receiving high level assisted living packages. The service is operated by a limited liability company, the Generus Living Group, which owns a chain of retirement villages and care facilities throughout New Zealand. A clinical services manager is responsible for management of the facility, alongside the overall village manager, with oversight from a business manager. Opening the care suites to residents since the provisional audit has been a purposefully slow process, which residents have appreciated. Residents and family members are very satisfied with the services provided and spoke highly of the organisation.

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

The audit confirmed that all parts of the standard and contract audited were being met.

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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Residents and their families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and these are respected. Services are provided that support personal privacy, independence, individuality and dignity. Staff interacted with residents in a respectful manner.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if required. Staff provide residents and families with the information they need to make informed choices and give consent.

Residents who identify as Māori can have their needs met in a manner that respects their cultural values and beliefs. There was no evidence of abuse, neglect or discrimination.

The service has linkages with a range of specialist health care providers to support best practice and meet residents' needs.

Residents, family members and staff were conversant with the organisation's complaint management system. A complaints register is maintained with complaints resolved promptly and effectively.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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A strategic business plan was current and included a business summary, direction and goals and covers operational excellence for the wider organisation. There are regular monitoring reports about the services developed and subsequently provided to the director at head office. An experienced and suitably qualified person, the clinical services manager, manages the facility with support from a business and care manager and the village manager.


Policies and procedures that support service delivery were current and are being reviewed regularly.

The quality and risk management system is based on a detailed quality plan. Quality improvement data is collected and analysed. Trends are identified where possible and corrective action and/or improvement opportunities implemented. Action plans are evaluated. Staff are involved with different aspects of the quality plan and feedback about the services provided is sought from residents and families. Adverse events are documented with reviews of the number and nature of these constantly occurring. Action plans are implemented when indicated. An organisational risk management plan is in place and reviews of the identified risks are ongoing. Actual and potential risks, including health and safety risks, are mitigated.

The recruitment, orientation and management of staff are based on current good practice. Relevant checks of new employees are undertaken. A systematic approach to identify and deliver ongoing training supports safe service delivery. Regular individual performance reviews are occurring three months after commencement and annually thereafter. There is a high resident to staff ratio and staffing levels and skill mixes meet the changing needs of the residents.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

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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Access to the facility is appropriate and efficiently managed with relevant information provided to the potential resident/family.

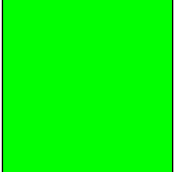
The multidisciplinary team, including a registered nurse and general practitioner, assess residents' needs on admission. Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. Files reviewed demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular and timely basis. Residents are referred or transferred to other health services as required.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

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

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The facility is in a new condition, meets the needs of residents and was clean. There was a current building warrant of fitness on display. Electrical and biomedical equipment have been tested as required and safety checks have been completed on manual equipment. Communal and individual spaces are maintained at a comfortable temperature and individuals can alter the temperature in their room as they choose. External areas are accessible, safe and provide shade and seating.


Waste and hazardous substances are managed according to documented safety guidelines. Staff use protective equipment and clothing, which is readily available. Chemicals, soiled linen and equipment are safely stored. Towels and bedlinen are laundered off site under contract and residents' personal laundry is completed in an on-site laundry. Cleaning and laundry processes are evaluated for effectiveness.

Staff are trained in emergency procedures and use of emergency equipment when they participate in the six-monthly fire evacuation drills. Emergency supplies are available and checked according to the internal audit programme. Call bell response times are regularly audited for efficacy.

Security systems are in place and are monitored.

All residents' rooms have windows or patio doors that can be opened for ventilation.

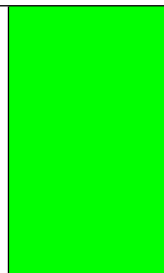
Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The organisation has implemented policies and procedures that support the minimisation of restraint. No restraints were in use on the days of audit and nor have any been used since the care facility opened early 2020. Three people were using an enabler, all of which were being used voluntarily in response to individual requests. Consent processes have been completed and the enabler use is regularly reviewed by a senior registered nurse. An electronic restraint and enabler register is maintained and includes details of the reviews of the enablers. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.



