

Parkwood Trust Incorporated

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Parkwood Trust Incorporated
Premises audited:	Parkwood Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 6 October 2020 End date: 6 October 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:	81

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

General overview of the audit

Parkwood Retirement Village provides rest home and hospital level care for up to 88 residents. The service is operated by Parkwood Trust. The facility is managed by a general manager and a nurse manager. Residents and families spoke positively about the care provided.

This surveillance audit was conducted against the Health and Disability Service Standards. The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, family/whānau, management, staff and a general practitioner.

There are no areas requiring improvement from this audit.

Consumer rights

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

A complaints register is maintained with complaints resolved promptly and effectively. There have been no complaint investigations by an external agency since the previous audit.

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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Parkwood Trust is the governing body and is responsible for the services provided. The strategic and quality and risk management plans include a mission statement, philosophy, vision, values and objectives. There is regular reporting by the general manager to the trust board.

The facility is managed by an experienced general manager. An experienced nurse manager is responsible for the clinical service and is supported by the general manager and senior management team.

Quality and risk management systems are in place. There is an internal audit programme. Quality data is being collected, collated, analysed and corrective actions developed and implemented. Graphs of clinical indicators are available for staff to view along with meeting minutes. Adverse events are documented on accident/incident forms. A variety of meetings are held on a regular basis.

The hazard and risk register evidenced review and updating of risks and the addition of new risks.

There are policies and procedures on human resources management. Human resources processes are followed. An in-service education programme is provided, and staff performance is monitored. Care staff are encouraged to complete the New Zealand Qualifications Authority Unit Standards. Staffing levels exceed the contracted requirements. The documented rationale for

determining staffing levels and skill mixes is based on best practice. Registered nurses are always rostered on duty. Staff are rostered on call after hours.

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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Residents' of the Parkwood Retirement Village, who reside in the care facility have their needs assessed by the multidisciplinary team on admission and within the required timeframes. Verbal shift handovers, communication sheets and long serving senior staff guide continuity of care within the care facility.

Care plans are individualised, based on a comprehensive and integrated range of clinical information. Short term care plans are developed to manage any new problems that might arise. All residents' files reviewed demonstrated that needs, goals and outcomes are identified and reviewed on a regular basis. Residents and families interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is of a high standard.

The planned activity programme is overseen by two diversional therapists and two activities assistants. The programme provides residents with a variety of individual and group activities and maintains their links with the community. A facility van is available for outings.

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using an electronic system. Medications are administered by registered nurses, enrolled nurses and care staff, all of whom have been assessed as competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents verified overall 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.

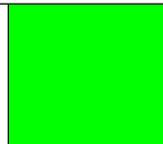


Standards applicable to this service fully attained.

The building warrant of fitness is displayed at the main entrance to the facility. There have been no structural alterations since the previous audit.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.



Standards applicable to this service fully attained.

The service has clear policies and procedures that meet the requirements of the restraint minimisation and safe practice standard. There were no residents using enablers and two residents using restraints at the time of audit.

Infection prevention and control

<p>Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.</p>		<p>Standards applicable to this service fully attained.</p>
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Aged care specific infection surveillance is undertaken, analysed and trended in the care facility at Parkwood Retirement Village. Results are 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	16	0	0	0	0	0
Criteria	0	39	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information is provided to residents and families on admission and there is complaints information available throughout the facility. Resident and families stated that communication about anything they are concerned about is actioned immediately.</p> <p>Review of the register and interview of the quality managers evidenced twelve complaints have been received since the last audit including four for 2020. The quality managers are responsible for complaints management and follow-up. Review of documentation evidenced complaints are managed well and timeframes meet Right 10 of the Code.</p> <p>The quality managers are responsible for complaint management and follow up. Staff interviewed confirmed a sound understanding of the complaint process and what actions are required.</p> <p>There have been no complaint investigations by external agencies since the previous audit.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with</p>	FA	<p>Residents and families interviewed stated they were kept well informed about any changes to their/their relative's status and outcomes of regular and any urgent medical reviews. This was supported in the residents' files reviewed. Staff understood the principles of open disclosure, which is supported by policy and procedures that meet the requirements of the Code of Health and Disability Services Consumers' Rights (the Code).</p> <p>Interpreter services can be accessed via the interpreter service when required. The quality managers advised</p>

