

Kapiti Vista Limited - Kapiti 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 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:	Kapiti Vista Limited	
Premises audited:	Kapiti Rest Home	
Services audited:	Rest home care (excluding dementia care)	
Dates of audit:	Start date: 23 February 2022	End date: 24 February 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:	32	

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

Kapiti rest home provides rest home level care for up to 34 residents. On the day of the audit there were 32 residents.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, relatives, management, staff, and the general practitioner.

Kapiti rest home has been owned and operated by three directors for five years. Two of the directors are registered nurses. They have owned another local rest home for over 25 years. The directors are supported by an operations manager, part-time registered nurse, and a long-serving workforce. Residents and family interviewed were very complimentary of the service and care they receive at Kapiti rest home.

There are no improvements required and the service has exceeded the standards around restraint minimisation and infection prevention and control.

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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Kapiti rest home management and staff provide care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. Information about services provided is readily available to residents and families/whānau. The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) brochures are accessible to residents and their families. There is a policy to support individual rights. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified ongoing involvement with community.

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 quality and risk management plan and quality and risk policies describe Kapiti rest homes quality improvement processes. Policies and procedures are maintained by an external quality advisor who ensures they align with current good practice and meet legislative requirements. Quality data is collated for infections, accident/incidents, concerns and complaints, internal audits, and surveys. Quality data is discussed at meetings and is documented in minutes. Adverse, unplanned, and untoward events are documented electronically by staff. The health and safety programme meets current legislative requirements. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an education

programme covering relevant aspects of care and online learning and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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The facility works with the Needs Assessment Coordination Service to ensure access to the service is effective with all relevant information available when a resident seeks to access the facility. There is an admission package available prior to or on entry to the service.

The residents' needs are assessed on admission by the registered nurse/manager. Residents' initial care plans are completed within the required timeframes and short-term care plans for acute conditions are in place where applicable. The residents' files provided evidence of documented residents' needs, goals and outcomes that are reviewed on a regular basis.

Nursing care plan evaluations are documented, resident-focused and indicate progress towards meeting the residents' desired outcomes. There is evidence that each stage of service provision is developed with resident and/or family input and coordinated to promote continuity of service delivery. The residents and relatives interviewed reported being informed and involved, and their satisfaction with services.

There is a medicine management system in place which complies with legislation, protocols, and guidelines. Staff responsible for medicine management have current medication competencies. The service has implemented an electronic medication system. The general practitioner reviews the medication charts three monthly.

The activities programme includes a range of activities and involvement with wider community. The residents and family interviewed confirmed satisfaction with the activities programme. Individual activities are provided either within group settings or on a one-on-one basis.

The menu has been reviewed by a registered dietitian as meeting nutritional guidelines, with any special dietary requirements and need for feeding assistance or modified equipment met. There is a central kitchen and on-site staff that provide the food service. The residents verified satisfaction with meals.

Residents are referred or transferred to other health services as required, with appropriate verbal and written handovers.

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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There is a current building warrant of fitness and an approved fire evacuation plan. Essential security systems are in place to ensure resident safety. Six monthly trial fire evacuations are undertaken.

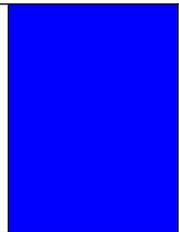
There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility.

Resident bedrooms are personalised. There are adequate numbers of communal toilet/shower facilities. Cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

The facility has a monitored call bell system for residents to summon help when needed, in a timely manner.

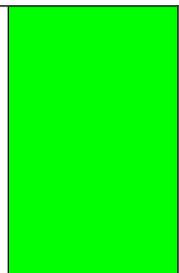
A preventative and reactive maintenance programme is in place that complies with legislation and includes equipment calibration and electrical checks.

