

Eileen Mary Age Care Limited - Eileen Mary Retirement Complex

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:	Eileen Mary Age Care Limited
Premises audited:	Eileen Mary Retirement Complex
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 22 October 2020 End date: 22 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:	46

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

Eileen Mary Retirement Centre is certified to provide rest home and hospital level care for up to 58 residents. The facility is owned by Eileen Mary Age Care Limited and is managed by a facility manager. Residents and families spoke positively about the care provided.

This unannounced surveillance audit was conducted against the Health and Disability Service 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/whānau, management, staff and a general practitioner.

A provisional audit was undertaken in September 2018 prior to a potential change of ownership; however, a change of ownership did not eventuate.

Improvements required from the previous provisional audit related to care planning and the physical space provided for activities and a requirement from the previous certification audit related to the three-monthly general practitioners' reviews have been addressed.

There were 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 interpreting services if required. Staff provide residents and families with the information they need to make informed choices and give consent.

The facility manager is responsible for the management of complaints and a complaints register is maintained. There have been no complaints received by the Health and Disability Commissioner's office 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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Eileen Mary Age Care Limited is the governing body and is responsible for the services provided. A business plan includes a vision, philosophy principles of care and goals. Quality and risk management systems are fully implemented, and documented systems are in place for monitoring the services provided, including regular reporting by the facility manager to the general manager who reports to the owner.

The facility is managed by a facility manager who has been in the role for four years. The facility manager is supported by a clinical nurse leader and a general manager. The clinical nurse leader is responsible for the oversight of the clinical service in the facility.

Quality and risk management systems are followed. There is an internal audit programme. Adverse events are documented. Various staff, quality, health and safety and residents' meetings are held on a regular basis.

Policies and procedures on human resources management were in place and processes followed. An in-service education programme is provided, and staff performance is monitored.

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

The documented rationale for determining staffing levels and skill mixes is based on best practice. Registered nurses are always rostered on duty. The senior management team are 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 Eileen Mary Age Care Limited have their needs assessed by the multidisciplinary team on admission and within the required timeframes. Shift handovers and communication sheets guide continuity of care.

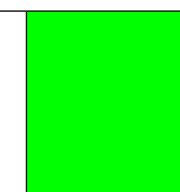
Care plans are individualised, based on a comprehensive and integrated range of clinical information. Short term care plans are developed to manage any new problems that might arise. All residents' files reviewed demonstrated that needs, goals, and outcomes are identified and reviewed on a regular basis. 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 two activities staff, seven days a week. 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 and care staff, all of whom have been assessed as competent to do so.

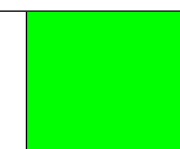
The food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery supported by staff with food safety qualifications. The kitchen was well organised and meets food safety standards. Residents verified overall satisfaction with meals.

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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A current code compliance certificate is displayed at the front entrance. 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 restraints and enablers 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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Eileen Mary Age Care Limited undertakes surveillance of aged care specific infections. Results are analysed and trended, with 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	19	0	0	0	0	0
Criteria	0	41	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 was complaints information available at the main entrance. Five complaints have been received in the last 12 months and have been entered into the complaints register. Two complaints were reviewed, and actions taken were documented and completed within the timeframes specified in the Code. Action plans reviewed evidenced any required follow up and improvements have been made where possible.</p> <p>The facility manager (FM) is 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 consumers and provide an environment conducive to</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). During the Covid-19 lock down staff communicated with families via emails, phone calls and facetime to keep them informed.</p>

effective communication.		Interpreter services can be accessed when required. The clinical nurse leader also advised residents' family members can act as interpreters, where appropriate.
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>A general manager (GM) has oversight of the facilities within the group including Eileen Mary Residential Care Centre (Eileen Mary). The business plan includes a vision, philosophy, principles of care, service goals and corporate commitment. The business plan is reviewed annually.</p> <p>The GM provides weekly reports to the owner prior to the senior management meetings. These reports are a summary of all activities undertaken in the facility including but not limited to quality, infection control, education, complaints, occupancy and staffing. Review of the reports and interview of the FM from another facility within the group confirmed this. The FM advised that the GM and owner hold verbal conversations at least daily and discuss a variety of activities relating to provision of services at all the facilities within the group.</p> <p>An experienced FM, who is an RN, manages the facility and has been in the position for four years. Prior to this role they were a clinical manager for a large age care company. The FM has also held other management positions. While not on site for the audit a brief phone conversation was held with the FM. A FM from another facility within the group who is familiar with the systems at this facility was able to be present during the audit.</p> <p>Management of clinical services is the responsibility of the clinical nurse leader (CNL) who has been in their role four months. Prior to that, the CNL position was vacant and the CNL was in an acting role for several months. Annual practising certificates for the CM and FM are current. There was evidence in the CM's file of attending forums and conferences to keep up to date. Documentation confirmed HealthCERT was advised of the change of clinical nurse leader in May 2020.</p> <p>Eileen Mary Retirement Complex has contracts with the DHB for age related residential care, complementary care services and health recovery beds. Forty-four residents (18 hospital and 26 rest home level) were under the age-related residential care contract. This includes 19 beds that are apartments under an occupational right agreement, of which 13 were occupied (four hospital level and nine rest home level). Two residents (rest home level) were under the complementary care services contract.</p> <p>All beds have been approved as dual purpose.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an</p>	FA	<p>The quality plan has a purpose, scope, overview, quality targets and outcomes. Quality systems are well embedded. Service delivery is linked to quality and risk throughout a number of documents including health and safety, clinical, incident and accidents and infection control. The senior management team meet monthly to discuss a variety of topics including quality and risk. Resident, quality / health and safety, RN,</p>

