

Royal Heights Care Limited - Royal Heights Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Royal Heights Care Limited

Premises audited: Royal Heights Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 10 May 2021 End date: 11 May 2021

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: 44

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Royal Heights Rest Home provides rest home level care for up to 45 residents. The service is privately owned and operated and managed by a general manager who oversees all service provision and a nurse manager who holds a current nursing practising certificate. The nurse manager is supported by a quality assurance manager. There have been no changes to the service or facilities since the previous audit.

This certification audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board (DHB). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, management, staff, the local needs assessor and a general practitioner. Residents and family members interviewed spoke positively about the care provided.

This audit has resulted in two ratings of continuous improvement; one in quality management and the other in emergency response systems. There were no areas identified that required improvement.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Residents and their families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code), and these are respected. The services provided support personal privacy, independence, individuality, and dignity. Staff interact with residents in a respectful manner.

The implemented systems and the environment are conducive to effective communication. 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.

There is a Maori health plan to guide staff to ensure that residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs. There was no evidence of abuse, neglect, or discrimination.

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

A complaints register is maintained with complaints resolved promptly and effectively.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The strategic and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation.

Quality and risk management systems meet the standard and continue to be improved upon. The organisation clearly demonstrated an ethos and commitment to continual quality improvement. Information which monitors the quality and extent of the services being provided was being consistently reviewed and evaluated.


All adverse events reviewed were reliably reported and investigated. A suspected respiratory outbreak was notified too the DHB and Ministry of Health (MoH) last year.

Staff were being well managed according to policy and good employer practices. New staff are recruited in ways that ensured their suitability for the position. Orientation to the service and its policies and procedures, including emergency systems, is provided to all new staff. Ongoing staff education is planned and coordinated to ensure that staff receive relevant and timely training on subjects related to older people. Training is occurring regularly through in-service education sessions, via self-directed learning and presentations by external experts. Staff competency assessments and performance appraisals are occurring regularly.

There were sufficient numbers of clinical and auxiliary staff allocated on all shifts, seven days a week to meet the needs of residents who were assessed as requiring rest home level care. Registered nurses (RNs) are on site for sufficient hours, seven days a week and on call 24 hours a day.

Consumer information management systems meet the required standards. Archived records are stored securely and all resident information is integrated and readily identifiable using relevant and up to date information.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Access to Royal Heights Rest Home is appropriate and efficiently managed with relevant information provided to the potential resident/family.

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

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

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

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

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The facility meets the needs of residents and is clean and well maintained. There is a current building warrant of fitness. Electrical equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

Waste and hazardous substances are well managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored. Laundry is undertaken onsite and evaluated for effectiveness.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells. Security is maintained.

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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Royal Heights Rest Home has policies and procedures that support the minimisation of restraint, and there have been no restraint interventions since the previous certification audit four years ago. There were no enablers in use at the time of audit. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes should this ever be required.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection prevention and control programme, led by a trained infection control coordinator, aims to prevent, and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when needed.