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.		All standards applicable to this service fully attained with some standards exceeded.
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Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. The restraint coordinator completes consents, assessments, and evaluations. An approval group review restraint/enabler use annually. Staff receive regular education and training on restraint minimisation. There were no restraints and no enablers in use on the day of the audit.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection control programme is appropriate to the size and complexity of the service. The infection control nurse is the registered nurse/manager. Infection data is collated, analysed, and trended. Monthly surveillance data is reported to staff. There has been one outbreak since the previous audit. Adequate supplies of personal protective equipment were sighted during the 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	1	44	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>The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) posters are displayed, and brochures are readily available to residents and their families. A policy relating to the Code is implemented and staff interviewed (one registered nurse [nurse manager], five caregivers, one diversional therapist, one laundry staff, one cook, one cleaner and one maintenance person) could describe how the Code is incorporated into their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through the staff education and training programme.</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>Written informed consent is gained for general consents and were sighted in the six resident files sampled. Written consent is also gained for specific procedures such as the influenza vaccine and the Covid-19 vaccine. Resuscitation status had been signed appropriately. Residents interviewed confirmed they were given good information to be able to make informed choices.</p> <p>Staff interviewed stated the family are involved with the consent of the resident. Enduring power of attorney (EPOA) documents were sighted on the resident files reviewed. Discussion with family identified the service actively engages and involves them in decisions that affect their relative's lives.</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>Health and Disability advocacy brochures are included in the information provided to new residents and their family/whānau during their entry to the service. Advocacy brochures are displayed at the front entrance. Residents and family interviewed were aware of the role of advocacy services and their right to access support. The complaints process is linked to advocacy services. Staff completed advocacy training April 2021. The service is visited regularly by an independent resident advocate who also chairs the resident meetings. Contact details for the advocate are readily available for residents and families.</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>The service encourages their residents to maintain their relationships with friends and community groups. Residents may have visitors of their choice at any time (subject to Covid restrictions applicable at the time). Assistance is provided by the care staff to ensure that the residents participate in as much as they can safely and desire to do, evidenced through interviews and observations.</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>There is a complaints policy to guide practice which aligns with Right 10 of the Code. The privacy officer is the nurse manager who leads the investigation of any concerns/complaints in consultation with relevant others. Concerns/complaints/compliments are an agenda topic at the monthly quality assurance meeting as sighted in the meeting minutes. Complaints forms are visible at the main entrance of the facility. There has been one complaint since the previous audit (2021) which was managed appropriately and in a timely manner. There have been no complaints in 2022 to date. Residents and families interviewed are aware of the complaints process. A complaint register is maintained. There have been no external complaints 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>Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information that is provided to new residents and their families. The owner director/registered nurse manager discusses aspects of the Code with residents and their family on admission. Three residents and five family members interviewed reported that the residents' rights were being upheld by the service.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with</p>	FA	<p>The residents' personal belongings are used to personalise their rooms. Caregivers interviewed reported that they knock on bedroom doors prior to entering rooms and these actions were observed during the audit. Care staff confirmed they promote the residents' independence by encouraging them to participate in the planned activities and perform other tasks according to their abilities. Residents and families interviewed and observations during the audit, confirmed that the residents' privacy is respected.</p>

respect and receive services in a manner that has regard for their dignity, privacy, and independence.		Guidelines on abuse and neglect are documented in policy. Staff receive education and training on abuse and neglect, which begins during their induction to the service and is a standing item on the annual education calendar.
Standard 1.1.4: Recognition Of Māori Values And Beliefs 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.	FA	The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. The care staff interviewed reported that they value and encourage active participation and input from the family/whānau in the day-to-day care of the residents. Kapiti Rest home has a working relationship with Hora Te Pai (local Māori Health Service) for clients who require their support. The service has a Māori Health plan in English and Māori, which identifies the importance of whānau/family. There were two residents who identified as Māori on the day of audit, both of whom had documented guidance for staff relating to their Māori culture and tikanga protocols related to care. Staff receive education on cultural awareness during their induction and as part of the education programme.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	The service identifies the residents' personal needs, culture, values, and beliefs at the time of admission. This is achieved in collaboration with the resident, whānau/family and/or their representative. Beliefs and values are incorporated into the residents' care plans in the seven resident files reviewed. Residents and family/whānau interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	Professional boundaries are discussed with each new employee during their induction to the service. Professional boundaries are also described in job descriptions. Interviews with the care staff confirmed their understanding of professional boundaries, including the scope of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings and performance management if there is infringement with the person concerned.
Standard 1.1.8: Good Practice Consumers receive services of	FA	Management are committed to providing a service of a high standard, based on the company vision and mission statement for provision of care. This was observed during the day with the staff demonstrating a caring attitude to the residents. All residents and families spoke positively about the care provided. The