Standards applicable to this service fully attained.

The infection prevention and control programme, led by an experienced and trained infection control coordinator, aims to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when needed.

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

Aged care specific infection surveillance is undertaken, and results reported through all levels of the organisation. Follow-up action is taken as and when required.

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	45	0	0	0	0	0
Criteria	0	93	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Russley Village has developed policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training via an online education portal as was verified in training records.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Nursing and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form. Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented, as relevant, in the resident's record. Staff were observed to gain consent for day to day care.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Posters and brochures related to the Advocacy Service were also displayed and available in the facility. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' family and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff. Due to Covid-19 there have been limitations to visiting and outings, but this was understood and respected by staff, residents, and family.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints/concerns and compliments policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so.</p> <p>Responsibility for complaints management and follow up sits with the clinical manager who reported a complaint may be escalated to the business and care manager at head office when considered applicable. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required.</p> <p>The complaints register reviewed showed ten complaints, six of which were recorded as concerns, have been received since the facility opened. Actions taken, through to an agreed resolution, are documented and each step completed within the required timeframes. Quality and risk meeting minutes and the complaint register showed any required follow up has occurred and improvements have been made where possible. All staff are required to read a summary of the outcome of the follow-up from a complaint.</p> <p>There have been no complaints received from external sources since the facility opened.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p>	FA	<p>Residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) through the prior to admission pack. The Code is displayed in</p>

<p>Consumers are informed of their rights.</p>		<p>reception areas and beside lifts together with information on advocacy services, how to make a complaint and feedback forms.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>Residents and families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private suite.</p> <p>Residents are encouraged to maintain their independence by maintaining links to community activities such as golf and participation in clubs of their choosing. Care plans included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Five records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and ongoing via on-line education.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>Staff are able to support residents in the service who identify as Māori to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into day to day practice, as is the importance of whānau. There is a current Māori health plan developed with input from cultural advisers. Cultural safety and Māori Health values is part of the compulsory orientation and ongoing online training. One the day of audit there were no residents or staff that identify as Māori.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>Residents verified that they were consulted on their individual culture, values and beliefs and that staff respected these. Resident's personal preferences, required interventions and special needs were included in care plans reviewed (e.g., those that wished to attend church services). The resident satisfaction survey confirmed that individual needs are being met.</p>

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. The induction process for staff includes education related to professional boundaries, expected behaviours and the Code of Conduct. All registered nurses have records of completion of the required training on professional boundaries. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The service encourages and promotes good practice through evidence-based policies, input from external specialist services and allied health professionals, for example, the hospice/palliative care team, diabetes nurse specialist, wound care specialist, and education of staff. The general practitioner (GP) confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff reported they receive management support for external education and access their own professional networks to support contemporary good practice. Access is available for professional development through the DHB, Healthlearn, and Ministry of Health website.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Residents and family members stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Staff know how to access interpreter services, although reported this has not been required due to multicultural staff.</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>Rest home and hospital level care is provided in the Ashley Suites, a part of the wider Russley Retirement Village that was officially completed in November 2019. The Russley Village is owned and operated by the Generus Living Group, a privately owned New Zealand company, which has a collection of upscale senior living facilities. While claiming to recognise the importance of diversity in people and thought, the organisational culture is reported as being based on the values of quality, compassion, innovation, individuality and respect.</p> <p>The business plan is reviewed annually and the 2020 – 2021 version provides an executive summary and sections on company direction and goals, human resources, operational excellence – quality and</p>