<p>established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>health care assistants and other staff meetings are held regularly and evidenced good reporting of clinical indicators, any trends and discussions around corrective actions. Meeting minutes reviewed were comprehensive with names of people responsible for any corrective actions, timeframes for completion and sign off. Any unfinished business is brought forward to the following meeting. The FM and CNL meet daily and discuss activities for the day. Interview of the CNL confirmed this. Daily meetings were held with staff during the Covid-19 lockdown to update and provide support.</p> <p>The audit programme for 2020 and completed audits were reviewed. Resident and family surveys for 2020 evidenced satisfaction with the service provided apart from the evening meal, cleaning and the time call bells are answered. Corrective actions have been put in place and these issues are now resolved. Review of documentation and interviews of resident and families confirmed this.</p> <p>Quality data is entered electronically. Data is collated and comprehensively analysed to identify any trends. Corrective actions are developed and implemented for deficits identified. Various graphs showing quality data trends are generated annually and month by month graphs have recently been made available to staff in the nurses' station.</p> <p>All documents are controlled. They are relevant to the scope and complexity of the service, reflected current accepted good practice, and referenced legislative requirements. Staff receive updated policies via email and are encouraged to make comments while documents are in draft and are then discussed by the senior management team. Obsolete documents are archived electronically, and hard copies are shredded.</p> <p>Hazards are recorded in the hazard register and newly found hazards are communicated to staff and residents as appropriate. Staff confirmed they understood what constituted a hazard and the process around reporting. Actual and potential risks are identified and documented in the risk register, including risks associated with human resources management, legislative compliance, contractual risks and clinical risk and showed the actions put in place to minimise or eliminate risks.</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, unplanned or untoward events on hardcopy forms. The RNs and CNL review all completed forms with overview from the FM and GM. Corrective actions are developed and implemented. An incident analysis tool shows which resident and what time of day the incident happened. Documentation reviewed and interviews of staff indicated appropriate management of adverse events.</p> <p>Residents' files evidenced communication with families following adverse events involving the resident, or any change in the resident's condition. Families interviewed confirmed they were confident of being advised in a timely manner, as need be, following any adverse event or change in their relative's condition.</p> <p>Staff stated they are made aware of their essential notification responsibilities through job descriptions, policies and procedures, and professional codes of conduct. Review of staff files confirmed this. Policy and procedures comply with essential notification reporting. The FM advised there has not been any Section 31s</p>

		made to an external agency since the previous audit.
<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>	FA	<p>Policies and procedures relating to human resources management are in place. Staff files included job descriptions which outlined accountability, responsibilities and authority, employment agreements, references, completed orientation and police vetting. All files reviewed included position descriptions including the restraint co-ordinator and the infection control coordinator.</p> <p>An orientation programme is provided. New health care assistants (HCAs) are supported by a senior HCA who works alongside them as an initial 'buddy' and undertakes reviews of the HCA's progress. The FM and CNL are responsible for the orientation of new RNs. Orientation for staff covers all essential components of the service provided.</p> <p>The in-service programme is comprehensive and covers a wide range of topics. In-service education is provided for staff including monthly sessions and toolbox talks at handover and staff meetings specific to residents' health status. External educators take sessions and RNs can attend training at the local DHB. On-line learning is also encouraged. Competencies were current including for medication management and restraint. Of the five RNs, four are interRAI trained and have current competencies. There is at least one staff member on each shift with a current first aid certificate and this was evidenced on the rosters.</p> <p>A New Zealand Qualification Authority education programme (Careerforce) is available for staff to complete and they are encouraged to do so. An RN is the assessor for the facility. Eight HCAs have attained level one, four level two, six level three and five level four. All staff have completed at least eight hours of ongoing training annually.</p> <p>Staff performance appraisals were current. Annual practising certificates were current for all staff and contractors who require them to practice.</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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery. Staffing levels are reviewed daily by the FM and CNL to meet the changing needs of all residents and the layout of the physical environment. The CNL and FM are on call after hours. The CNL works on the floor for two shifts per week. Care staff reported there is adequate staff available to complete the work allocated to them. Residents and families interviewed confirmed this.</p> <p>Observations and review of rosters confirmed adequate staff cover is provided, with staff replaced in any unplanned absence. The administrator reported that should there be a need where a change in residents' health status requires this, part time staff cover extra hours and there are casual staff as well to call on. Of the five RNs working on the floor, three have completed the company assessment programme (CAP) course, one employed for 10 months and the two RNs within the last three months. The other two are NZ</p>