<p>an appropriate standard.</p>		<p>owner/director/RN nurse manager is on-site Monday to Friday and an RN is available on-call. A general practitioner (GP) visits the facility regularly and is available after-hours. The service supports and encourages staff through the levels of Careerforce qualifications and has a close working relationship with the local Careerforce assessors. Staff have a sound understanding of principles of aged care and are made aware of any new/reviewed policies/procedures in a timely fashion</p> <p>Since the previous audit, Kapiti rest home have implemented an electronic management system, are continuing to refine the system, and gradually using it to replace more paper-based non-clinical / operational tasks. The renovations are largely completed, this has greatly improved the layout and flow of the building, modernised the facility, and enabled the service to add a second night caregiver for improved care and security.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>There is a policy to guide staff on the process around open disclosure. Residents/relatives interviewed confirmed the admission process and agreement was discussed with them and they were provided with adequate information on entry. Nine incident forms reviewed identified family were notified following a resident incident. The nurse manager and operations manager confirmed family are kept informed. Family members interviewed confirmed they are notified promptly of any incidents/accidents. The monthly resident meetings are open to family to attend. Relatives meet with the management and RN at least six-monthly to review the residents plan of care. Email communication with families including annual newsletters was evident. Families are also kept up to date on facility matters and activities through the Facebook page, which includes photographs of residents (who have consented) engaged in activities. The service has access to interpreter services as required.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Kapiti rest home is certified to provide rest home level care for up to 34 residents. There were 31 permanent residents under the ARC contract and one short-term respite resident.</p> <p>The facility has been owned by three directors for approximately five years. The directors also have owned and operated another rest home facility (Kena Kena) for a number of years, which is located nearby.</p> <p>One owner/director is the nurse manager for Kapiti and a second owner/director is the nurse manager for Kena and on site daily for a director/management handover. The third owner/director has responsibility for property and maintenance for both sites. All owner/directors have many years' experience in the aged care industry. They are supported by an operations manager responsible for non-clinical services, human resources, and accounts/administrative duties. A part-time RN is employed and shared by both facilities.</p> <p>There is a current strategic business plan that includes environmental goals (ongoing refurbishment) and</p>

		<p>the continued embedding and customisation of an electronic medication system. In the last year, rooms have been refurbished, the dining area remodelled and a transition to an electronic resident management system made. The owner/directors communicate daily on operational matters and hold an annual directors meeting.</p> <p>The nurse manager has attended at least eight hours of professional development relating to her role including (but not limited to); leadership, management, and privacy. The operations manager has a bachelor's degree in business management and human resources and has attended courses run by the New Zealand Aged Care Association (NZACA).</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 two owner-directors/nurse managers of each facility provide cover for each other's absence. They also share the on-call requirement.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The quality and risk management plan and quality and risk policies describe the Kapiti rest home quality improvement processes. Policies and procedures are developed and maintained by an aged care consultant who is well known and respected in the industry. These are reviewed regularly to ensure they align with current good practice and meet legislative requirements. Staff are required to read and sign they have read new/reviewed policies.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data, surveys, and complaints management. A relative survey was completed for 2021 with an overall satisfaction of 93%, which was an increase from 79% the previous year. Increased satisfaction was also noted in the areas of cleaning, catering, laundry, and the environment. Relatives are informed of outcomes through the annual newsletter and Facebook site. There is an internal audit programme that covers environmental, clinical, and non-clinical areas. Corrective actions have been generated and completed for any audit outcomes less than 100%.</p> <p>Data is collected, analysed, and compared monthly for a range of adverse event data (for example skin tears, bruising and falls). Corrective actions are documented and implemented where improvements are identified. Information is shared with all staff as confirmed in meeting minutes and during interviews. There are monthly quality assurance meetings with management and representatives from each area.</p>

