

# South Wellington Lifecare Limited - Vincentian Home for the Elderly Berhampore

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	South Wellington Lifecare Limited
<b>Premises audited:</b>	Vincentian Home for the Elderly Berhampore
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 14 December 2020    End date: 15 December 2020
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	47



# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	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

Vincentian Home for the Elderly Berhampore is certified to provide rest home and hospital level care for up to 51 residents. The facility is owned by South Wellington Lifecare Limited and is managed by a facility manager. Residents and families stated the care provided is of a high standard.

This certification audit was undertaken to establish compliance with 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, families, managers, staff, a general practitioner, the resident advocate and the unit manager from the company contracted to provide the meal service.

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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The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is made available to residents of Vincentian Home for the Elderly. Opportunities to discuss the Code, consent and availability of advocacy services is provided at the time of admission and thereafter as required.

Services are provided that respect the choices, personal privacy, independence, individual needs and dignity of residents and staff were noted to be interacting with residents in a respectful manner.

Care for residents who identify as Māori is guided by a comprehensive Māori health plan and related policies.

There was no evidence of abuse, neglect or discrimination and staff understood and implemented related policies. Professional boundaries are maintained.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to formal interpreting services if required.

The service has linkages with a range of specialist health care providers, which contributes to ensuring services provided to residents are of an appropriate standard.

The facility manager is responsible for the management of complaints and a complaints register is maintained. There have been no investigations by the Health and Disability Commissioner or other external agencies 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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South Wellington Lifecare Limited is the governing body and is responsible for the service provided. The business plan includes organisational and facility wide goals. Quality and risk management systems are a strength of the organisation and are fully

implemented at Vincentian Home for the Elderly. Documented systems are in place for monitoring the services provided, including regular reporting by the facility manager to the director and general manager.

The facility is managed by an experienced and suitably qualified facility manager. The facility manager is supported by the director, the general manager and the clinical manager.

An internal audit programme is in place. Adverse events are documented on accident/incident forms. Corrective action plans are developed, implemented, monitored and signed off as being completed to address the issue/s that require improvement. Staff and residents' meetings are held on a regular basis.

Actual and potential risks including health and safety risks are identified and mitigated.

Policies and procedures on human resources management are in place. Human resources processes are followed. Staff have the required qualifications. An in-service education programme is provided, and staff performance is monitored.

There is a documented rationale for determining staffing levels and skill mix. The facility manager and clinical manager are on call after hours.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people. Up to date, legible and relevant residents' records are maintained in using integrated electronic and hard copy files.

## 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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The organisation works closely with the local Needs Assessment and Service Co-ordination Service, to ensure access to the facility is appropriate and efficiently managed. When a vacancy occurs, relevant information is provided to the potential resident/family to facilitate the admission.

Residents' needs are assessed by the multidisciplinary team on admission 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 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 was of a high standard. Residents are referred or transferred to other health services as required, with appropriate verbal and written handovers.

The planned activity programme is run by an occupational therapist. The programme provides residents with a variety of individual and group activities and maintains their links with the community. The facility uses the local taxi services disability van, on a weekly basis 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 senior care staff, all of whom have been assessed as competent to do so.

The food service is provided by an external contractor and 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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A current building warrant of fitness is displayed at the front entrance. A preventative and reactive maintenance programme includes equipment and electrical checks.

Residents' bedrooms provide single accommodation. Lounges, dining areas and alcoves are available. External areas for sitting and shading are provided. An appropriate call bell system is available, and security and emergency systems are in place.

Protective equipment and clothing are provided and used by staff. Chemicals, soiled linen and equipment are safely stored. All laundry is washed on site. Cleaning and laundry systems are audited for effectiveness.

## 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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The infection prevention and control programme, led by an experienced and appropriately trained infection control nurse, aims to prevent and manage infections. Specialist infection prevention and control advice is accessed from the Capital Coast District Health Board. The programme is reviewed annually.