		<p>trained and are experienced RNs including experience in aged care.</p> <p>There are two RNs and six HCAs on the morning shift, one RN and six HCAs on the afternoon shift and one RN and two HCAs on the night shift. Activities are provided five days a week from 10am to 3pm. Cleaning and laundry staff are dedicated to the roles and a cook and kitchen hands provide the meal service.</p> <p>Nineteen care suites, of which 13 were occupied on the day of the audit are situated within the facility footprint and staffing is included in the rostering.</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 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 reviewed were 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 three residents who self-administer, inhalers, sprays or eyedrop medication at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner.</p> <p>Medication errors are reported to the RN and Clinical Nurse Lead (CNL) 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 or phone orders are not used at Eileen Mary.</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 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 June 2019. Recommendations made at that time have been implemented.</p> <p>A food control plan audit has been undertaken by the Tararua District Council, and documentation verifies the plan is valid to February 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 safe food handling training, 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. 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 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>All care plans reviewed at Eileen Mary reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by interRAI assessments are reflected in the care plans reviewed.</p> <p>Care plans evidence service integration with progress notes, activities notes, medical and allied health professional's notations clearly written, informative and relevant. Any change in care required is documented and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of care plans. This finding addresses a previous corrective action request at a previous provisional audit.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in</p>	<p>FA</p>	<p>Documentation, observations, and interviews verified the provision of care provided to residents at Eileen Mary 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 and that medical orders are followed. Care staff confirmed</p>

order to meet their assessed needs and desired outcomes.		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>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 two activities personnel. One works full time Monday to Friday, while the other works the weekend. Several volunteers assist the activities staff with implementing the programme, overseen by three trained diversional therapists each holding the national Certificate in Diversional Therapy.</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 Tai Chi, bowls, art, crafts, singing, visiting entertainers, quiz sessions and daily news updates. The activities programme is discussed at the residents' meetings and minutes indicate 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.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<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 continually 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>	FA	<p>A code compliance certificate is displayed in the facility that expires on the 18 May 2021. Due to the Covid-19 lock down, the certificate has been issued by the local authority in lieu of a building warrant of fitness.</p>

<p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>There have been no structural alterations since the previous audit.</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>The layout of the facility is spacious with a number of lounges and areas for residents to frequent. The lounges in particular are large. The activities room was not cluttered on the day of the audit and activities were being provided in one of the main lounges. A large number of residents were observed enjoying and participating in the entertainment. Interviews of residents and staff confirmed the activities room is less cluttered and activities are not always held in the activities room, there is lots of room for residents to enjoy activities in other parts of the facility.</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>The surveillance of infections at Eileen Mary 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 CNL 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 via RN, quality, and 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>A norovirus outbreak in January 2020, affected 15 residents and five staff. It lasted for two weeks. An email from the Mid Central District Health Board (MCDHB) acknowledges the great job Eileen Mary did at managing this outbreak.</p> <p>There is enough PPE gear on site to manage the ongoing risks imposed by Covid-19.</p>
<p>Standard 2.1.1: Restraint minimisation</p>	<p>FA</p>	<p>The service demonstrated that the use of restraint is actively minimised. Equipment used included sensor mats, low beds and fallout pads. There were four residents using restraint and one resident using an enabler during the audit. The CNL stated the aim is to have no restraint use in the facility. The CNL / restraint</p>

<p>Services demonstrate that the use of restraint is actively minimised.</p>		<p>coordinator demonstrated good knowledge relating to restraint minimisation. The restraint/enabler register was current. Policies and procedures have definitions of restraints and enablers. Staff demonstrated good knowledge about restraints and enablers and knew the difference between the two. The annual summary report December 2019 for restraint use was reviewed.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	<p>FA</p>	<p>Click here to enter text</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.