		<p>Staff meetings are held at least three-monthly. Meetings are combined with both rest homes when guest speakers attend or team building exercises are arranged. Communications books are utilised, and other service meetings are held as required.</p> <p>A current risk management plan is in place. The owner/director/RN nurse manager is the health and safety coordinator. Staff receive health and safety training, which is initiated during their induction to the service and ongoing through the annual training plan. All staff are involved in health and safety, which is a topic in the monthly quality assurance and staff meetings. There is a current hazard register (last reviewed April 2021). Hazard reports are completed and the hazard controls for each area reviewed as required.</p> <p>Falls management strategies and the development of specific falls management plans are in place to meet the needs of each resident who is at risk of falling.</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>There is an incident reporting policy that includes definitions and outlines responsibilities. Individual reports are completed electronically for each incident/accident with immediate action noted including any follow-up action(s) required. Incident/accident data is linked to the organisation's quality and risk management programme. Nine accident/incident were reviewed from January 2021 and evidenced RN assessment and follow-up. Neurological observations are conducted for suspected head injuries. The nurse manager and operations manager reported that they are aware of their responsibility to notify relevant authorities in relation to essential notifications. There has been one notification to the public health for an RSV outbreak in July 2021 and a section 31 notification in January 2022 for a missing resident.</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>There are human resources policies to support recruitment practices. Six files reviewed (one operations manager, two caregivers, one diversional therapist, one cook and one laundry staff) contained all relevant employment documentation. The recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience, and suitability for the role. Performance appraisals were up-to-date. Current practising certificates were sighted for the nurse manager, part-time RN, and allied health professionals</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Long-serving staff interviewed believed new staff were adequately orientated to the service on employment. Evidence of an orientation programme being completed was sighted in the staff files reviewed.</p> <p>An annual training programme covering all the relevant requirements is implemented and attendance</p>

		<p>records are maintained. Monthly training and questionnaires are completed for each training session. The competency programme is ongoing with different requirements according to work type and includes infection control, medication and moving and handling, and wound care.</p> <p>The nurse manager and registered nurse are able to attend external training, including sessions provided by the local DHB around infection prevention, wound care, and the ageing process. All three (including nurse manager) registered nurses employed have completed interRAI training.</p> <p>The service has eighteen caregivers, of which one is level 4, (four working towards level 4), nine at level 3 (two working towards level 3), two are working towards level two and new hires have just commenced enrolment. Staff are also supported to attend external education as offered.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support across the three wings (North – 12 beds, East – 10 beds and South – 12 beds). The nurse manager is on site Monday to Friday. The part-time RN works as required at Kapiti and is mainly based at the sister facility Kena Kena.</p> <p>There are four caregivers on the morning shift (two full 07.00-15.00 and two shorter shifts 07.00-13.00), three on the afternoon shift (two full 15.00-23.00 and one short shift 17.00-20.30) and two caregivers on night shift 23.00-07.00 with an on-call nurse available. At least one first aid trained caregiver is on duty when the registered nurses are not on shift. There are designated cleaning and laundry staff seven days per week.</p> <p>The caregivers, residents and relatives interviewed informed there are sufficient staff on duty at all times.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into each resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held in secure rooms and securely on the electronic resident management system. Archived records are secure. Residents' files demonstrate service integration. Entries are legible, dated, timed, and electronically signed by the relevant caregiver or RN, including designation.</p>
<p>Standard 1.3.1: Entry To</p>	FA	<p>Prior to residents entering to the facility, Needs Assessment Service Coordination (NASC) assesses potential residents as requiring rest home level care. The service communicates with the NASC and other</p>