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

Aged care specific infection surveillance is undertaken, and results reported through all levels of the organisation. Follow-up action is taken as and when required. Appropriate notification was completed for a potential infection outbreak since the last audit.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	45	0	0	0	0	0
Criteria	2	91	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Royal Heights Rest Home has developed policies, procedures, and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). The interviewed staff understood the requirements of the Code and were observed communicating respectfully with residents. Residents were encouraged to be independent, options were provided, and privacy and dignity was maintained. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records sighted.</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>The interviewed nurse manager, RNs and care staff understood the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Informed consent has been gained appropriately using the organisation's standard consent forms. Signed consent forms were sighted in the clinical files reviewed. Resuscitation treatment plans were sighted in the reviewed clients' records. Staff were observed to gain consent for daily cares.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Posters and brochures related to the Advocacy Service were displayed and available near the reception area. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are assisted to maintain links with their family and the community by attending to a variety of organised outings, visits, shopping trips, activities, and entertainment. The facility encourages visits from residents' family members and friends. There are no restrictions to visiting hours. The visiting restrictions were implemented during the level two to four COVID- 19 pandemic infection control and prevention infection control measures as per MOH guidelines. 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>	FA	<p>The complaints/concerns/issues policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so.</p> <p>The electronic complaints register reviewed showed that seven complaints have been received over the past year and that actions taken, through to an agreed resolution, are documented and completed within the timeframes. Action plans show any required follow up and improvements have been made where possible. The nurse manager and general manager are responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints submitted and investigated by the DHB or the office of the Health and Disability Commissioner since the previous audit</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents and families 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 from discussions with staff on admission. The Code in English and Maori languages is displayed at the reception together with information on advocacy services, complaints, and feedback forms. There is complaints and suggestion box at the reception area that is accessible to residents and families.</p>
<p>Standard 1.1.3: Independence,</p>	FA	<p>Residents and families confirmed that residents receive services in a manner that has regard for their</p>

<p>Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>		<p>dignity, privacy, sexuality, spirituality, and choices. Residents' personal belongings and property are recorded on admission and are labelled for easy identification. The residents reported that they receive back their clothes after laundering in a timely manner. Staff maintained privacy when providing care throughout the audit days. All residents have a private room. There are shared and communal bathrooms.</p> <p>Residents are supported to attend to community activities and to participate in clubs of their choosing to maintain their independence. The care plans included documentation related to the residents' 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.</p> <p>Interviewed staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and annually. The interviewed GP and families have not witnessed or observed any abuse nor neglect.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>Residents who identify as Māori are supported to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into daily practice, as is the importance of whānau. There is a current Māori health plan developed with input from cultural advisers. Guidance on tikanga best practice is available and is supported by staff who identify as Māori in the facility. Maori cultural advisory is provided through the local DHB if required. Residents who identify as Māori and their whānau reported that staff acknowledge and respect their individual cultural needs.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Residents' individual culture, values and beliefs were identified during the admission assessment. Interviewed residents and family confirmed that they were consulted on individual values and beliefs and staff respected these. Residents' individual preferences required interventions and special needs were included in the care plans reviewed. The resident/relative satisfaction survey confirmed that individual needs are being met.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion,</p>	FA	<p>Residents, family members and the general practitioner (GP) stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. The induction process for staff includes education related to professional boundaries, expected behaviours and the Code of Conduct. These</p>

<p>harassment, sexual, financial, or other exploitation.</p>		<p>are included in the employee handbook and are discussed with all staff during orientation period. The registered nurses have completed training on professional boundaries. Staff are guided by policies and procedures and demonstrated a clear understanding of the process they would follow, should they suspect any form of exploitation.</p>
<p>Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>The service encourages and promotes good practice through evidence-based policies, internal audits, input from external specialist services and allied health professionals, for example, wound care specialist, mental health services for older persons, and education of staff. The annual education planner included mandatory training topics. The GP confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>The RNs has access to external education through the local DHB, though this was limited over the past year due to COVID-19 pandemic restrictions.</p>
<p>Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Residents and family members stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was evident in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>The nurse manager reported that access to interpreter services is through the local DHB. Staff knew how to access interpreter services, although reported this was rarely required due to most residents able to speak English. Staff can provide interpretation as and when needed, or family are used for those with communication difficulties.</p>
<p>Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The strategic and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation. The documents describe annual and longer term objectives and the associated operational plans. A sample of monthly meetings with the GM and owners showed adequate information to monitor performance is reported including financial performance, emerging risks and issues.</p> <p>Service operations and finances are managed by a general manager (GM) and nurse manager NM who oversees clinical services. The NM who has been in the role for 24 years, holds relevant qualifications and maintains their annual practicing certificate (APC) and nursing portfolio through ongoing professional development. Responsibilities and accountabilities are defined in a job description</p>

