

Parata Anglican Charitable Trust Board - Parata Anglican Charitable Trust

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, 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: Parata Anglican Charitable Trust Board

Premises audited: Parata Anglican Charitable Trust

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 11 January 2022 End date: 12 January 2022

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: 23



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Parata Home provides care for up to 26 rest home level residents. On the day of the audit there were 23 residents.

This unannounced surveillance audit was conducted against a subset of the Health and Disability sector standards and the district health board contract. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with residents, relatives, staff, the GP, and management.

There has been changes to the management team since the previous audit. The care manager is a registered nurse and has been in the role since November 2021. The care manager is supported by an experienced registered nurse, an experienced administrator, enrolled nurse (health and safety coordinator) receptionist, and a team of experienced long serving staff. Residents and relatives interviewed were very complimentary of the services and care they receive.

The service has addressed the previous three certification shortfalls relating to policies and procedures, satisfaction surveys and reviewing the hazard register.

This surveillance audit identified a shortfall around education.

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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A policy on open disclosure is in place. There is evidence that residents and relatives are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. A system for managing complaints is in place.

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.		Some standards applicable to this service partially attained and of low risk.
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The care manager is responsible for the day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme has been implemented and meetings are held to discuss quality data. Satisfaction surveys are held annually and evidence a high level of satisfaction. The risk management programme includes managing adverse events and health and safety processes. The enrolled nurse leads the health and safety programme with oversight from the care manager.

An incident management system is implemented which evidenced appropriate follow-up by the registered nurse.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education plan is documented to include in-service education and competency assessments. Residents, relatives, and staff reported that staffing levels are adequate to meet the needs of the residents.

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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Registered nurses are responsible for care plan documentation. InterRAI assessments and care plans are completed and reviewed within required timeframes. Planned activities are appropriate to the resident's assessed needs and abilities. Residents and families advised satisfaction with the activities programme.

Medication management is in line with current legislation and guidelines. The service uses an electronic medication management system. All staff administering medications have competencies in place. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Residents were complimentary of the food services.

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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Parata Home has a current form 12 issued in place of a building warrant of fitness declaring all emergency systems are compliant. A preventative and reactive maintenance schedule is in place. Hot water temperatures are monitored and are within expected ranges. Essential contractors are available. Staff interviewed reported they have adequate equipment to provide resident cares.

The facility layout provides easy access for all residents using mobility aids to access all communal areas. The gardens and outdoor areas are well groomed and have seating and shaded areas provided.

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.

Parata Home has restraint minimisation and safe practice policies and procedures in place. Restraint and challenging behaviour are included in the documented education planner. The service currently has one resident requiring restraint and no residents using enablers.

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.

Parata Home continues to implement their infection surveillance programme. The care manager/RN is the infection control coordinator. Infection control data is discussed at facility meetings. The infection control programme is linked with the quality programme. There have been no outbreaks since the previous audit. A covid preparedness folder is available to staff which provides information around current guidelines and regulations and has a documented outbreak plan for staff to follow. Adequate supplies of personal protective equipment were sighted during the audit. Staff interviewed were knowledgeable around current guidelines, visiting restrictions and infection control practices.

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	15	0	1	0	0	0
Criteria	0	40	0	1	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
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The manager maintains a record of all complaints, both verbal and written, by using a complaint register. The care manager described documentation including follow-up letters and resolution, that if complaints were made, they would be managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>Discussions with five residents and two relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms are in a visible location at the entrance to the facility. There have been four complaints logged since the previous audit (one in 2020 and three in 2021). Staff interviewed (one registered nurse, one enrolled nurse, two caregivers, one cook, one maintenance and one activities assistant) could describe processes around complaint management and described referring all residents and relatives wishing to make a complaint to the management.</p> <p>There have not been any external complaints since the last audit.</p>
Standard 1.1.9: Communication Service providers communicate effectively	FA	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>Incident reports are paper-based and have a section to indicate if next of kin have been informed (or not) of an accident/incident. Ten accident/incident forms reviewed (from December 2021), identified family are kept</p>