<p>Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>appropriate agencies to ensure efficient, appropriate, and timely admission.</p> <p>The facility provides residents and families with an information pack containing all pertinent information. Residents' admission agreements evidenced resident and/or family and facility representative sign off. Exclusions from the service are included in the admission agreement.</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>	FA	<p>The resident's exit, discharge or transfer is achieved in a strategic and coordinated manner. At the time of transition, appropriate information is provided to the person/facility responsible for the ongoing management of the resident. Families interviewed reported timely communication from the facility.</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 is an electronic medication system in place with appropriate processes that comply with current legislation requirements and safe practice guidelines. The medication areas evidence an appropriate and secure medicine dispensing system. Medications are stored free from heat, moisture, and light, in original dispensed packs and in a secure trolley. Records of temperature checks for the medicine fridge and medication cupboard are maintained and demonstrate evidence of temperatures being within the recommended range. The RN/Manager is responsible for the administration of medications with the assistance of NZQA level 3 and 4 qualified caregivers. All have current competencies. A medication round was observed and evidenced the staff member was familiar about the medicine administered. Medications were signed off, after the dose was administered, protocols and procedures were followed. Administration records and specimen signatures are maintained. Annual medication administration education around safe medication administration has been provided and competencies are completed for staff who administer medications.</p> <p>There is a policy for residents who self-administer medications; currently there are two residents partially self-administering medicines at the facility (allowing autonomy for the resident at their request but fully supervised by the staff, use of inhalers). Both residents had competencies in place, which had been reviewed by the GP, and the medication were sorted securely in the residents' room.</p> <p>Twelve medication charts and signing sheets were reviewed on the electronic medication system. All charts had photo identification and allergy status identified. Prescribing for 'as required' medications had indications for use prescribed. The effectiveness of 'as required' medications were recorded in the electronic medication system. The regular and 'as required' medications are delivered in blister packs and there is evidence of medication reconciliation carried out by the registered nurse/manager. All medications are stored safely.</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>All meals and baking at Kapiti Rest Home are prepared and cooked on site by cooks. The cooks are supported by a breakfast caregiver, and one afternoon kitchen assistant heats and serves the pre-prepared evening meal. The menu reviewed is in line with recognised nutritional guidelines for older people, as verified by a dietitian's assessment this month.</p> <p>There was documented evidence of residents and families being satisfied with the meals provided, and this was confirmed on interview with residents and families. Residents continue to give feedback about the food at the residents' meeting.</p> <p>The residents' files demonstrated monthly monitoring of individual resident's weight. Special equipment to meet residents' nutritional needs was sighted, and there was evidence of adequate crockery.</p> <p>A dietary assessment is completed for each resident on admission and a dietary profile developed. The dietary assessments, including allergies, likes and dislikes, are located in the residents' files and the kitchen. The individual resident food plan is reviewed by the cook to reflect and confirm the resident's dietary requirements. When interviewed the cook confirmed all residents' dietary needs were reviewed as needed and/or if there was a change in a resident's need or health status. Dietary requirements, cultural and religious food preferences are met. Gluten free, high protein diets and diabetic desserts are accommodated.</p> <p>The service operates an approved food control plan which is due for renewal on 13 November 2022. Food temperatures are monitored and recorded as part of the food control plan. The cook has undertaken a safe food handling qualification (NZQA 167/168) and completed relevant food handling training. The temporary appointed relief cook has European Union qualifications. Both cooks are supported by a kitchen manager who works between the providers two facilities.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. There was evidence of sufficient emergency food for three days.</p> <p>The fridges, chillers and freezer temperatures are recorded and documented. All decanted food is dated, and expiry dates are recorded. Food in the fridges was dated and covered. The kitchen was clean and fit for purpose, there was a maintained kitchen cleaning roster, for all equipment. There was no food stored on the floor, hand washing equipment, gloves and hats were available. Chemicals are stored safely.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p>	<p>FA</p>	<p>If admission to a service is declined, prospective residents and their whānau are informed in an appropriate manner of the reasons why the service had been declined following the service policy. Where requested, assistance would be given to provide the resident and their whānau with other options for</p>

<p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>		<p>alternative health care arrangements or residential services.</p> <p>As confirmed at management interviews, entry to the service would be declined if the care level is not within the scope of the service or if a bed was not available.</p>
<p>Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The residents initial individualised care plan is created on admission using the NASC interRAI tool. Resident needs are identified through a variety of information sources including GPs, specialists, other service providers, the resident and family. The facility utilises assessment tools (falls, pain, pressure injury risk, weight, continence, and mood/behaviour). The residents' files also evidenced any completed discharge/transfer information from the district health board.</p> <p>The clinical files reviewed evidenced all residents had interRAI assessments and the long-term care plans completed within 21 days of their admission. The files reviewed showed the residents had current interRAI assessments completed by the trained RN interRAI assessor in the facility. There was evidence the results of the interRAI assessments were discussed with the residents and where appropriate the family.</p> <p>Interviews with residents and families confirmed they were involved in assessments, care planning, treatment, and evaluations. Interviews with families and residents are held in a safe and appropriate setting and included visits from the GP and specialists.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Care plans define the required support and interventions. Each resident has a Person-Centred Care Plan (PCCP) based on facility assessments carried out using an interRAI assessment tool. The residents' care plans are individualised, integrated, and current. The care plan interventions reflect the risk assessments and the level of care required. Short-term care plans are developed, when required and signed off by the registered nurse/manager when short-term problems are resolved or are carried over to the PCCP.</p> <p>In interviews, staff reported they receive timely and appropriate information for continuity of residents' care. The residents and/or families have input into their care planning and evaluation. Consistent GP care is completed, as sighted in current GP notes.</p> <p>Reviewed care plans demonstrated service integration with progress notes. Resident activities records and medical and allied health professionals' notations were clearly written in the resident files. There was evidence of allied health care professionals involved in the care of the residents including physiotherapist, podiatrist, and district nursing team, with regard to wound care.</p>