		<p>and individual employment agreement. Both managers confirmed knowledge of the sector, regulatory and reporting requirements through regular involvement with the sector, other age care agencies and their key contacts within the district health board (DHB)</p> <p>The service holds contracts with Waitemata District Health Board for rest home level care which includes a respite care and chronic health conditions. At the time of the audit two residents were respite/short stay and the other 42 residents were receiving care under the Age Related Residential Care contract. There were no residents under the Long Term Services Chronic Health 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 owners and a senior RN are designated as temporary managers with input from the GM other RNs and the quality person. Interviews confirmed that the manager's role is well understood and has been successfully and safely shared during planned absences.</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>Royal Heights has a well-established ethos of continuous quality improvement. This has been augmented by the introduction of a new quality and risk management system. This sector specific system includes an extensive set of policies and procedures which adhere to current best-known practice, management and analysis of incidents and infections, complaints, and audit activities. The system also enables the service to benchmark its quality data against other aged care facilities with the same service scope and compare their quality data to national averages. A rating of continuous improvement is awarded for outcomes achieved in national benchmarking.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators. This and other related information is reported and discussed at management level, health and safety team meetings, RN and staff meetings. Staff reported their understanding and involvement in quality and risk management activities through the quality information they are provided and by the outcomes of internal audits. Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>Resident and family satisfaction surveys are completed annually. The most recent survey in February 2021 indicated a high level of satisfaction. One area of feedback was investigated and actions were taken to remedy the concern.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements, including</p>

		<p>reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>The GM and NM described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. Both managers fully understand the Health and Safety at Work Act (2015) and have implemented requirements.</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>	FA	<p>Staff now enter all adverse and near miss events electronically into the programme software. A sample of incidents forms reviewed showed risk ratings, clear descriptions of the event, time and place, injury or no injury, a record of neurological records where indicated such as unwitnessed falls or falls involving injury to the head, and evidence that family members, RNs and the GP were notified as appropriate and in a timely way. The electronic records also show evidence of investigation, corrective actions and any other follow up required before being closed off in a timely manner. Adverse event data is collated, analysed and reported to staff at least every month at their meetings. This data is also submitted for national benchmarking across the aged care sector.</p> <p>The GM and NM described essential notification reporting requirements. The NM advised one section 31 notification had been submitted for a potential respiratory infection outbreak, to the Ministry of Health, and the DHB since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Staff management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. There is a very low turnover of staff. The most recently employed staff member reported that the orientation process prepared them well for their role. Staff records reviewed show documentation of completed orientation and initial performance review and competency assessments after a three-month period.</p> <p>Continuing education is planned on a three yearly basis, including mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Of the 18 care staff (16 permanent and two casual), four have completed level four of the national certificate in health and wellness. Two are at level three and three are at level two. The other nine staff are either progressing other education or are long term employed with significant experience working in aged care. Each of</p>

		the four RNs are trained and maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.
<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, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. There are four care staff on morning shift, two carers and a kitchen hand/carer in the afternoon and two carers at night. Two RNs plus the nurse manager are on site for eight hours each Monday to Friday, and one RN for eight hours on Saturday and Sundays. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and families interviewed supported this. Observations and review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate.</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>Royal Heights Rest Home has transitioned to an electronic resident information management system in March 2020. The admission agreements, consent forms and admission information are paper-based and they are uploaded into the electronic information management system. These documents were sighted in the residents' electronic records reviewed. 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. This includes interRAI assessment information entered into the Momentum electronic database. Records were legible with the name and designation of the person making the entry identifiable. Staff have individual passwords to access the electronic system.</p> <p>Archived records are held securely on site and are readily retrievable using a cataloguing system. Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for</p>	FA	<p>Admission enquiries are managed by the nurse manager. Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. A tour of the facility is conducted at that time if desired. All residents admitted required rest</p>