<p>consumers and provide an environment conducive to effective communication.</p>		<p>residents' family members can act as interpreters, where appropriate. There were no residents requiring an interpreter at the time of audit.</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>Parkwood Trust is the governing body and is made up of eight members including a resident, and two board members elected by residents within the complex. The board meets monthly and is responsible for the service provided. The strategic plan 2020-2025 includes a mission statement, vision, values and goals of which there are seven that describe critical success factors, strategies and progress. A SWOT analysis describes the strengths and weaknesses of the organisation. A flow chart details the organisation's structure. The general manager (GM) provides a monthly report to the trust board. The GM's reports, minutes of the trust board meetings and interview of the GM evidenced matters reported on are sufficient to monitor performance.</p> <p>Parkwood Retirement Village - (Parkwood Lodge) is managed by an experienced general manager who has been in the position for 26 years. An experienced nurse manager (NM) has been at Parkwood Lodge for 18 years, 7 years as NM. The NM is responsible for the overall clinical service and is supported by RN/team leaders. Both the GM and NM are supported by the senior management team. Interviews and documentation evidenced the GM and NM have attended relevant conferences and workshops since the previous audit.</p> <p>Parkwood Lodge is certified to provide care to 88 hospital and rest home level care residents. On the day of the audit there were 40 hospital level care and 41 rest home level care residents under the aged care residential contract with the DHB. One hospital level resident was under the short-term residential care contract (respite) with the DHB.</p> <p>Fifteen of the rest home beds have been approved as dual purpose. The GM reported three of the 15 are trust owned and the rest are under an occupational right agreement (ORA). The ORA rooms are within the facilities footprint and are staffed as part of the rostering.</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</p>	<p>FA</p>	<p>The quality and risk manual is comprehensive and includes objectives and responsibilities with reviews undertaken annually to evaluate the objectives for the past year. The quality and risk management system reflects the principles of continuous improvement. The quality programme is managed by the two quality managers, one is responsible for the clinical activities and the other administration activities.</p> <p>The internal audit programme, satisfaction surveys, incident/accidents and complaints are linked to the quality indicators and evidenced monitoring and review. There was evidence of quality data being collected, collated and analysed to identify trends. Corrective actions are developed and implemented and monitored following any deficits identified. Graphs of clinical indicators with trending and meeting minutes are available for staff to view in the nurses' stations. During the Covid 19 lockdown, staff meetings were not held; however, the quality managers</p>

<p>system that reflects continuous quality improvement principles.</p>		<p>provided memos and newsletters with a variety of subjects to keep staff well informed. Staff meetings have resumed, and minutes were reviewed. Meeting minutes for quality, staff, RN/EN, restraint, infection control, health and safety, team leaders and residents were reviewed. Minutes evidenced good reporting of analysis and trending. Staff stated they are kept well informed and discuss the clinical indicators at meetings and at hand over. The resident satisfaction survey of September 2020 evidenced high levels of satisfaction.</p> <p>Policies and procedures are relevant to the scope and complexity of the service, reflected current accepted good practice and referenced legislative requirements. There is a system in place to manage the control of policies and procedures. Policies and procedures are reviewed two yearly and have footers that include the date reviewed. Review of the hard copy policy and procedure folder for staff evidenced all policies and procedures were current. Staff confirmed they are aware of updated documentation. The quality manager reported minor changes to policies are discussed at the various monthly meetings. If major changes are required, the policy is attached to a clip board and put in the nurses' stations where staff are required to read and sign off on. Obsolete documents are stored electronically.</p> <p>The risk and hazard registers are comprehensive and include risks associated with clinical, human resources, legislative compliance, contractual, environmental risks and organisation wide. Actual and potential hazards and the actions put in place to minimise or eliminate the hazard are documented. Newly found hazards are communicated to staff and residents as appropriate. The quality managers demonstrated good knowledge concerning health and safety. Staff confirmed they understood and implemented documented hazard identification processes.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Staff document adverse events on an incident/accident form. Incident/accident forms reviewed evidenced these were fully completed, were investigated, action plans developed and actions followed-up in a timely manner. Individual incident/accident logs are kept in each resident's file and were up to date. Adverse event data is collated and analysed by the quality managers and trends shared with staff through meetings. An electronic index is maintained for all incident/accidents facility wide. Families confirmed they are notified of incidents/accidents in a timely manner.</p> <p>The quality managers are aware of essential notification reporting requirements, including for pressure injuries and health and safety events. The quality managers advised there have been no Section 31 notifications of significant events made to external agencies since the previous audit.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Policies and procedures relating to human resource management are in place. Staff files included job descriptions which outline accountability, responsibilities and authority, employment agreements, references, completed orientation, competency assessments, education records, police vetting and interview documents.</p> <p>New staff are required to complete the orientation programme prior to their commencement of care to residents. The entire orientation process, including completion of competencies, takes up to two weeks to complete and staff performance is reviewed at the end of this period and annually thereafter. Orientation for staff covers the essential components of the service provided.</p> <p>The education programme reviewed and interviews of staff evidenced on-going training is provided via several ways including internal training days, 'tool box' talks with small groups and one to one training provided by the RNs. External educators provide education and staff can also attend external training. Individual certificates of training are held on staff files. Competencies were current including but limited to medicines and restraint and attendance records are maintained electronically and in hard copy. Six of the 14 RNs are interRAI trained and have current competencies. Current first aid certificates were sighted in staff files.</p> <p>A New Zealand Qualification Authority education programme is available for staff who have not already completed the programme. Nine caregivers have attained level 4, 18 have attained level 3 and three have attained level 2. An RN is the internal assessor for the facility.</p> <p>Staff performance appraisals were current. Annual practising certificates were current for all staff and contractors who require them to practice.</p> <p>Staff confirmed they have completed an orientation, including competency assessments. Staff also confirmed their attendance at on-going in-service education and the currency of their performance appraisals.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a comprehensive documented rationale for determining staffing levels and skill mix to provide safe service delivery. The policy includes skill mix, acuity and what triggers an increase in staffing or any decrease. Rosters were reviewed and showed staffing levels are adjusted to meet the changing needs of residents, acuity levels of residents on admission and the environment. Staff are also consulted about any changes required in workloads. Registered nurse cover is provided seven days a week over the 24-hour period. Staff are rostered on call after hours. There are 14 RNs employed, all have more than three years' experience in working in the aged care sector. There are three RNs and 14 care givers on the morning shift; 2 RNs and 10 care givers on the afternoon shift and 1 RN, an EN and 2 care givers on the night shift. There is at least one staff member per shift with a current first aid certificate. Cleaning and laundry staff are dedicated to the roles. Two diversional therapists and two activity staff are employed to implement the activities programme.</p> <p>Care staff reported there is good staff cover available and they were able to complete the work allocated to them. They reported if someone is unable to work the team helps each other. The managers stated any shortfall can</p>