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

Aged care specific infection surveillance is undertaken, data is analysed, and trended. 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)
<b>Standards</b>	0	50	0	0	0	0	0
<b>Criteria</b>	0	101	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Vincentian Home for the Elderly (Vincentian) has procedures and processes in place to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training. Training sessions include the completion of questionnaires to verify competency. Training and competency of staff was verified in training records.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Nursing and care staff interviewed understand the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed show that informed consent has been gained appropriately using the organisation's standard consent form including for photographs, outings, invasive procedures and collection of health information.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented where relevant in the resident's file. Staff demonstrated their understanding by being able to explain situations when this may occur.</p> <p>Staff were observed to gain consent for day-to-day care on an ongoing basis.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>During the admission process, residents are given a copy of the Code. Brochures on the advocacy services are no longer available on the Health and Disability Service website, so were unavailable for residents and family to access. Vincentian has addressed this by printing out and displaying information on the Advocacy Service on posters around the facility. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons.</p> <p>There is a residents' advocate at Vincentian who is accessible to the residents and their family members. The advocate visits on site once a week and speaks to all residents every month. Signage throughout the facility provides contact details for the advocate. An interview with the advocate verifies residents have no concerns. The advocate is aware and comfortable in performing the role. The advocate is also available to provide pastoral services to residents.</p> <p>Staff were aware of how to access the Advocacy Service.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment. Community based entertainers and a team of volunteers visit the facility daily and share their skills and resources with the residents</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' families and friends. Visitors at the time of audit had their health status assessed prior to entry. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code of Health and Disability Services Consumers' Rights (the Code). The information is provided to residents and families on admission and there is additional complaints information available. Three complaints have been received since the previous audit and have been entered into the complaints register. The register meets the requirements of Right 10 of the Code. The 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>

		There have been no complaint investigations by external agencies since the previous audit.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	Residents and residents' family members when interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and discussion with staff. The Code is displayed in poster form throughout the facility together with information on advocacy services, how to make a complaint and feedback forms. Due to the restrictions imposed by Covid-19, there has been no attendance at residents' meetings by the advocacy service in 2020.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents and family members of residents confirmed that they receive services from Vincentian in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Staff understood the need to maintain privacy and were observed doing so throughout the audit. When attending to personal cares, 'cares in progress' signs are on the door. Resident information is held securely and privately. Privacy is ensured when exchanging verbal information and during discussion with families and the GP. All residents have a private room.</p> <p>Residents are encouraged to maintain their independence by participating in community activities, regular outings to the local shops or areas of interest and participation in clubs of their choosing. Each plan includes documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan. Many of the residents at Vincentian are affiliated with the Catholic Church and Vincentian's previous owners were the Wellington Catholic Homes Trust. Catholic Church services are held every week, with communion on a Tuesday. Interdenominational church services are held fortnightly.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect is part of the orientation programme for staff, and is then provided on an annual basis, as confirmed by staff and training.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori</p>	FA	There is one resident and one staff member at Vincentian at the time of audit who identifies as Māori. Interviews verified staff can support residents who identify as Māori to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into day-to-day practice, as is the importance of whānau to Māori residents. There is a current Māori health plan developed with input

have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.		from cultural advisers. Interviews verified the resident's cultural needs are met.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	Residents and family members of residents verified that they were consulted on their individual culture, values and beliefs and that staff respect these. Resident's personal preferences required interventions and special needs were included in all care plans reviewed, for example, food likes and dislikes and attention to preferences around activities of daily living. A resident satisfaction questionnaire includes evaluation of how well residents' cultural needs are met, and this supported that individual needs are being met.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. A general practitioner (GP) also expressed satisfaction with the standard of services provided to residents.  The induction process for staff includes education related to professional boundaries and expected behaviours. All registered nurses (RN's) have records of completion of the required training on professional boundaries. Staff are provided with a Code of Conduct as part of their individual employment contract. Ongoing education is also provided on an annual basis, which was confirmed in staff training records. Staff are guided by policies and procedures and, when interviewed, demonstrated a clear understanding of what would constitute inappropriate behaviour and the processes they would follow should they suspect this was occurring.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	The service encourages and promotes good practice through evidence-based policies, input from external specialist services and allied health professionals, for example, hospice/palliative care team, district nurses, diabetes nurse specialist, physiotherapist, wound care specialist, community dieticians, and mental health services for older persons, and education of staff. The GP confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.  Staff reported they receive management support for external education and access their own professional networks, such as on-line forums, to support contemporary good practice.  Other examples of good practice observed during the audit included the enthusiasm and willingness the staff displayed in meeting the needs of the residents. There is a high level of commitment to