<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>When a resident's condition alters, the registered nurse/manager initiates a review and if required, GP consultation. There is evidence that family members were notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are documented in the resident progress notes reviewed.</p> <p>Adequate dressing supplies were sighted, and wound management policies and procedures are in place. There were no pressure injuries on the day of audit. Four wounds were reviewed, and all had current assessments, wound management plans and progress notes with full evaluations. The service has access to wound nurse specialists through the district nursing service.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. Residents are weighed monthly or more frequently if weight is of concern. Monitoring occurs for observations, blood sugar levels, pain and mood changes and challenging behaviour.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The residents are assessed to establish their individual interests and suitable activity and social requirements. An activity assessment and plan are completed on admission in consultation with the resident/family (as appropriate). The activities programme developed meets both individual and broader social needs of the residents. The planned monthly activities programme reviewed corresponded with the skills and interests shown in the residents' files. Activities are planned by a diversional therapist (DT) with the assistance of a part time DT (two days per week) and delivered from Monday to Friday. The DT has been in this role for one year (with experience as a DT at another facility for many years) and has a New Zealand Quality Authority (NZQA) DT qualification. They are assisted by a part time DT who has over four years' experience. All have a current first aid certificate. Medication management is arranged around outings by the RN.</p> <p>In interview, the DT confirmed activities are voluntary for residents, but they are encouraged to attend. The activities programme reviewed meets the needs of the residents and included cognitive, social groups and one-on-one activities, social outings are provided for those residents able to partake. The activities programmes include input from external agencies and supports ordinary unplanned/spontaneous activities including festive occasions and celebrations. The activities coordinator confirmed the facility provides appropriate equipment.</p> <p>Daily exercises for all residents who wish to partake are overseen by the DT inclusive of strength and balance. Regular van outings into the community are arranged and church services are held monthly. During the Covid 19 lockdown period, activities continued within the home respecting social distancing when required. Outings had been arranged with venues so that residents could enjoy "café" style teas</p>

		<p>with the venue closed to all but them. Outings to the beach for fish and chips or ice-cream treats had been held. Cinema shows had been arranged so that only residents attended the session.</p> <p>There were current, individualised activities care plans in residents' files. Resident attendance was documented, and activities progress notes are recorded monthly by the activity coordinator. Activity requirements are evaluated as part of the formal six-monthly care plan review. Family/whānau and friends are welcome to attend all activities.</p> <p>Activities include (but are not limited to); newspaper reading, reminiscing, board games, walks, arts and crafts and exercises. There are regular entertainers who attend in the week. Community visitors include church visitors and pet therapy visitors. The service has a van, and the DT accompanies the residents on outings,</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Reviewed files showed evaluations are documented, implemented and information is shared with residents and families. Formal care plan evaluations, evidenced reassessments are measured to ascertain the degree of a resident's response in relation to desired outcomes. Reassessments are completed every six months using the interRAI assessments, or when a change in resident's health status occurs. Residents with health status changes had completed reassessments using interRAI.</p> <p>There was evidence of resident, family, caregivers, DT and GP input into care plan evaluations. In interviews, residents and family confirmed their participation in care plan evaluations and reviews. The residents' care plans were up to date and reviewed at mandatory six-monthly intervals.</p> <p>The residents' progress notes are completed on each shift and there is evidence in reviewed files that residents' care is evaluated and reported on, if any change is noted it is reported to the registered nurse/manager. When resident's progress is different than expected, the registered nurse/manager contacts the GP, or other health provider.</p> <p>A short-term care plan is initiated for short-term concerns, such as infections, wound care, changes in mobility and the resident's overall health or cognitive condition. Short-term care plans are reviewed by the registered nurse/manager daily, weekly, or fortnightly as seen in the clinical files. Interviews with residents and family, validated information sharing is timely and appropriate. The family are notified of any changes in resident's condition, three monthly GP reviews, and care plan evaluations, as confirmed at family interviews.</p> <p>There was evidence that care planning evaluations are documented and implemented. The resident's care plans were current and reviewed six-monthly.</p>