		<p>usually be filled using the casual pool or staff offered extra hours. Residents and family members reported there were appropriate numbers of staff on duty to provide them or their relative with adequate care. Observations during this audit confirmed adequate staff cover is provided.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and identifies 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 day 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 competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by an RN against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</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 include the prescriber's electronic 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 is consistently recorded on the electronic medicine chart.</p> <p>There were 21 residents at Parkwood who self-administer medications at the time of audit. 19 of these are residents only self-administer partially, in that they administer inhalers, eye drops or sprays. Two residents fully self-administer all medications. Appropriate processes are in place to ensure this is managed in a safe manner.</p> <p>Medication errors are reported to the RN and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified. A previous continuous improvement around the reduction of medication errors due to the introduction of an electronic medication management system remains in place, and medication errors are noted to remain low.</p> <p>Standing orders are used at Parkwood, and these meet the guidelines.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The food service is provided on site by a cook 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 in August 2019. Recommendations made at that time have been implemented.</p> <p>A food control plan is in place and expires 27 June 2021. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The cook has undertaken a safe food handling qualification, with kitchen assistants 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.</p> <p>Evidence of resident satisfaction with meals is verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Any areas of dissatisfaction were promptly responded to. Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. The hospital dining room was noted to be nicely presented, with a relaxed atmosphere conducive to enhancing the nutritional experience. Staff were seated beside the residents requiring assistance. The mealtime was relaxed and unhurried. When plates were cleared, residents were asked whether they had found the meal enjoyable. There are sufficient staff on duty in the dining rooms at mealtimes to ensure appropriate assistance is available to residents as needed.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Documentation, observations and interviews verified the provision of care provided to residents at Parkwood 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 of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs. All residents and families interviewed at Parkwood described the care as fantastic or outstanding.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity</p>	FA	<p>The activities programme is provided by two trained diversional therapists and two part time activities assistants.</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 resident's activity needs are evaluated regularly and as part of the formal care plan review every six months.</p>

<p>requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>The planned monthly activities programme sighted matches the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and include normal community activities. Individual, group activities and regular events are offered. Examples included indoor golf, art classes, knitting groups, visiting entertainers, quiz sessions and daily news updates. The activities programme is discussed at the residents' meetings and indicated residents' input is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction and that information is used to improve the range of activities offered. Residents interviewed confirmed they find the programme meets their needs. A continuous improvement initiative was recognised at the last audit, focussed on providing a wide range of resident initiated activities. A review with an analysis and evaluation of resident satisfaction, after each activity impacted on future planning. This initiative remains in place and ongoing, however has been impacted on by the limitations and restrictions imposed by the Covid-19 quarantine and is unable to be evaluated at this audit.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples were sighted of short-term care plans being consistently reviewed for infections, pain and weight loss and progress evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Wound management plans were evaluated each time the dressing was changed. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A building warrant of fitness is displayed in the main facility that expires on the 20 May 2021. There have been no structural alterations undertaken since the previous audit.</p>
<p>Standard 3.5: Surveillance</p>	<p>FA</p>	<p>Surveillance of infections at Parkwood is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue,</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>fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. When an infection is identified, a record of this is documented in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>The infection control nurse reviews all reported infections. 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 at the management meeting, the infection control meeting and at staff handovers. Training is provided if evidence verifies the incidences of infection requires increased staff training. Surveillance data is entered in the organisation's electronic infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years. Data is posted on noticeboards in the staff room.</p> <p>A good supply of personal protective equipment is available. Parkwood has processes in place to manage the risks imposed by Covid-19.</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. The restraint approval group provides the support and oversight for enabler and restraint management. Staff interviewed demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities.</p> <p>On the day of audit, two residents were using restraints and no residents were using enablers. Enablers are the least restrictive and used voluntarily at the resident's request. The restraint coordinator reported the facility was restraint free until a short time ago and the aim is to be restraint free once more. Equipment used to minimise restraint use include sensor mats, landing mats, low and extra low beds and laser alarms.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.