		<p>ongoing training. All care staff have attained either level three or level four qualifications in care of the older adult. Attendance records at staff training sessions is high (refer criterion 1.2.7), as is the commitment to ensuring the safety of new residents when admitted to Vincentian, as per the assessment process (refer 1.3.4). An audit by Capital Coast District Health Board (CCDHB) assessing Vincentians preparedness and response to Covid-19, found no areas requiring corrective actions. A resident admitted to Vincentian with a stage four wound deemed unable to be healed, has now found their wound is nearly healed.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents and family members stated they were kept well informed about any changes to their own or their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. There was also evidence of resident/family input into the care planning process. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Staff are kept up to date with notices on the notice board in the staff room and a two-monthly newsletter. Residents and families are kept up to date with a quarterly newsletter.</p> <p>During the Covid-19 restrictions on visiting, family contact was maintained through emails, 'zoom' meetings and phone calls.</p> <p>Interpreter services can be accessed through Capital &amp; Coast DHB(CCDHB) when required. Staff knew how to do so. Staff reported interpreter services were rarely required as families usually assist with interpretation when needed.</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>	FA	<p>Vincentian is governed by South Wellington Lifecare Limited. The business consists of a director and a general manager (GM). The business plan 2020-2021 outlines the direction and goals both organisational and facility wide. The director, GM and FM meet weekly to review the goals. Meeting minutes evidenced a range of activities are discussed including complaints, health and safety, the environment, financial, staffing, training and general business. The FM stated they are in constant contact with both the director and GM and they with each other.</p> <p>Vincentian is managed by an experienced FM who is a registered nurse and has been in the position for 16 years. The FM has a diploma in business studies and a BA first class honours in psychology from Massey University. The FM is supported by the director, the GM and the clinical manager (CM). The CM has been in their role for four years and leaves employment on the 18 December 2020. A senior RN who initially worked as a caregiver at another aged care facility and then as a caregiver at</p>

		<p>Vincentian before doing the CAP course and subsequently working at Vincentian as an RN, is to take the position of CM commencing on 21 December 2020. The RN has 10 years of overseas experience.</p> <p>Responsibilities and accountabilities are defined in job descriptions and an individual employment agreement. The FM has sound knowledge of the sector, regulatory and reporting requirements and has attended appropriate forums.</p> <p>Of the 47 residents residing at Vincentian, 24 have been assessed as hospital level care and 23 at rest home level care. One resident under 65 years is under the long-term chronic conditions contract, one resident is under a YPD contract with the MoH and one resident is under an ACC contract. All three residents have been assessed as hospital level care. All other residents are under the age-related residential care contract. The facility also holds a respite care contract.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The CM fills in for the FM when they are temporarily absent with support from the administrator, the director and the GM. If the CM is temporarily absent the FM fills the role or a senior RN.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The quality management plan has specific goals that guide the quality programme. This includes management of incidents/accidents, complaints, audit activities, resident and family satisfaction surveys and policy management.</p> <p>Quality and risk management is a strength of the organisation. Quality data is collected, collated and comprehensively analysed, including audits, incidents/accidents, surveys and clinical indicators and entered electronically. Corrective actions are developed and implemented with evidence of re-auditing when a deficit is identified. Corrective actions evidenced close out and sign off. Quality/clinical meetings are held monthly and staff meetings two monthly and include a wide range of activities. Meeting minutes evidenced reporting back to staff of corrective actions and trends as a result of analysing quality data. Month by month and yearly graphs are generated for clinical indicators. Staff interviewed confirmed they discuss quality data and what corrective actions are required. The use of electronic spread sheets evidenced comprehensive registers that detail all quality and risk activities undertaken at Vincentian. The FM reported the organisation intends introducing an external company's</p>