<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>Files reviewed validated processes are in place to support resident's accessing or being referred to other health or disability services. There is evidence of an effective multidisciplinary approach to consultation, and this was seen in the clinical files reviewed.</p> <p>There was evidence of non-urgent and routine referrals in the resident files. Acute or urgent referrals are evidenced as being triaged immediately such as liaison with the district nurse wound care specialist.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service.</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>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Material safety datasheets are readily accessible for staff. Staff complete chemical safety training on orientation and the product supplier provides ongoing training in the safe use of chemicals.</p> <p>Chemicals are stored safely throughout the facility. Personal protective clothing is available for staff and seen to be worn by staff when carrying out their duties on the day of audit. A hazard register is available and is current.</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>The building has a current building warrant of fitness that expires on 13 August 2022.</p> <p>The operations manager oversees the maintenance programme. Staff use a maintenance and request form for repairs, which is signed off once addressed. There is a planned maintenance programme in place. Hot water temperatures are maintained below 45 degrees Celsius (monitored monthly).</p> <p>Essential contractors are available when required. Electrical testing has been completed and calibration of medical equipment has been carried out. Environmental improvements include an outside ramp for wheelchair access which has been undertaken since the last audit. Resident rooms are refurbished as they become vacant.</p> <p>The facility has corridors with sufficient space for residents to safely mobilise using mobility aids. There is safe access to the outdoor areas. Seating and shade are provided.</p> <p>The caregivers interviewed stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p>

<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>Communal toilet and shower facilities are of an appropriate design to meet the needs of the residents. There are adequate numbers of communal bathrooms/toilets with a system that indicates if it is engaged or vacant. All shower and toilet facilities have call bells, sufficient room, approved handrails, and other equipment to facilitate ease of mobility and to promote independence. Residents interviewed stated their privacy is respected when staff are attending to their personal hygiene.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Residents and their families can personalise the resident's room. Furniture in residents' rooms include residents' own personal pieces and memorabilia; is appropriate to the setting and is arranged in a manner that enables residents to mobilise freely.</p> <p>Residents have their own room, and each is of sufficient size to allow residents to mobilise safely around their personal space and bed area with mobility aids and assistance.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>All internal communal areas have seating and external views. Communal areas within the facility include a main lounge and dining area. Seating and space are arranged to allow both individual and group activities to occur. All communal areas are easily accessible for residents using mobility aids. All furniture is safe and suitable for the residents.</p> <p>Observation and interviews with residents and family confirmed that residents can move freely around the facility and that the accommodation meets residents' needs.</p> <p>There are areas for storing activities equipment and resources.</p> <p>Most residents were observed to have their meals with other residents in the communal dining room but can have their meal in their own room if they wish.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to</p>	FA	<p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry and cleaning services. Facility laundry, including residents' personal clothing, is completed on site. There are dedicated laundry persons on duty seven days. The laundry has a clear clean/dirty flow process in place and is clean and organised for ease of handling work. The laundry staff have had training in infection prevention and control inclusive of the use of dissolvable linen bags for heavily soiled or</p>

<p>the setting in which the service is being provided.</p>		<p>infectious linen, thus ensuring no double handling of contaminated linen exposing them to infection.</p> <p>The housekeeping staff interviewed were knowledgeable around the chemicals used and schedules in place. Extra housekeeping hours have been allocated. The facility was noted to be clean during the audit.</p> <p>There are weekly tasks and spring-cleaning schedules to follow. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked cupboards for the safe and hygienic storage of cleaning equipment and chemicals. The cleaner stores chemicals on a trolley when cleaning and awareness of the need to keep the trolley with them at all times. Staff receive training in correct use of cleaning products.</p> <p>There is a sluice room available for the disposal of soiled water/waste. Hand washing facilities are available throughout the facility with alcohol gels in various locations. The effectiveness of cleaning and laundry processes are monitored through the internal audit process with no significant problems identified. Residents interviewed reported satisfaction with the cleaning and laundry service.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>There are policies and procedures on emergency and security situations including how services will be provided in health, civil defence, or other emergencies. All staff receive emergency training on orientation and ongoing. Civil defence supplies are readily available within the facility and include water, food, and supplies (torches, radio, and batteries), emergency power and barbeque. The facility keeps a tank of emergency water for resident use on site, plus a store of readily accessible bottled water within resident areas. A site has its own generator to provide power should this be required in an emergency situation.</p> <p>There is an approved fire evacuation scheme in place (dated 28 September 2021) and six-monthly fire drills have been completed. A resident evacuation register is maintained. Fire safety is completed with new staff as part of the health and safety induction and is ongoing. All shifts have a current first aider on duty.</p> <p>Residents' rooms, communal bathrooms and living areas all have call bells. Call bells and sensor mats when activated are designed to show on a display panel and also give an audible alert. Security policies and procedures are documented and implemented by staff. The buildings are secure at night. There is security lighting.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe</p>	<p>FA</p>	<p>Residents were provided with adequate natural light, safe ventilation, and heating. The service has installed thermostat-controlled heating wall panels in each resident room. There are gas heaters in communal areas. Bedrooms have external opening windows.</p> <p>On the day of the audit the external temperatures were moderate and the environment in resident areas</p>