		<p>sales and marketing within the current local marketplace. Thirty-six care suites and eight serviced apartments are available in the Ashley suite building and these are promoted for occupation under a care bond agreement, or via a deluxe care package. All 44 beds are certified as swing beds for rest home or hospital level care.</p> <p>A clinical services manager, often referred to as the clinical manager is the person who is primarily responsible for management of the care suites. This person is supported by the care and business manager, sales and projects (care and business manager), both at clinical and managerial levels. The care and business manager reports directly to the company director and a team of senior registered nurses report to the clinical manager. Informal reports are prepared by the clinical manager for the Generus Living management team each week and copies of the formal monthly reports were reviewed. These confirm that adequate information to monitor performance is reported including occupancy, staffing, residents' welfare, emergency calls, financial performance, emerging risks and a summary from the various services such as hospitality, activities and maintenance.</p> <p>Both the care and business manager, and the clinical services manager are registered nurses, have extensive experience in aged care services, including a variety of management roles, and are suitably qualified for their roles. Despite demonstrations of competence and strong familiarity with their roles, they have both only been in their current roles for a few months. Responsibilities and accountabilities are defined in job descriptions and individual employment agreements. The clinical manager confirmed knowledge of the sector, regulatory and reporting requirements, and their personal file validated reports of maintaining links with the DHB and undertaking a variety of related training and projects in the wider aged care sector.</p> <p>The service holds contracts with the DHB to deliver rest home and hospital care and can also have palliative care resident's single dispensations. There were no residents on this agreement on the day of audit. Ten of the total 21 residents were receiving rest home level care, eight hospital, one respite and two were private paying, one for respite care and one rest home level care.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe</p>	<p>FA</p>	<p>When the clinical services manager is absent, the care and business manager (also a registered nurse), the village manager, the registered nurse from the care suites and the village registered nurse are available to support staff and undertake specific duties under delegated authority. The same team of managers/registered nurses are available during absences of key clinical staff. All are experienced in the sector and able to take responsibility for any clinical issues that may arise. Healthcare assistants reported during interview that the current arrangements work well, and this was confirmed by the managers and registered nurses.</p>

services to consumers.		
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The organisation has a planned quality and risk system described within a quality plan and a number of associated documents and forms. Principles of continuous quality improvement were evident in the plan and in its institution. Issues covered included the management of incidents and complaints, internal and external audit activities, resident satisfaction surveys, monitoring of outcomes, reviews of identified risks, clinical incidents including infections and reviews of enabler use.</p> <p>Six months of quality and risk related meeting minutes were reviewed and confirmed there have been regular review and analysis of quality indicators and that related information is reported and discussed. In addition to a weekly operations meeting and weekly activity related meetings, there have been monthly quality and risk meetings, registered nurse meetings and resident meetings. Separate monthly link meetings cover health and safety and infection control, and another covers falls, restraint/enabler use and complaints.</p> <p>Staff reported their involvement in quality and risk management activities through their familiarity with policy documents, attendance at meetings, involvement in internal audits, assisting with closing corrective actions and completing records, such as for incidents, when they need to. They also confirmed they have access to information and data related to incidents and infections. Relevant corrective actions are developed and implemented to address any shortfalls. A first resident satisfaction surveys was completed at six months at the end of August 2020. The information has yet to be fully analysed, but the managers have already identified some potentially useful trends to work with, including ensuring people are familiar with how to make a complaint and that information about GP visits is known.</p> <p>Policies and procedures reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility assessment tool and process. All organisational documents are based on best practice and were current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval and removal of obsolete documents. Staff access these organisational documents electronically.</p> <p>The clinical manager and the business and care manager described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. Risks associated with organisational management are reviewed and managed through head office. The manager is familiar with the Health and Safety at Work Act (2015) and requirements have been implemented. A health and safety review was undertaken at six months, 12 August 2020. Hazard registers for both the Ashley Suites and for the entire village were reviewed.</p>
Standard 1.2.4: Adverse Event	FA	Policy and procedure documents and flowcharts guide managers and staff in managing incidents and accidents. Staff document adverse and near miss events electronically on an accident/incident form. A