		<p>quality and risk management system in 2021.</p> <p>Satisfaction surveys reviewed evidenced a high satisfaction with the services provided. Any concerns raised have been addressed as evidenced in the surveys with corrective actions closed out.</p> <p>A quality consultant has been contracted to review the policies and procedures. Policies and procedures are relevant to the scope and complexity of the service, reflected current accepted good practice, and referenced legislative requirements. Policies are reviewed at least two yearly and were current. Obsolete policies are archived electronically. The FM and the consultant reported new or reviewed policies scheduled are put in a folder for staff to read and sign off. Policies are held both electronically and in hard copy. Staff confirmed they are advised of updated policies and that the policies and procedures provide appropriate guidance for service delivery.</p> <p>The risk register is held electronically with risks associated with all aspects of the operation. The hazard register includes clinical, human resources, legislative compliance, contractual and environmental risk. The hazard register included actual and potential hazards and the actions put in place to minimise or eliminate each hazard. Newly found hazards are communicated to staff and residents as appropriate. Both health and safety representatives demonstrated sound knowledge. Health and safety meetings are held quarterly and cover a range of activities. Minutes of meetings reviewed confirmed this. 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>Adverse, unplanned or untoward events are documented by staff on incident/accident forms. Documentation reviewed and interviews with staff and the FM indicated appropriate management of adverse events.</p> <p>An incident/accident policy is in place. Residents' files evidenced communication with families following adverse events involving the resident, or any change in the resident's health status. Families confirmed they are advised in a timely manner 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 and other documentation confirmed this. Policy and procedures comply with essential notification reporting. The FM reported there has been one essential notification (Section 31) to HealthCERT since the previous audit concerning a missing resident. The FM notified HealthCERT during the audit of a resident admitted from the DHB with a stage 4 pressure injury in 2019. Review of the resident's care plan and interview of the FM and staff evidenced the pressure injury has almost healed.</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 resources management are in place. Staff files included job descriptions which outline accountability, responsibilities and authority, employment agreements, references, completed orientation, competency assessments, education certificates and police vetting.</p> <p>An orientation programme is in place and new staff are 'buddied'. Staff performance is reviewed at the end of the orientation and annually thereafter. Orientation for staff covers all essential components of the service provided and has a role specific component.</p> <p>In-service education is a focus at Vincentian. The programme is the responsibility of the FM and is comprehensive. Registered nurses complete online learning and also attend training at the DHB, although this has been interrupted with the Covid 19 lockdown. Attendance at training is high with a wide range of competences completed. Individual records of education and attendance confirmed this. Competencies were current including medication management and restraint. The FM and five of the seven RNs are interRAI trained and have current competencies. One of the seven RN's is currently undergoing her training.</p> <p>There is at least one staff member on each shift with a current first aid certificate.</p> <p>A New Zealand Qualification Authority education programme (Careerforce) is available for staff to complete and they are encouraged to do so. The FM is the facility's assessor. Fifteen care staff have attained level 4, six have attained level 3 and four have attained level 2.</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 documented rationale for determining staffing levels and skill mix to provide safe service delivery and is based on acuity, occupancy and the layout of the building. There is a stable workforce at Vincentian with very little turnover. The majority of staff have been employed for many years.</p> <p>The FM reported the rosters are reviewed continuously with the CM and dependency levels of residents and the physical environment are considered.</p> <p>There are no new graduate RNs. All the RNs have between one to 20 years' experience working in the aged care sector.</p> <p>The FM works full time Monday to Friday. On the three days the CM does not work an RN replaces the CM on the morning shift (7am-3.30pm) and is based in the rest home with a second RN based upstairs</p>