<p>services has been identified.</p>		<p>home level of care. A record of all enquiries is maintained and a follow up is conducted by the nurse manager.</p> <p>Royal Heights Rest Home's brochure and information on the facility's website have detailed information on the services provided. Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Signed admission agreements with service charges that comply with contractual requirements were sighted in the residents' records reviewed.</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 by the RNs, nurse manager or care staff in a planned and coordinated manner, with an escort provided as appropriate. The service uses the DHB's 'yellow envelope' system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident and the family/whānau. At the time of transition between services, appropriate information is provided for the ongoing management of the resident. All referrals are documented in the progress notes. An example reviewed of a patient recently transferred to the local acute care facility showed that adequate information was shared for ongoing of care of the resident. Family of the resident reported being kept well informed during the transfer of their relative. The nurse manager stated that 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.</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>Royal Heights Rest Home has a safe electronic medication management system in place that was observed on the day of the audit. The medication management policy was current and identified all aspects of medicine management in line with safe practice guidelines and current legislative requirements. Staff who administer medication had current medication administration competencies.</p> <p>The RN and care staff who were observed administering medicines demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. Medicines were stored safely in the locked cupboards and medicine trolley in the medication room. Staff have individual passwords to access the electronic medicine records. The medicine fridge and medication room temperatures were monitored, and the reviewed records were within the recommended ranges.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN completes medication reconciliation upon residents' readmission from acute services and when medication is received from the pharmacy. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request. Unwanted medicines are returned to the pharmacy in</p>

		<p>a timely manner, there were no expired medicines in stock. Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries. Monthly internal medication management audits were conducted, and corrective actions were implemented as required. Any medication errors were documented, and appropriate investigations were completed and corrective actions were implemented.</p> <p>The GP completed three-monthly medication reviews consistently, this was verified on electronic medicine charts reviewed. Dates were recorded on the commencement and discontinuation of medicines. Evaluation of pro re nata (PRN) medicines administered were completed consistently.</p> <p>There were no residents who were self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner when required. Interviewed staff demonstrated awareness of the medication self-administration process.</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>Residents' nutritional needs are identified on admission by the RNs and diet profiles are completed. Special dietary requirements, including likes, dislikes and allergies were identified and accommodated in the meal plan. Copies of the diet profiles were sighted in the kitchen file. Special equipment, to meet residents' nutritional needs, was available.</p> <p>The food service is provided on site by three cooks assisted by six kitchen hands and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns in a four-week cycle. The menu has been reviewed by a qualified dietitian on 1 March 2021. Recommendations made at that time have been implemented. The meals are served in the dining room and residents who do not want to go to the dining room can have meals served in their room as desired.</p> <p>The service operates with an approved and current food safety plan and registration issued by the Ministry of Primary Industries. Regular external food verification audits are completed, the previous one was completed on 15 June 2020. Food temperatures were monitored appropriately and recorded as part of the plan. Fridge and freezer temperatures were monitored and documented electronically. The kitchen was clean, no expired food was found in the pantry and left-over food was covered and dated. The cooks, kitchen hands and care staff who help with serving meals have completed a safe food handling training.</p> <p>The residents and family/whanau reported satisfaction with the food service, and this was verified in the satisfaction surveys sighted. Residents can provide feedback on the meals in monthly residents' meetings or per rising need. Alternate food options are provided per request. On the day of the audit residents were given enough time to eat their meals in an unhurried fashion. Monthly high tea events</p>