<p>Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>sample of incidents forms reviewed showed these were fully completed, incidents were investigated, graphed, action plans developed and actions followed-up in a timely manner when relevant. Adverse event data is collated, analysed and reported to all staff and to head office. This data is also benchmarked against other similar aged care facilities; although to date there has been insufficient information available from this process to use for quality improvement purposes. During an internal review of the data, the clinical services manager did consider the number of falls was too high for the number of residents and undertook a further analysis of the information available. A project involving increasing staff and resident awareness about risks and possible prevention strategies was implemented and although too early to attribute current figures to this, there has already been a decrease in the last two months.</p> <p>The clinical manager described essential notification reporting requirements, including for pressure injuries. They advised there have been two notifications for pressure injuries made to the Ministry of Health, since the provisional audit. No other notifications to authorities have been required.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes an interview process, referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's recruitment and employment policies and procedures are being consistently implemented and records are maintained. Copies of APCs of other health professionals attending residents in this facility are also on file.</p> <p>Staff induction and orientation includes all necessary components relevant to the role. Staff reported that the orientation process was comprehensive and prepared them well for their role. Staff records reviewed showed documentation of completed orientation competencies and checklists. All staff undergo an appraisal process with a manager at 90 days and annually thereafter. Records reviewed confirmed that all relevant staff have an updated current appraisal.</p> <p>A list of mandatory training requirements is available and continuing education provided on a monthly basis is planned for the current year. Records sighted showed that healthcare assistants have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. A staff member is an internal assessor for the programme. E-learning, self-directed learning and presentation style training is available. Healthcare assistants expressed enthusiasm with the training opportunities they have access to with this service provider. All staff have the same requirements and access to education, including those who assist residents in the apartments occupied under an occupation right agreement, and who pay to receive a rest home level care package. All of the registered nurses are maintaining their annual competency requirements to undertake interRAI assessments. Their training records also provided evidence of them</p>

		having completed a range of practical competencies and undertaken a variety of training including palliative care.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>A documented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7) is being implemented. The facility adjusts staffing levels to meet the changing numbers and needs of residents. An afterhours on call system is in place with the clinical manager on call 24/7 and a senior registered nurse relieving for these duties in their absence. The rosters detail the hours of the activities staff, the housekeeper roles and which person on the short shifts is responsible for assisting residents in the serviced apartments occupied under an occupational right agreement. Managers informed and healthcare assistants confirmed that registered nurses do not leave the care suites to assist residents living in the villas and apartments and although most village call bells are responded to by telephone, it is only on rare occasions that a healthcare assistant will be required to leave the care suites for any hands on assistance. Such a decision would always leave a minimum of two staff, one of which would be a registered nurse.</p> <p>There is a separate roster for kitchen staff. Care staff reported that good access to advice is available when needed and that all of the team works well together. Healthcare assistants also reported that there are adequate staff available to complete the work allocated to them as there is one healthcare assistant allocated to four residents. Residents and family interviewed supported this.</p> <p>Observations and review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff always replaced in any unplanned absence. The service provider has casual workers available and as the healthcare assistants usually work a four-day week they willingly pick up another shift when required. Although all registered nurses and the majority of healthcare assistants have a current first aid certificate, at least one staff member on duty is identifiable on the roster as having a current first aid certificate. The rosters viewed confirmed reports that there is 24/7 registered nurse coverage for the hospital. According to the clinical manager, at this point in time, only registered nurses are responsible for the administration of medicines on each shift. All of the registered nurses have a current interRAI competency.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential,</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the five residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. This includes interRAI assessment information entered into the Momentum electronic database. Records were legible with the name and designation of the person making the entry identifiable.</p>

<p>and accessible when required.</p>		<p>Archived records are held securely on site and are readily retrievable using a cataloguing system.</p> <p>Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. The organisation seeks updated information from the NASC and GP for residents accessing respite care.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual requirements. Service charges comply with contractual requirements.</p> <p>Residents have the opportunity to purchase an apartment when independent and remain there through all levels of care. On the day of audit there was one resident receiving rest home care in the apartments and when interviewed stated she was happy with the care provided.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses the DHB's 'yellow envelope' system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident and the family/whānau. At the time of transition between services, appropriate information is provided for the ongoing management of the resident. All referrals are documented in the progress notes. An example reviewed of a patient recently transferred to the local acute care facility showed GP input and appropriate documentation sent with the resident. Family of the resident reported being kept well informed during the transfer of their relative.</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</p>	<p>FA</p>	<p>The medication management policy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management (using an electronic system) was observed on the days of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are</p>