<p>with consumers and provide an environment conducive to effective communication.</p>		<p>informed. The two relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</p> <p>Residents interviewed stated they were able to phone the facility during lockdown periods, some residents have their own phone, so this made communication easier. There was also the option of virtual calls using zoom. The satisfaction survey evidenced a 100% satisfaction rate around communication.</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>Parata Anglican Charitable Trust board provides overarching governance to the service, with support provided by a board trustee/administrator. The service provides rest home level care for up to 26 residents. On the day of audit, there were 23 residents. All residents were under the Age-related residential care services agreement (ARCC), one resident has a dispensation for hospital level care from July 2021.</p> <p>The facility is managed by a registered nurse who has been in the position since October 2021. They have experience as a registered nurse and as a clinical lead in aged care. The care manager is supported by one experienced registered nurse, one experienced enrolled nurse, one casual registered nurse and a team of long-standing experienced staff.</p> <p>A full-time administrator is employed to attend to facility business, human resource management and attend the board meetings with the care manager. She is supported by a part time receptionist. The manager provides a report to the board prior to board meetings.</p> <p>The business/quality plan (2021-2022) is reviewed regularly. A philosophy, mission statement and key values are documented.</p> <p>The care manager has attended aged residential care meetings and plans to attend management and leadership education when next available.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an</p>	FA	<p>Parata Home has a documented quality and risk management programme. The care manager ensures internal audits, data collection, and collation of data are all documented as taking place with remedial actions as needed. A monthly report for the board includes all quality data, trending, and analysis.</p> <p>Quality improvement processes are in place to capture and manage non-compliances. They include internal</p>

<p>established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>audits, hazard management, risk management, incident and accident and infection control data collection and complaints management. A range of quality improvement data is discussed at three monthly combined quality/staff/infection control and health and safety meetings. Meeting minutes reflect discussion and corrective action plans required. The service is in the process of performing the annual review of the 2021 quality data collated.</p> <p>Since the previous audit, the service has purchased up-to-date policies and procedures from an external consultant. These have been reviewed and made available to staff to read. The previous shortfall has been addressed.</p> <p>Improvements since the previous audit include the installation of a sanitiser, provision of staff uniforms and 'scrubs' for outbreak management, hand washing stations (free flowing soap and paper towels) are available in all resident rooms, and there is no longer crossover between kitchen and care work. The service has implemented an electronic medication system and has upgraded the phone system.</p> <p>Satisfaction surveys for 2020 relative and resident satisfaction survey evidenced 100% satisfaction across the service with the exception of activities at 90%. A corrective action plan was implemented around supplying name badges for staff, and a review of the tea-time meals following comments made on the surveys.</p> <p>Both the 2021 residents and relatives' surveys evidenced 100% satisfaction across all areas of the service with no corrective actions identified. The previous shortfall has been addressed around offering satisfaction surveys to residents and family.</p> <p>There has been one resident meeting held in 2021 and residents offer feedback verbally on a regular basis.</p> <p>There is a designated health and safety officer (enrolled nurse). A risk management plan is in place. Health and safety issues are discussed at three-monthly quality/staff meetings with action plans documented to address issues raised. Hazards are identified, managed, and documented, and the hazard register was last reviewed in February 2021. The previous shortfall around review of the hazard register has been addressed. Falls prevention strategies are in place for individual residents to include the use of sensor mats, low hospital beds, chair sensors and increasing staff awareness around monitoring. A fall prevention coordinator (retired physiotherapist) has been employed over two afternoons a week to review residents who fall frequently and completes a post fall review of residents. A physiotherapist and occupational therapist are available on referral.</p>
<p>Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically recorded</p>	<p>FA</p> <p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident/accident data is collated and analysed for trends monthly. Ten resident related accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations have been conducted for suspected head injuries and unwitnessed falls. Opportunities to minimise the risks are documented where identified. Incident reports</p>

by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.		<p>are reviewed and signed off by the care manager and/or the registered nurse. The manager and the administrator are aware of their requirement to notify relevant authorities in relation to essential notifications. There was a section 31 notification made for the change in management. There have been no outbreaks 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>	PA Low	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files were reviewed; one care manager/RN, one cook/kitchenhand, one activities coordinator, all employed since the last audit, and two caregivers. The files reviewed evidenced implementation of the recruitment process, employment contracts, and completed orientation. Appraisals were completed for the two long standing caregivers. The sample was increased by a further five to review appraisals only. All five files had completed annual appraisals on file.</p> <p>A register of practising certificates is maintained.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddyng when first employed.</p> <p>A competency programme is in place. Core competencies are completed, and a record of completion is maintained. Competencies include manual handling, medication, first aid, fire safety, and infection control including donning and doffing personal protective equipment.</p> <p>There is an annual education and training schedule documented, however not all compulsory education sessions have been evidenced as completed.</p> <p>The registered nurse is a Careerforce assessor. The caregivers are encouraged to undertake NZQA training (Careerforce). Currently there are two caregivers who have achieved level 3 health and wellbeing, and a further two caregivers are in the process of completing level 4.</p> <p>Currently there are two cleaning staff who have completed level 2 NZQA.</p> <p>The registered nurses have access to external training through the SDHB and hospice. The registered nurses have completed syringe driver and wound competencies and have current first aid certificates. There are three registered nurses including the care manager who are all interRAI trained.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and</p>	FA	<p>There is a staffing rational and policy; staffing levels meet contractual requirements.</p> <p>There is registered nurse cover between Monday to Thursday from 8 am to 4.30 pm. The enrolled nurse works Fridays. A registered nurse and senior caregiver work alternate weekends. The registered nurses and care manager provide 'on call' support afterhours. There is a minimum of one staff member with a current first aid</p>