		<p>in the hospital areas. Eight caregivers are rostered on the morning shift, with an RN based upstairs in the hospital area. Six caregivers are rostered on the afternoon shift with two RNs on duty. If one of the two RNs is unavailable, a senior caregiver is rostered on who is medication competent. Two caregivers are rostered on the night shift with an RN. The occupational therapist works six hours Monday to Thursday and eight hours on a Friday when a happy hour is provided for the residents and family members. Cleaning and laundry staff work seven days a week. A maintenance person, a cook and an administrator and a finance person are also employed.</p> <p>Care staff reported there is good staff cover and that they were able to complete the work allocated to them. Residents and families reported they were happy with the staffing levels and there were enough staff on duty to provide them or their relative with a high standard of care. Observations during the audit confirmed adequate staff cover was provided.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident's name, date of birth and National Health Index (NHI) number are used on labels as the unique identifier on all residents' information sighted. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. Records were legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely on site and are readily retrievable using a cataloguing system.</p> <p>Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Electronic medication records are stored in a secure portal.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents enter Vincentian when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care Vincentian is able to provide. Prospective residents and/or their families are encouraged to visit the facility prior to admission and meet with the facility manager (FM) or the clinical manager (CM). They are also provided with written information about the service and the admission process.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual requirements.</p>

<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses the CCDHB's 'yellow envelope' system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident and the family. At the time of transition between services, appropriate information, including medication records and the care plan is provided for the ongoing management of the resident. All referrals are documented in the progress notes.</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 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. All care staff are competent to check the RNs accuracy when administering controlled drugs, or drugs requiring a second person to check its accuracy.</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 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 were self-administering medications at the time of audit. Vincentian has processes are in place to ensure this can be managed in a safe manner if required.</p> <p>Medication errors are reported to the RN and CM 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 Vincentian.</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 Vincentian is contracted to an external provider. 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 was reviewed by a qualified dietitian on 6th December 2019. Recommendations made at that time have been implemented.</p> <p>An up-to-date food control plan is in place and approved by the Ministry of Primary Industries (MPI). The present plan expires on the 7th 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. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals was 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 cook was observed seeking feedback from residents ensuring the meal is enjoyable.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>If Vincentian receives a referral, but the prospective resident does not meet the entry criteria or there is currently no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. Examples of this occurring were discussed with the CM. There is a clause in the access agreement related to when a resident's placement can be terminated.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are</p>	<p>FA</p>	<p>On admission, residents of Vincentian are initially assessed using a range of nursing assessment tools, such as pain scale, falls risk, skin integrity, nutritional screening and depression scale, to identify any deficits and to inform initial care planning. All new admissions have either hourly or two hourly checks</p>