<p>guidelines.</p>		<p>competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The night staff check medications against the prescription and inputs them into the electronic system. All medications sighted were within current use by dates. Clinical pharmacist input is available on request.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six monthly stock checks and accurate entries. Medication competency was sighted for both RNs and the second checker and are renewed annually.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three monthly GP review was consistently recorded on the medicine chart.</p> <p>There was one resident who self-administers medications at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner and it is reviewed three monthly by the GP.</p> <p>There have been no medication errors but there is an implemented process in place for comprehensive analysis of any medication errors.</p> <p>Fifteen medication files were reviewed, which reflects the sample of residents' files reviewed prior to extending the sample.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is provided on site by four qualified chefs and a kitchen team and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years (11 September 2020). Recommendations made at that time have been implemented. There is a café and Brasserie in the Village where residents and families can eat or entertain.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by Christchurch City Council (reviewed 24 January 2020). Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. Food prepared in the main kitchen is transported in hot and cold boxes to the Ashley suites and kept on an induction benchtop to maintain temperature, then a chef checks temperatures and garnishes before serving. Conversation is had with residents at the time of the meal about any changes the residents would like. The food services manager has undertaken a safe food handling qualification, with kitchen assistants</p>

		<p>completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available if required. A menu is provided the day before for residents' selection, and staff and volunteers are available to assist with this.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion in spacious surroundings.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>If a referral is received but the prospective resident does not meet the entry criteria or there is currently no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. There is a clause in the access agreement related to when a resident's placement can be terminated. On the day of audit full occupancy had not been reached, as the facility has been recently built and new admissions are being staggered to allow for new residents to settle in.</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>Information is documented using validated nursing assessment tools, such as mobility, pain scale, falls risk, skin integrity and nutritional screening, as a means to identify any deficits and to inform care planning. The sample of five care plans reviewed had an integrated range of resident-related information. All residents have current interRAI assessments completed by one of six trained interRAI assessors on site. Residents and families confirmed their involvement in the assessment process.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments were reflected in care plans reviewed.</p> <p>The care plans reviewed showed evidence of service integration with progress notes, activities notes, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required is documented and verbally passed on to relevant staff. Anything that needs to be notified to the RN is flagged in the computer generated report when a tick box is clicked, when care staff are</p>

		documenting in the progress notes. Residents and families reported participation in the development and ongoing evaluation of care plans.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Documentation, observations and interviews verified the care provided to residents was consistent with their needs, goals and the plan of care. 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 is sought in a timely manner, that medical orders are followed, and care is exemplary. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available such as hoists, shower chairs, pressure relieving devices and weighing scales suited to the level of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The activities programme is provided by one activities coordinator who has commenced the national Certificate in Diversional Therapy. Volunteers from the Village apartments come and assist on an informal basis.</p> <p>A social assessment and history is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The residents' activity needs are evaluated via satisfaction surveys and as part of the formal six-monthly care plan review.</p> <p>Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. Residents and families/whānau can have input into the programme via residents' meetings. Residents interviewed confirmed they find the programme interesting and engaging.</p> <p>The residents are aware that the programme is evolving as the occupancy increases. Some expressed a desire for church services to be held which the activities coordinator was able to confirm is being discussed. Activities that are currently held include such things as newspaper reading, mah-jong, cards, outings, happy hour and entertainers when Covid -19 restrictions permit.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely</p>	FA	<p>For the purpose of evaluation, the sample group was extended to 10 files as many of the residents had been admitted less than six months ago and had not been formally evaluated on the six-monthly schedule.</p> <p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is</p>

manner.		<p>reported to the RN and the next shift informed of any actions required.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, 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 (STCP) being consistently reviewed and progress evaluated as clinically indicated were noted for urinary tract infections, wounds and weight loss. When necessary long term care plans (LTCP) are updated. If a STCP is in place and unresolved the organisation is proactive in accessing specialist help before transferring to the LTCP. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a 'house doctor', residents may choose to use another medical practitioner. If the need for other non-urgent services are indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to the dietitian and wound specialist clinic. The resident and the family/whānau are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate. Advance directives are considered before routinely sending someone to hospital.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Staff interviewed knew what to do should any chemical spill/event occur and a spill kit and an outbreak kit with relevant protective equipment was available. Hazardous chemicals used by maintenance staff are locked in an outside shed.</p> <p>Protective clothing and equipment including masks, goggles, aprons, gloves and hand sanitiser are accessible to staff throughout the facility and staff were observed using these items appropriately. Cleaning trolleys are being used and material safety data sheets are in documentation and on display where chemicals are stored.</p>
<p>Standard 1.4.2: Facility Specifications</p>	FA	<p>A current building warrant of fitness (expiry date 1 December 2020) was publicly displayed.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for</p>