		are provided and catered for by the kitchen team and assisted by all staff.
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	The nurse manager stated that if a referral is received but the prospective resident does not meet the entry criteria or there is no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. The prospective resident and /family will be advised of the reason for the decline and will be informed of other alternative services available or referred to NASC as appropriate. There is a clause in the access agreement related to when a resident's placement can be terminated.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	Nursing assessments are completed on admission using the organisation's assessment tools, such as, a pain scale, falls risk, pressure area risk, nutrition and continence assessments, as a means to identify any deficits and to inform care planning within 24 hours of admission. InterRAI assessments were completed within three weeks of admission and six-monthly. The sample of care plans reviewed had an integrated range of resident-related information. All residents had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and families confirmed their involvement in the assessment process.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments were reflected in care plans reviewed.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professionals' notations clearly written, informative and relevant. Changes in care required was documented and verbally passed on to relevant staff. Residents and families confirmed 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	Documentation in care plans reviewed, observations and interviews verified that 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 interviewed GP confirmed that medical input is sought in a timely manner that medical orders are followed, and care provided meets the needs of residents. Care staff confirmed that care was provided as outlined in the care plans. 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 an activities coordinator (AC) who is in the progress of completing the diversional therapy course through Careerforce and some volunteers. The AC coordinates the activities programme with the support of the nurse manager. A diversional therapy/recreational resident profile is completed on admission with input from the resident or family to ascertain residents' needs, interests, abilities and social requirements. The RNs complete the activities care plans for all residents. The activities programme is regularly reviewed to help formulate an activities programme that is meaningful to the residents through monthly residents' meetings and satisfaction surveys. The resident's activity needs are evaluated when there is a significant change in participation and as part of the formal six-monthly care plan review.</p> <p>Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. Residents were observed participating in a variety of activities on the days of the audit. Activities on the programme included weekly church services, quiz, exercises, walks, music, external entertainment, movies, birthday celebrations and outings. The interviewed residents confirmed that they find the programme satisfactory.</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 in the electronic system by the care staff in each shift and weekly by the RNs. The care staff reported that any changes noted are reported to the RN. This was confirmed in the handover observed and in residents' records reviewed.</p> <p>Formal care plan evaluations occur every six months following the six-monthly interRAI reassessment, or as residents' needs change. Where progress was different from expected, the service responded by initiating changes to the plan of care. Short-term care plans were consistently reviewed, and progress evaluated as clinically indicated for wounds, skin, and urinary tract infections. Multi-disciplinary review meetings were conducted annually with residents and family involvement. Residents and families/whānau interviewed confirmed their involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or</p>	FA	<p>Residents are supported to access or seek referral to other health and/or disability service providers. If the need for other non-urgent services is indicated or requested, the GP, nurse manager or RNs sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to the mental health team, radiology and gastroenterology. The resident and the family/whānau are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent</p>

<p>referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>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>	<p>FA</p>	<p>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Material safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill/event occur.</p> <p>There is ample provision and availability of protective clothing and equipment and staff were observed using this. The staff attended training on the donning and doffing of PPE during the Covid pandemic and other methods for the prevention of cross infection have also been introduced into practice.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness (expiry date 21 October 2021) is publicly displayed.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed, and observation of the environment. Efforts are made to ensure the environment is hazard free, that residents are safe and independence is promoted. The home has never used lifting hoists, instead they have purchased a 'raizer chair' which safely and slowly surrounds a fallen resident to lift them on to their feet, provided that prior assessment indicates this as appropriate. .</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting. New outdoor furniture and sun shades have been purchased recently.</p> <p>Residents and residents confirmed they know the processes they should follow if any repairs or maintenance is required, any requests are appropriately actioned and that they are very happy with the environment.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing</p>	<p>FA</p>	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Each of the 45 bedrooms has a toilet and a hand basin. Four rooms share showers, the other 40 residents utilise the five other shower rooms which are located in each wing. There is a separate staff and visitors toilet. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other</p>

facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.		equipment/accessories are available to promote resident independence.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation. Rooms are personalised with furnishings, photos and other personal items displayed. There is sufficient space throughout the facility to store mobility aids, wheel chairs and mobility scooters. Staff and residents reported the adequacy of bedrooms.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	A large dining room and communal lounge are centrally located and within easy walking distance from resident's bedrooms. The seating in the open space lounge area is arranged to create separate areas for activities or visiting. These areas are frequently re-decorated according to different themes to provide stimulation and change for residents. Each wing also has its own lounge. Adverse event documents and staff interviews reveal there have been no falls incidents related to clutter or placement of furniture. Staff report that all areas are inspected for hazards daily. Residents and family members interviewed expressed satisfaction with the layout of the facility and communal areas.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	Review of documents, interviews with residents and relatives, cleaning staff and visual inspection of all areas revealed that Royal Heights continues to provide a high standard of cleaning and laundry services. Chemicals and cleaning equipment was observed to be stored safely when not in use. At least two cleaning and laundry staff are on site seven days a week. The quality person and NM continue to conduct regular inspections and internal audits of cleaning and laundry services to ensure these are effective and the best they can be. The service has continued with providing additional cleaner hours for 'deep cleaning' to ensure all areas of the facility are spotless. There have been no reported issues or concerns about cleaning or laundry services.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate	FA	Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. There have been no changes to the structure of the building since the fire evacuation plan was approved by the New Zealand Fire Service in 2004. A trial evacuation takes place six-monthly with a copy sent to Fire and

<p>and timely response during emergency and security situations.</p>		<p>Emergency Services New Zealand (FENZ), the most recent being on 25 March 2021. Staff orientation programme includes emergency, fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Royal Heights Rest Home is very well equipped for equipment and supplies for use in the event of a civil defence emergency. This includes mobile phones, a fuel operated generator and battery backup systems for power outages, plus gas supplied heating and cooking. There are large supplies of non-perishable food stored on site, 45,000 litres of water available on gravity feed and blankets to meet the requirements for the maximum number (45) of residents. This meets the Ministry of Civil Defence and Emergency Management recommendations for the region. Emergency lighting is regularly tested. The service procured additional PPE, infection control and isolation equipment during the Covid 19 pandemic and conducted extensive planning and staff training to meet any situation.</p> <p>There is one main entry and exit to the home. Access to the home is secured by electronic doors operated by the receptionist or key pad entry and visitors and residents can exit freely by pushing the exit button. All windows have security stays. Closed circuit television monitors are installed in corridors, at the front door, in the medicine room and in the underground car park.</p> <p>A new call bell system has been introduced which has led to improvements for residents refer to the continuous improvement rating in criterion 1.4.7.5. Call system audits are completed on a regular basis and residents and families reported staff respond promptly to call bells</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All residents' rooms and communal areas are heated and ventilated appropriately. All bedrooms have adequate natural light with opening external windows and many have doors that open onto outside gardens or small patio areas. The home is heated by electricity and there is a gas fire in the lounge which residents enjoy. Each bedroom has an electric panel heater that can be individually controlled. All areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature. The entire site is now smoke free.</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</p>	<p>FA</p>	<p>The service has implemented an infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff, and visitors. The programme is guided by a comprehensive and current infection control manual, with input from external specialists. The infection control programme is reviewed annually. This was last reviewed in January 2021.</p> <p>The RN is the designated infection control coordinator (ICC), whose role and responsibilities are defined in the infection control coordination policy. Infection control matters, including surveillance results, are reported monthly to the nurse manager and quality assurance coordinator, and tabled at</p>

<p>scope of the service.</p>		<p>the management and staff meetings. The IPC committee includes the general manager, nurse manager, ICC coordinator, and quality assurance coordinator.</p> <p>There is signage at the main entrance to the facility requesting anyone who is or has been unwell with flu like symptoms 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. The interviewed staff understood these responsibilities. A Covid-19 screening questionnaire is completed by all visitors who enter the facility and temperature monitoring is conducted.</p> <p>In November 2020, a potential respiratory infection outbreak was suspected, and appropriate infection control measures were implemented with success. The required notification was completed, and documentation was sighted in the reviewed records.</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 ICC has been in this role for six months and has appropriate skills and knowledge for the role. They have attended relevant infection prevention and control education, as verified in training records sighted. Additional support and information is accessed from the nurse manager, the infection control team at the DHB, the community laboratory, the GP and public health unit, as required. The ICC has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The ICC confirmed the availability of resources to support the programme and any outbreak of an infection. Adequate resources were sighted on the days of the audit. Updated information on COVID-19, including vaccination information was available and easily accessible to staff and residents.</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</p>	<p>FA</p>	<p>The infection prevention and control policies reflect the requirements of the infection prevention and control standard and current accepted good practice. Policies were reviewed in April 2020 and included appropriate referencing.</p> <p>Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The interviewed staff demonstrated knowledge of infection control policies and practices.</p>

