

Metlifecare Coastal Villas Limited - Metlifecare Coastal Villas

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:	Metlifecare Coastal Villas Limited
Premises audited:	Metlifecare Coastal Villas
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 October 2020 End date: 15 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:	30

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

Metlifecare Coastal Villas provides rest home and hospital level care for up to 35 residents. The service is operated by Metlifecare Coastal Villas Limited. The facility is managed by a nurse manager who reports to the village 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, a general practitioner and allied health professionals.

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 interpreters 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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Metlifecare Coastal Villas Limited is the governing body and is responsible for the services provided. The business plan and a quality and risk management plan include a mission statement, philosophy, vision, values and objectives. There is regular monitoring and reporting by the nurse manager to the governing body.

The facility is managed by an experienced nurse manager who is responsible for the overall running of the facility. The nurse manager is supported by the regional clinical manager, the village manager, the operations manager and a senior registered nurse.

Quality and risk management systems are in place and are managed well. There is an internal audit programme. Quality data is being collected, collated, comprehensively 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 electronically. 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 mix is based on best practice. Registered nurses are always rostered on duty. The nurse manager and senior nurse 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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On admission to Metlifecare Coastal Villas residents' have their needs assessed within the required timeframes by the multidisciplinary team. Verbal shift handover reports and communication sheets guide continuity of care.

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 run by a diversional therapist. The programme provides residents with a variety of individual and group activities and maintains resident's 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 either registered nurses, enrolled nurses, or 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.
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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.
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The service has clear policies and procedures that meet the requirements of the restraint minimisation and safe practice standard. There were residents using enablers and no residents using restraints at the time of audit.

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.
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Surveillance of aged care specific infections in undertaken at Metlifecare Coastal Villas. Results are analysed, trended, and benchmarked. 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 at the main entrance. 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 nurse manager evidenced eight complaints have been received in the past 12 months, five of which were from the same complainant. The nurse manager is 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>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 nurse manager advised</p>

<p>consumers and provide an environment conducive to effective communication.</p>		<p>residents' family members and staff 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>The business plan 2019-2020 includes a mission statement, vision, values, goals and a SWOT analysis. An action plan to achieve the set goals is in place and goal achievements are signed and dated when completed. The nurse manager (NM) provides a monthly management report to the regional clinical manager. Review of reports evidenced a wide variety of activities are reported on. Weekly review meetings are held at the facility and include the senior management team. Activities reported and discussed include but are not limited to, clinical progress, quality and risk, staffing, infection control and complaints.</p> <p>The care facility is managed by an experienced nurse manager who has been in the position for five years and reports to the village manager. The NM has a masters degree in clinical nursing, and is on several committees relating to health. The NM is also a member of the clinical governance group for Metlifecare which meets two monthly. The NM is responsible for the service overall and is supported by the village manager, the regional clinical manager, the operations manager and the senior RN. Responsibilities and accountabilities are defined in the job descriptions and individual employment agreements.</p> <p>The service holds contracts with the DHB for age related residential care and short-term residential care. All residents were receiving services under the age-related contract. (27 hospital residents and three rest home residents including one resident in an apartment under a occupational right agreement). The service has approval to have five serviced apartments certified for rest home level only. The 30 beds in the main care area have all been approved as dual purpose.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects</p>	<p>FA</p>	<p>The management of quality and risk is a strength of the service. The quality and risk management plan includes a purpose and a vision and reflects the principles of continuous improvement. The quality programme is managed by the nurse manager.</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 comprehensively 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' station. During the Covid 19 lockdown, staff meetings were not held; however, regular updates were provided by the NM on the white board in the nurses' station.</p>

<p>continuous quality improvement principles.</p>		<p>Staff meetings have resumed, and minutes were reviewed. Meeting minutes evidenced a wide range of activities are reported back to staff with good discussion including but not limited to clinical indicators, incident/accidents, restraint, infection control and health and safety. 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 August 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. The NM reported staff are alerted to new or updated policies via the white board in the nurses' station. Staff must read and sign off. Staff interviewed confirmed they are aware of the procedure and stated the policies are easy to understand and guide their practice. 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 NM demonstrated sound knowledge concerning health and safety matters. 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 electronically on an incident/accident form. Incident/accident forms are reviewed by the NM and evidenced these were fully completed, are investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is collated and analysed by the NM and trends shared with staff through meetings. A risk matrix is used and the severity assessment code (SAC) 1 and 2 are alerted to the NM via cell phone and escalated to the regional clinical manager and further if required. Families confirmed they are notified of incidents/accidents in a timely manner.</p> <p>The NM described essential notification reporting requirements, including for pressure injuries and health and safety events. The NM advised there have been six Section 31 notifications of significant events made to HealthCERT since the previous audit.</p>
<p>Standard 1.2.7: Human Resource</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</p>