<p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>their purpose and safely maintained. Maintenance staff are responsible for electronic sign off for the completion of any repairs or maintenance tasks that arise. Staff confirmed they know the processes they should follow if any repairs or maintenance are required and that requests are actioned. Although many items are brand new, the testing and tagging of electrical equipment is current, as is the calibration checks of bio medical equipment. This was confirmed via documentation reviewed, interviews with maintenance personnel and observation of the environment. Similarly, mechanical equipment has been checked for safety, wheelchair audits up to date and hot water temperatures are within accepted levels. The environment was hazard free and resident safety is promoted via reminders and staff education.</p> <p>External areas are safely maintained and were appropriate for the residents with varying levels of ability within this retirement village setting. A transport procedure is in place and the van used to transport residents has a current registration and warrant of fitness.</p> <p>Residents and family members were happy with the environment.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There were 46 toilets within the Ashley Suites, which ensures there are adequate numbers of accessible bathroom and toilet facilities. These include ensuites attached to all care suites as well as toilets near the lounge and dining areas on each level. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote residents' independence. Privacy locks are on bathroom doors.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>With care suites measuring between 22 and 42 square metres excluding the ensuite, there is adequate personal space to allow residents to move around within their care suite safely. Staff expressed appreciation regarding the spacious nature of all care suites. There are no shared rooms; however, in the event a person chooses to share a care suite, there are two-bedroom options available. The occupied care suites are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids and wheelchairs, and a mobility scooter park is downstairs. Residents choose their own care suite and during interviews reported the adequacy of the care suites, which also have a microwave, small fridge, kitchen sink and cabinets. All care suites in the Ashley building have a hospital bed and built in storage units. Care suites in the apartments have standard beds.</p>

<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>All care suites have a lounge/sitting room in them. Three communal lounge areas with a gas operated fireplace are available, with the main lounge being downstairs. Two spacious dining areas (one on the ground floor and one level one) are available for residents' use and observations were made of rest home residents eating their mid-day meal with their friends in the retirement village café and dining area. On level two, there is a small quiet area with seating, which residents can access for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p> <p>There is a courtyard and two decks for external seating. Twelve care suites have their own small balconies beyond the sliding doors.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Residents' personal laundry is undertaken on site in a dedicated laundry. The healthcare assistants share the laundry workload and during interview were able to describe the processes around the clean/dirty flow, laundering of woollens and delicates, and the management of soiled linen, for example. Towels and bedlinen are contracted to an off-site laundry service. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner.</p> <p>There is a small designated cleaning team who, alongside the healthcare assistants who undertake laundry duties, have received appropriate training in chemical handling. Certificates confirming this were evident in staff files. An administration person supports the cleaning staff by ordering supplies and ensuring storage areas are tidy. There is a housekeeping supervisor for the wider facility.</p> <p>Chemicals were stored in lockable cupboards in the sluice room and the laundry as relevant. All were in appropriately labelled containers with safety data sheets available nearby.</p> <p>Cleaning and laundry processes are well described in documentation reviewed and the processes are monitored through the internal audit programme. Audits for room cleaning, cleaning and laundry and health and safety – environment and equipment, were undertaken March 2020. Corrective actions had been followed through and systems improvements made where indicated.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation and response were displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on 6 December 2019. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 4 June 2020. Another is scheduled 25 September 2020 in order to capture new staff and for the new maintenance manager to become familiar with requirements. The orientation programme includes fire and security training and staff are required to update and attend one evacuation at least annually. Staff</p>