service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>Interviews, observation, and documentation verified staff have received education on infection prevention and control at orientation and ongoing education sessions. Education is provided by the ICC and online education can be accessed online. Content of the training is documented and evaluated to ensure it is relevant, current, and understood. A record of attendance was maintained, and high staff attendance levels were demonstrated. When an infection outbreak or an increase in infection incidence has occurred, there was evidence that additional staff education has been provided in response. An example of this occurred in November 2020 when there was a suspected respiratory infection outbreak and during the beginning of the Covid-19 pandemic.</p> <p>Education with residents is on a one-to-one basis for any infections and in groups during residents' meetings and this included reminders about handwashing, advice about remaining in their room if they are unwell, increasing fluids during hotter weather and appropriate perineal hygiene for urinary tract infections. Infection control issues were discussed with residents in residents' meetings as verified in the meeting minutes sighted.</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>	FA	<p>Surveillance is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, soft tissue, influenza, the upper and lower respiratory tract, gastrointestinal tract, and blood stream. The ICC reviews all reported infections on the electronic system. New infections and any required management plans are discussed at handover, to ensure early intervention occurs. This was confirmed in the handover observed and in staff interviews.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Internal audits were completed regularly, and corrective actions implemented as required. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers. Graphs are produced that identify trends for the current year, and comparisons against the industry, and this is reported to the management team, and all staff. Benchmarking has provided assurance that infection rates in the facility are below average for the sector.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Royal Heights is maintaining its philosophy and practice of no restraint. There have been no restraints used in the facility for 24 years and there were no enablers in use by residents on the days of audit. There are documented systems and processes that meet these standards if restraint or enablers are required.</p> <p>Interviews with care staff, RNs, management, the needs assessor and the GP confirmed that if a resident's condition deteriorates and their safety is compromised, they are quickly reassessed and</p>

		<p>considered for transfer. This was further confirmed by review of incident accident reports and staff meeting minutes.</p> <p>Although the service has been restraint free for many years, there is an annual management review which includes considering the content of the restraint minimisation policy, staff education, knowledge and competence with regard to restraint and management of disturbing behaviour and review and evaluation of the environment. Review of personnel records and staff training plan show that education on restraint prevention and managing challenging behaviour is occurring every year. The nurse manager reviews each staff member's competence and knowledge of restraint policy and practice during annual performance appraisals.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	CI	The new quality programme enables automatic collation and analysis of quality data such as falls, bruising and skin tears, behaviour events, infections and medicine errors. This data is submitted into the system monthly for nationwide benchmarking. For the past year Royal Heights comparative quality data is consistently well below other similar sized aged care facilities who only provide rest home care.	The facility data for falls, and infections is tracking at 40% lower than the industry average.
Criterion 1.4.7.5	CI	A new call system has been introduced which has led to improvements for residents. Each staff member now carries an alert device on their person. When triggered the system alerts the location	The new nurse call system has

<p>An appropriate 'call system' is available to summon assistance when required.</p>		<p>and if in a resident's bedroom, it shows a photo of the resident and whether there are risks associated such as a high falls risks, or an infection risk. Staff can also summon assistance from other staff using the device. Because staff do not have to walk so far to identify where the call alert is coming from, this has reduced the response time to assist residents by 20% as confirmed by comparing the average response times previous to the new system being installed. The systems also helps new or casual staff in identifying each resident. The system logs a history of each alert on the device. When used in conjunction with sensor beams, it alerts staff when a high falls risk resident begins to get out bed.</p>	<p>increased resident safety by reducing response time, and providing an even early alert than sensor mats for high falls risk residents.</p>
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End of the report.