safe service from suitably qualified/skilled and/or experienced service providers.		<p>certificate and a medication competency on each shift.</p> <p>Staffing is as follows:</p> <p>Morning shift has four caregivers: 1x 7.15 am to 4 pm (senior medication competent), 1x 7.30 am to 4.15 pm, 1x 7 am to 10 am, 1x 7.30 am to 12.30 pm.</p> <p>Afternoon shift has three caregivers: 1x 2.30 pm to 11 pm (senior medication competent), 1x 4 pm to 11 pm, and 1x 6 pm to 9 pm.</p> <p>Night shift has one medication competent caregiver with a current first aid certificate from 10.45 pm to 7.15 am.</p> <p>Interviews with the residents, relatives and clinical staff confirmed staffing overall was satisfactory. Residents stated their call bells were answered within acceptable times.</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>	FA	<p>There are policies and procedures around medication management which are reflective of current legislation and guidelines. Since the previous audit, Parata Home have implemented an electronic medication management system. The supplying pharmacy couriers all medicines in blister packs for regular and 'as required' medications. Medications were checked and signed on arrival from the pharmacy. There are two lockable medication trolleys used to complete the morning drug round to ensure residents are receiving medications in a timely manner.</p> <p>Registered nurses and senior caregivers are assessed as medication competent to administer medication. Registered nurses have completed syringe driver training. Standing orders are not in use. The medication fridge temperatures have been monitored daily and temperatures were within the acceptable range. Ten medication files were reviewed. Medication reviews were completed by the GP three monthly. 'As required' (PRN) medications were prescribed correctly with indications for use. Medications are stored securely in the locked nurses' station. The medication internal audit completed in September 2021 was fully compliant. There were no expired drugs on site and all eyedrops and creams were dated on opening.</p> <p>There were two self-medicating residents (eye drops and inhalers) on the day of the audit. Both had competencies in place which were reviewed three monthly by the GP. Medication was stored securely in residents' rooms.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual</p>	FA	<p>There is a functional centrally located kitchen and all food is cooked on site. There is a food services manual in place to guide staff. There are four cooks who have food handling certificates and considerable cooking experience, who are supported by three kitchenhands. Food is served from the main kitchen to the dining area adjacent to it. A current food control plan is in place expiring 13 March 2022.</p>

<p>food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>Special diets are being catered for. The four-week summer and winter menu has been reviewed by a registered dietitian and is due for a review in 2022. Residents have had a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. This is reviewed six monthly as part of the care plan review or sooner if required. The cook interviewed was aware of changes in resident's nutritional needs and was knowledgeable around the current nutritional requirements of residents.</p> <p>An annual resident satisfaction survey was completed and showed 100% satisfaction with food services for the last two years. Regular audits of the kitchen fridge/freezer temperatures and food temperatures were undertaken and documented. All food is stored appropriately. There is special equipment available for residents if required. Residents and relatives interviewed reported satisfaction with meals using words such as "perfect", "lovely", and "love the food". Meals are discussed at the resident meetings and feedback is given to kitchen staff.</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>When a resident's condition alters, a registered nurse initiates a review and if required, GP, nurse specialist consultation. The registered nurses and caregivers follow the plan and report progress against the plan each shift. There is documented evidence on the family contact form in each resident file that indicates relatives were notified of any changes to their relative's health. Discussions with relatives confirmed they are notified promptly of any changes to their relative's health. Short-term care plans are used for short-term/acute changes in care. These were in place for wounds and infections in the resident files reviewed.</p> <p>There were four wounds including one stage 1 pressure injury. The wound care specialist has been involved with two chronic ulcers. All wounds had individual wound assessments, plans, and evaluations which indicated progression or deterioration of the wounds. Photographs of the wounds were taken at regular intervals which evidence progression towards healing and are emailed to the wound care specialist. The GP reviews wound progression at the three-monthly reviews. Adequate dressing supplies were sighted in the medication room.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. There is access to a continence nurse specialist by referral.</p> <p>Monitoring forms are used for weight and vital signs, blood sugar levels, pain, challenging behaviour, food, and fluid charts. Residents are weighed monthly or more frequently if weight is of concern.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer,</p>	FA	<p>The service has just appointed a permanent activities assistant into the role, who is due to commence work in the near future. In the meantime, a caregiver with previous experience in providing activities in aged care and dementia level care has been covering activities and providing activities in the community room/day centre.</p> <p>Activities are provided on Wednesdays and Fridays between 9 am and 4 pm. Pre-Covid and as guidelines</p>