gathered and recorded in a timely manner.		<p>(as assessed by the RN) initially for the first three days then ongoing as per the RN assessment. The nutritional status of the resident is assessed, and a food diary is kept for three days, as is a pain diary that is kept for seven days. This enables close monitoring of the resident during a time of heightened risk. Within three weeks of admission residents are assessed using the interRAI assessment tool, to inform long term care planning. Reassessment using the interRAI assessment tool, in conjunction with additional assessment data, occurs every six months or more frequently as residents' changing conditions require.</p> <p>In all files reviewed initial assessments were completed as per the policy and within 24 hours of admission, as were the hourly or two hourly checks, food diaries and pain assessments. InterRAI assessments are completed within three weeks of admission and at least every six months unless the resident's condition changes. Interviews, documentation, and observation verified the RNs are familiar with requirement for reassessment of a resident using the interRAI assessment tool when a resident has increasing or changing need levels.</p> <p>All residents had current interRAI assessments completed by six trained interRAI assessors (including the FM) on site. InterRAI assessments are used to inform the care plan.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Plans reviewed reflected the individualised and personalised support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. In particular, the needs identified by the interRAI assessments are reflected in the care plans reviewed.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professional's notations clearly written, informative and relevant. Any change in care required was documented and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of care plans.</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 care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Any identified short-term problems (eg, a fall, infection, weight loss) have a short-term care plan in place. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the levels 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 is provided by a qualified occupational therapist (OT), who has worked at Vincentian for many years. The programme is supported by eighteen volunteers.</p> <p>A social assessment and history are 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. An individualised activity plan is in place that addresses the resident's social, physical, cognitive and spiritual/ cultural activity needs. The resident's activity needs are evaluated regularly and as part of the formal six months care plan review.</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 included normal community activities. Individual, group activities and regular events are offered. Examples included a daily exercise session, visiting entertainers, quiz sessions, crafts, games and daily news updates. Van outings occur weekly and this involves going to the plant shop for garden plants, art galleries, botanical gardens, shopping, and afternoon tea outings, for example. The activities programme is evaluated daily by the OT, based on residents' interest and responses. Residents and family meetings are held every three months and are run by the general manager (GM) and the FM. Meeting minutes indicated residents' and family members input is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction and that information is used to improve the range of services offered.</p> <p>Residents and family members interviewed confirmed they find the activities programme provided at Vincentian meets their/residents' 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 were documented by the RN. Where progress was different from expected, the service responded by initiating changes to the plan of care. Examples were sighted of short-term care plans being consistently reviewed for infections, pain, falls, and weight loss. Progress was evaluated as clinically indicated and according to the degree of risk noted during the assessment process. All skin lesions, skin tears, wounds, excoriation, bruises etc. present on residents at Vincentian, have wound care plans in addition to photographs. This was introduced to ensure consistency and objectiveness when evaluating the lesion's progress. A review of all skin lesion photographs evidenced ongoing effectiveness in wound management strategies at Vincentian. Residents and families/whānau interviewed provided examples of involvement in</p>

		evaluation of progress and any resulting changes.
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a main medical provider, residents may choose to use another medical practitioner. If the need for other non-urgent services is indicated or requested, the GP or CM sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to older persons' mental health services. Referrals are followed up on a regular basis by the CM/ FM or the GP. The resident and the family are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place. Policies and procedures specify labelling requirements in line with legislation. Material safety data sheets are throughout the facility and accessible for staff. The company representative that supplies chemicals, visits two monthly and provides training. Education to ensure safe and appropriate handling of waste and hazardous substances has been provided to staff.</p> <p>There was protective clothing and equipment appropriate to recognised risks. This was sighted in the sluice rooms and the laundry and was being used by staff. Staff demonstrated a sound knowledge of the processes relating to the management of waste and hazardous substances.</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>	FA	<p>A current building warrant of fitness is displayed that expires on the 21 March 2001. There are appropriate systems in place to ensure the residents' physical environment and facilities are fit for purpose. Communal rooms have easy access. Residents and families stated they can move freely around the facility and that the accommodation meets their needs. The facility has a lift to the first floor and is large enough to take a bed if required.</p> <p>Review of documentation and interview of the FM evidenced proactive and reactive maintenance is undertaken. Staff report any issues to the FM who manages this along with the maintenance person. Corrective actions were completed and signed off. Plant and equipment are maintained to a high standard. Testing and tagging of equipment and calibration of biomedical equipment was current. Hot water temperatures are within the recommended range.</p> <p>Care staff confirmed they have access to appropriate equipment, that equipment is checked before use and they are competent to use it.</p>