<p>Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>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 three months 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 covers a wide range of subjects. Interview of staff evidenced on-going training is provided and staff records evidenced good attendance. Competencies were current including but not limited to medicines and restraint. Five of the seven 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. Four HCAs have attained level four, nine have attained level three with three enrolled and one has attained level two with three enrolled. An EN 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 staffing rationale policy and an electronic staffing tool – ‘staffing effectiveness model’ that is used for determining staffing levels and skill mix to provide safe service delivery and 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. The NM works full time Monday to Friday and the NM and senior RN are rostered on call after hours. There are seven RNs employed, all have more than three years’ experience in working in the aged care sector. There are two RNs and five HCAs on the morning shift: one RN and four HCAs on the afternoon shift and one RN and one HCA 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 and rotate duties seven days a week. A diversional therapist works Tuesdays to Saturdays inclusive.</p> <p>Staff who work in the apartments and care for the rest home resident include an EN who works on the morning shift, a HCA on the afternoon shift with a night porter who does 2 hourly rounds and is located in the main care area. The call bell system is connected to the main area downstairs. If the resident in the apartment requires assistance during the night, the HCA is responsible for this and the night porter stays with the RN in case they need assistance while the HCA is upstairs. The NM reported only residents who are more independent are accommodated in the</p>

		<p>apartments.</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 NM stated any shortfall can usually be filled by offering staff 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 member (RN) 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 a 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 were reviewed. Records indicate a time where fridge temperatures were outside the required range and this was addressed. Records show they are now temperatures are within the recommended range.</p> <p>Good prescribing practices noted include 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 is consistently recorded on the electronic medicine chart.</p> <p>There were no residents who self-administer medications at the time of audit. Appropriate processes are in place to ensure this can be managed in a safe manner if required.</p> <p>Medication errors are reported to the senior RN and NM 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.</p> <p>Standing orders are not used at Metlifecare Coastal Villas.</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 at Metlifecare Coastal Villas is contracted out to an external provider. The food is provided on site by a cook and is in line with recognised nutritional guidelines for older people. The present menu follows the spring menu that has been reviewed by a qualified dietitian on 14 September 2020. Recommendations made at that time have been implemented. The seasonal menus offered at Coastal Villas are reviewed by the dietician four times a year.</p> <p>A food control plan is in place and is due to expire 7 April 2021</p> <p>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. Meals are served up in the kitchen, each lid to cover the meal has the residents name, plus meal type and any likes or dislikes. Special equipment, to meet resident's nutritional needs, is available. Moulded meals are presented in shapes i.e. moulded carrots are moulded into carrot shapes, to enhance the eating experience for the resident.</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. 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>	<p>FA</p>	<p>Documentation, observations, and interviews verified the provision of care provided to residents at Metlifecare Coastal Villas 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 verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. The physiotherapist who visits twice a week, when interviewed praised the staff on their commitment to participating in the plan put in place to address residents assessed physiotherapy needs. 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.</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>	<p>FA</p>	<p>The activities programme at Metlifecare Coastal Villas is provided by a diversional therapist, five days a week, Tuesday to Saturday.</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>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 visiting dogs, music, puzzles, church services, a men's club (with the retirement village residents), bingo, yoga, bowls, reminiscing sessions, cognitive stimulation sessions and van outings. The activities programme is discussed at the monthly residents' meetings, run by the residents' advocate and the nurse manager. Minutes indicate residents' input on the activities programme is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction with activities. Any information offered is used to improve the range of activities offered. Residents interviewed confirmed they find the programme meets their needs.</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. Short term care plans were consistently reviewed for infections, pain, weight loss and progress evaluated as clinically indicated. 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</p>	<p>FA</p>	<p>A building warrant of fitness is displayed in the main facility that expires on the 14 March 2021. There have been no structural alterations undertaken since the previous audit.</p>

for their purpose.		
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Surveillance of infections at Metlifecare Coastal Villas 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, 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 (ICN) and NM review 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 via staff meetings and at staff handovers. 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 benchmarked internally within the group's other aged care providers.</p> <p>Metlifecare Coastal Villas had a Norovirus outbreak in November 2019, which lasted a week. Several residents and staff were infected. Public health and the Capital & Coast District Health Board (CCDHB) were kept informed.</p> <p>A good supply of personal protective equipment is available. 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>	FA	<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. Staff interviewed demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities.</p> <p>Restraints have not been used for three years. On the day of audit, three residents were using enablers. Enablers are the least restrictive and used voluntarily at the resident's request. The restraint coordinator who is the senior RN demonstrated sound knowledge concerning restraint and enabler use. Equipment, so that restraint is not used include sensor mats, landing mats and low beds. Evaluation of enablers is completed three monthly by the RNs.</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.