<p>activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>allow, residents have been joining the residents in the day centre for activities. A variety of activities are provided including bowls, golf, happy hours, and housie, jigsaw, movie afternoons, church services, baking and arts and crafts. There are weekly outings, to destinations of the residents choosing. The driver has a current first aid certificate. In line with current guidelines, residents can only get out of the bus where there are no other people for a picnic.</p> <p>Activities care plans and evaluations were in all the files sampled. Care plans sampled were developed at admission and evaluated six monthly, within the timeframes required. Resident input into the activities programme was gathered at admission and from input at residents' meetings as well as any suggestions made by residents or relatives/whānau.</p> <p>There is a weekly planner at present that provides information regarding available activities. The programme is designed to be flexible to allow for spontaneous events of interest to occur.</p> <p>An internal audit around activities was held in July, with no findings, and the satisfaction survey in 2020 evidenced 90% satisfaction with activities, a corrective action plan was implemented, and activities scored 100% satisfaction in 2021.</p> <p>The relatives and residents interviewed expressed satisfaction with the activities provided and the staff involved.</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>All the files sampled included a summary care plan as well as short-term and long-term care plans. These included evaluations completed at the appropriate timeframes. The long-term care plans were updated when there were ongoing changes with residents' condition and function. Short-term care plans were used in response to changes in health status and these were evaluated and resolved or added to the long-term care plan if the problem is ongoing. GP reviews are completed at least three monthly or earlier as required.</p> <p>The utilisation of a multi-disciplinary approach is demonstrated in the evaluation of care plans with feedback from GPs, nurse practitioner, speech and language therapist and other health professionals involved in the resident's care. Progression towards meeting goals is discussed with relatives and are documented in the care plan evaluations.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities</p>	<p>FA</p> <p>Parata Home holds a current form 12 instead of a building warrant of fitness certificate as essential checks were unable to be performed fully with Covid-19 lockdowns. This form declares all emergency systems are compliant and is due to expire in June 2022.</p> <p>The maintenance person interviewed described preventative and reactive schedules maintained. A maintenance book is kept in reception for staff to report all reactive maintenance issues. Hot water temperatures are checked and maintained within expected ranges. External contractors are available 24 hours</p>

that are fit for their purpose.		<p>a day. All equipment has been tagged, tested, and calibrated annually.</p> <p>All areas are accessible for residents using mobility aids. There is a large open communal lounge area with a conservatory for residents and relatives to have some privacy if required. Outdoor areas and gardens are well maintained and accessible to residents. The gardens have seating and shade provided by the trees.</p> <p>The caregivers interviewed stated they have sufficient equipment including mobility aids, wheelchairs, and pressure injury equipment (if required), to safely deliver the cares as outlined in the residents' care plans. There is a hoist available if required, and the service has recently purchased a 'chair razer' which can assist residents on the floor to a seated position.</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>Parata Home continue to implement their infection surveillance programme. Individual infection alert forms were completed for all infections. Infections were included on a monthly register and a monthly report and graphs were completed by the infection control coordinator (care manager/registered nurse). Infection control (IC) issues were discussed at the combined quality and staff meetings. The IC programme is linked with the quality programme. In-service education is provided annually and in toolbox talks when required. There have been no outbreaks since the previous audit.</p> <p>The care manager has been working with the DHB around Covid preparedness. A folder has been developed documenting an action plan, which details red and green areas, delivery of meals, staffing, and what to do in the first 24 hours of the outbreak. The service has met all the recommendations of the DHB Covid preparedness audit, including the purchase of a sanitiser. Training has been held around donning and doffing of personal protective equipment, handwashing, and infection control in 2021 by an external infection control specialist.</p> <p>All visitors and contractors are required to sign in on arrival, temperature and wellness screening are completed on entry to the facility. Contact tracing is completed using the QR code. Visiting is by appointment only at present in line with current guidelines. All visitors are required to provide their vaccine pass prior to entry.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There is a restraint minimisation and safe practice policy that is applicable to the service. The facility manager is the restraint coordinator. There is currently one resident using a bedrail and a lap-blet as restraint. Consents, assessments, and reviews were completed appropriately, and risks have been identified. Monitoring forms are maintained. There were no residents using enablers.</p> <p>There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. Restraint/enabler and challenging behaviour training is included in the education planner, however, has not been held as scheduled (link 1.2.7.5).</p> <p>Caregivers interviewed could fluently describe the differences between restraint and enablers, including</p>

		procedures and monitoring requirements around these.
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.2.7.5 A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.	PA Low	There is an education planner documented in line with ARC and policy requirements, however not all education sessions were evidenced as occurring.	Education sessions not evidenced as occurring within the last two years include restraint and challenging behaviour, sexuality and intimacy, communication, end of life and palliative care, nutrition and hydration, pain, spirituality, aging process, chemicals, and food safety for kitchen staff.	Ensure all education sessions are held according to the education planner. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.