		<p>Residents and families confirmed they know the processes they should follow if any repairs/maintenance are required and that requests are appropriately actioned.</p> <p>There are external areas available appropriate to the resident groups and setting. All ramps have safety railing provided and anti-slip material. The environment is conducive to the range of activities undertaken in the areas.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>One wing in the downstairs area and two rooms upstairs have bedrooms with full ensuites. Two bedrooms upstairs have a shared toilet and wash hand basin. Adequate numbers of bathrooms and toilets are situated throughout the facility. Residents reported that there are enough toilets, and they are easy to access with vacant/engaged signage.</p> <p>Appropriately secured and approved handrails are provided, and other equipment is available to promote resident's independence.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Bedrooms provide single accommodation. Residents and staff can easily move around safely within the bedrooms. Residents and families spoke positively about their accommodation. Rooms are personalised with furnishings, photos and other personal adornments.</p> <p>There is room to store mobility aids should residents require them.</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>	FA	<p>The facility has numerous areas provided for residents and families to frequent for activities, dining, relaxing and for privacy. The areas are easily accessed by residents and staff. Residents, families and staff confirmed this. Furniture is appropriate to the settings and arranged in a manner which enables residents to mobilise freely.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p>	FA	<p>All laundry is washed on site. Residents and families reported the laundry is managed well and residents' clothes are returned in a timely manner.</p>

<p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>Dedicated cleaning and laundry staff have received appropriate education. The cleaner and laundry person demonstrated a sound knowledge of processes. The facility was observed to be clean and tidy and residents, families and staff confirmed the facility is always like this. Chemicals are stored securely with a closed system used. All chemicals were in appropriately labelled containers. Cleaning and laundry processes are monitored through the internal audit programme and by personnel from the external company that supplies the chemicals.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Documented systems were in place for essential, emergency and security services. External doors are locked in the evening and sensor lights are in place externally. Staff carry out security checks at night.</p> <p>A New Zealand Fire Service letter approving the fire evacuation scheme dated 5 February 2010 was sighted. Trial evacuations are held at least six monthly, the last being held on the 8 December 2020. Staff have received on-going training.</p> <p>Information in relation to emergency and security situations is readily available/displayed for service providers and residents. Emergency supplies and equipment are checked six monthly by the FM and good stocks of supplies were sighted. Emergency supplies and equipment included lighting, torches, gas for cooking and extra food supplies. Emergency water supplies are held in a water tank and each resident has a container stored in their bedroom. Emergency water supplies exceed the Ministry of Civil Defence and Emergency Management recommendations for the region. Blankets, cell phones and battery powered emergency lighting are also available.</p> <p>Call bell systems are in place that are used by the residents or staff to summon assistance if required and are appropriate to the resident groups and settings. Call bells are accessible/within reach and are available. Residents confirmed they have call bells that are accessible and staff respond to them in a timely manner.</p> <p>A new call system is currently being installed throughout the facility. Every room will have a tablet attached to the wall and staff will be supplied with a pager. Times will be recorded and the reason for the call. On entering the room, a code is keyed in and staff will write what they did while in the room. If the call bell is not answered within a certain time, it will escalate and alert the FM. If the call bell is still not answered an alert will further escalate to the GM or the director. The system also has integrated care planning tools and a number of other features that can be utilised.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with</p>	<p>FA</p>	<p>Procedures are in place to ensure the service is responsive to resident feedback in relation to heating and ventilation, wherever practicable. The facility is heated by gas radiators and a heat pump in the conservatory. Residents and families confirmed the facility is maintained at an appropriate</p>

<p>adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>		<p>temperature. Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p> <p>Covered areas outside the building are available for residents who wish to smoke. Currently there are no residents who smoke. Staff who smoke must go off site.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>Vincentian provides a managed environment that minimises the risk of infection to residents, staff and visitors by the implementation of an appropriate infection prevention and control (IPC) programme. Infection control management is guided by a comprehensive and current infection control manual, developed at organisational level with input from the infection control nurse at CCDHB, CM, FM, an external advisory company and the infection control nurse (ICN) at Vincentian. The infection control programme is reviewed annually. The infection control committee (ICC), that includes a laundry person, caregiver, FM, and the ICN meets every two months and discusses and addresses any infection control concerns at Vincentian.</p> <p>The RN with input from the FM is the designated infection control nurse, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the FM and tabled at the monthly quality/risk/RN meetings and two monthly ICC meeting. The FM reports infection data to the GM, in the monthly report. Infection control statistics are entered in the organisation's electronic database.</p> <p>Signage at the main entrance to the facility requests anyone who is or has been unwell in the past 48 hours not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these related responsibilities.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The ICN has appropriate skills, knowledge and qualifications for the role, and has undertaken yearly training with the ICN at CCDHB. This, however, was not held in 2020 as a result of the restrictions imposed by Covid-19, as verified in training records sighted. Well-established local networks with the infection control team at the CCDHB are available and expert advice from public health and an external advisory company is available if additional support/information is required. The ICN has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The FM confirmed the availability of resources to support the programme and any outbreak of an infection.</p>