		<p>confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, blankets, mobile phones and gas BBQ's were sighted and meet The National Emergency Management Agency recommendations for the region. These were last checked in an internal audit 1 September 2020. Water storage tanks are located around the complex, and there is a generator available should the need arise. The village manager noted that with the proximity to the airport they are a priority district for restoration of any power outage. Emergency lighting and fire-fighting systems are regularly tested.</p> <p>Call bells alert staff to residents who require assistance. Audits on the response times for the call system are completed on a regular basis, or when a concern is raised, and residents and families reported staff generally respond promptly to call bells. Monthly checks on call bell operations are undertaken by the maintenance team. There is a list of people in the village who have an occupation right agreement and may require assistance in an emergency. These people are not receiving full rest home level care.</p> <p>Appropriate security arrangements are in place. Maintenance team members undertake security checks daily before leaving the village each afternoon. A security company visits each night on a drive through and checks key designated areas. The village entry gates open and close at pre-set times and staff are aware of what to do in the event of a disturbance. Closed circuit cameras have been installed throughout the grounds and specific internal areas; however residents and family members are fully informed and their use does not compromise personal privacy.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All care suites for residents and the communal areas have windows or patio doors that may be opened for ventilation and provide natural light. Twelve care suits open directly onto a small balcony and garden area. In addition to a gas fire on each of the three levels, there is both ceiling and floor heating, which is supplemented by heat pumps. The heat pumps assist with cooling in summer. The temperature of each care suite and communal area can be individually adjusted to suit the resident(s). Each area was warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers,</p>	<p>FA</p>	<p>The service implements an infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive and current infection control manual, with input from an external quality consultant. The infection control programme and manual are reviewed six monthly (last reviewed 28 April 2020).</p> <p>The clinical services manager is the designated IPC coordinator, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly</p>

<p>and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>at the quality/risk committee meeting. This committee includes the general manager/facility manager, IPC coordinator, the health and safety officer, and representatives from food services and household management.</p> <p>Signage at the main entrance to the facility requests anyone who is, or has been unwell in the past 48 hours, not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities.</p> <p>On the day of audit due to Covid-19 restrictions, Ministry of Health guidelines were being followed; signing in, temperature checks and questionnaire filled in and masks were required by all visitors.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The IPC coordinator has appropriate skills, knowledge and qualifications for the role. He has undertaken DHB training in infection prevention and control, online courses and Southern Community Laboratories training as verified in training records sighted. Additional support and information is accessed from the infection control team at the DHB, the community laboratory, the GP and public health unit and Ministry of Health updates as required. The coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The IPC coordinator confirmed the availability of resources to support the programme and any outbreak of an infection.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The infection prevention and control policies reflected the requirements of the infection prevention and control standard and current accepted good practice. Policies were last reviewed in March 2019 and included appropriate referencing.</p> <p>Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>

<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Interviews, observation and documentation verified staff have received education in infection prevention and control at orientation and ongoing education sessions. Education is provided by an online education portal. Content of the training is documented and evaluated to ensure it is relevant, current and understood. A record of completion is maintained. There have been no outbreaks since the last audit.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing/sanitising.</p> <p>Extra education has been provided on recommendation from the Ministry of Health regarding donning and doffing of personal protective equipment and the Covid-19 pandemic plan, with several sessions held to ensure all staff had attended.</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>Surveillance is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract. The IPC coordinator reviews all reported infections and these are documented. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers. Graphs are produced that identify trends for the current year, and comparisons against previous years and this is reported to the clinical manager/quality and IPC committee. Data is benchmarked within the group.</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>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers.</p> <p>The restraint coordinator, who is a registered nurse, provides support and oversight for enabler and restraint management in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities.</p> <p>On the day of audit, there were no restraints in use in this facility and there has not been any used since opening. Three residents were using an enabler with one of these using a lap belt when in a wheelchair and bedrails when in bed and the other two use a lap belt when in a wheelchair. Policies and procedures confirmed these enablers are approved for use in this facility. Signed consent forms were in each of the residents' personal files and records sighted confirmed they are being used voluntarily.</p>

		Restraint and enabler use is a topic for discussion at the monthly quality and risk meetings and any use is included in the reports that are forwarded to the governance team. Meetings minutes confirmed the use of such devices is discussed. An electronic restraint and enabler register was consistent with reports from the restraint coordinator and with the personal files viewed.
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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.