<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The IPC policies reflected the requirements of the IPC standard and current accepted good practice. Policies were reviewed within the last year and included appropriate referencing.</p> <p>Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves, as was appropriate to the setting. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Priorities for staff education are outlined in the infection control programme annual plan. Interviews, observation and documentation verified staff have received education in IPC at orientation and ongoing education sessions. Education is provided by the ICN from CCDHB or the ICN at Vincentian. Content of the training was documented and evaluated to ensure it was relevant, current and understood. A record of attendance was maintained. When an infection outbreak or an increase in infection incidence has occurred, there is evidence that additional staff education has been provided in response. An example of this occurred when there was a recent increase in urinary tract infections.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in their room if they are unwell and increasing fluids during hot weather.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance is appropriate to that recommended for long term care facilities, 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 skin infections. 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 ICN and FM review all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions.</p> <p>A recent analysis has identified a correlation between residents with an infection and an increase in falls. All residents on antibiotics now have increased vigilance with falls prevention strategies. The FM</p>

		<p>reviews the medication administration records monthly, to ensure compliance with the resident's antibiotic treatment regime.</p> <p>Results of the surveillance programme are shared with staff via quality/risk/RN meetings, staff meetings, care newsletters and at staff handovers. Surveillance data is entered in the organisation's electronic infection database. Reports are produced that identify trends for the current year, and comparisons against previous years.</p> <p>A good supply of personal protective equipment (PPE) was available. Posters around the facility described how to use PPE correctly. Vincentian 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>	FA	<p>The service demonstrated that the use of restraint is actively minimised. Equipment used included sensor mats and low beds. There were four residents using restraint and four residents using an enabler during the audit. The CM stated the aim is to have no restraint use in the facility. Policies and procedures have definitions of restraints and enablers. Staff demonstrated good knowledge about restraints and enablers and knew the difference between the two.</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>	FA	<p>The service has policies and procedures in place to guide staff in the management of restraints. The restraint co-ordinator demonstrated a sound knowledge relating to minimising restraint use, current and potential risks of restraint, the approval process, and monitoring and review of the restraint process.</p> <p>Restraint meetings are held three monthly. Review of the minutes confirmed this. Required documentation relating to restraint and enabler use is recorded.</p> <p>The restraint approval process is being followed and current consents were in place for the use of restraint. Bedrails and a table for one resident have been approved.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>Resident care plans evidenced a detailed assessment including risks associated with restraint use.</p> <p>The restraint checklist and consents were evidenced in the residents' files. Close monitoring and review of the ongoing requirement for restraint is documented with possible alternatives and strategies which are discussed with family and staff.</p>

<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>The restraint coordinator stated that restraints are used as a last resort after alternative interventions have been explored. The restraint register is current and meets the standard. All staff have current restraint competency assessments.</p> <p>Staff are aware of advocacy services and that support is available. The contact details for this service are documented and the service can be accessed when needed to inform residents and their families.</p> <p>Documentation in the residents' files relating to risk around restraint is individualised, comprehensive and gives good detail.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>The CM confirmed evaluations of the restraints are completed at three-monthly intervals. Evaluation and review of restraints meet the standard. The CM and RNs confirmed communication with families at family meetings regarding restraint and enabler use, and discussions were held around reducing or minimising any restraint.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	<p>Quality review of restraint is managed through the internal audit programme and the three-monthly restraint meetings. Review of documentation and interview of the CM confirmed this.</p>

## Specific results for criterion where corrective actions are required

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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
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## Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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
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End of the report.