<p>ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>		<p>was noted to be maintained at a satisfactory temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>Kapiti Rest Homes has an established infection prevention and control (IPC) programme. The infection control programme, its content and detail is appropriate for the size, complexity and degree of risk associated with the service. The registered nurse/manager is the designated infection control nurse (ICN). The infection control programme is linked into the incident reporting system. Monthly staff meetings are held with IPC included within the agenda to keep staff informed. Regular audits take place that include hand hygiene, infection control practices, laundry, and cleaning. Annual education is provided for all staff.</p> <p>The ICN has completed online infection prevention and control training (seven hours) through the New Zealand Aged Care Association (NZACA).</p> <p>The infection prevention and control programme is reviewed annually. Staff are made aware of new infections through daily handovers on each shift, and clinical records.</p> <p>There are processes in place to isolate infectious residents when required. Hand sanitisers and gels are available for staff, residents, and visitors to use.</p> <p>Covid-19 education has been provided for all staff, including hand hygiene and use of PPE.</p> <p>All visitors are required to provide contact tracing information. All new residents isolate for ten days.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The ICN is responsible for implementing the infection control programme.</p> <p>The registered nurse/manager stated that there is adequate human, physical, and information resources to implement the programme. Infection control reports are discussed at the facility's staff meetings. The ICN has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding of the infection prevention and control programme, and their responsibilities for standard and additional precautions. There is information regarding infection prevention and covid19 displayed on the notice boards. Staff receive notifications and updates about infection control via the electronic system, noticeboards, meetings and at handovers.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention</p>	<p>FA</p>	<p>Kapiti Rest Home has documented policies and procedures in place that reflect current best practice relating to infection prevention and control.</p> <p>Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies</p>

<p>and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		<p>and procedures. There is a Pandemic Prevention and Management Plan which is updated through sources such as the MOH Covid-19 information website. Short term care plans are developed to guide care and evaluate treatment for all residents who have an infection. New infections and any required management plans are discussed at handover, to ensure early intervention occurs. Families are updated by phone, email or text if required.</p>
<p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The ICN is responsible for coordinating/providing education and training to staff. Training on infection control is included in orientation and as part of the annual training schedule. Hand hygiene competencies are completed on orientation and annually. Infection control is discussed at handovers with care staff. Caregivers interviewed could describe standard precautions for the prevention of infection. Covid outbreak training has been carried out and is ongoing as the pandemic changes.</p> <p>Resident education occurs as part of providing daily cares as appropriate.</p>
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The Kapiti Rest Home surveillance policy describes the requirements for infection surveillance and includes the process for internal monitoring.</p> <p>Internal infection prevention and control audits are completed. Infection data is collated monthly and surveillance data is collated and analysed to identify any trends, possible aetiology, and any required actions. This data is reported at the staff meetings. Where there is a trend noticed actions are developed with staff to reverse the trend through education/training and developing preventative measures that are then analysed, evaluated for improvement.</p> <p>There has been one respiratory outbreak since the last audit. Review of documentation evidenced that this was managed and reported as required.</p> <p>Covid-19 information is available to all visitors to the facility. Ministry of Health information was available on site. Infection prevention and control resources were available should a resident infection or outbreak occur. All residents and staff have been fully vaccinated for Covid 19 and when available influenza vaccinations will be offered.</p> <p>The service has exceeded the standard around reducing urinary tract infections.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>CI</p>	<p>Restraint practices are only used where it is clinically indicated and justified, and other de-escalation strategies have been ineffective. The policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. On the day of audit, there were no residents with restraint and none using enablers.</p> <p>Staff training has been provided around restraint minimisation and enablers, falls prevention and analysis, and management of challenging behaviours.</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 3.5.7 Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.	CI	Surveillance of infections are carried out and monitored and where there is a trend noticed actions are developed with all staff to reverse the trend through education/training and developing preventative measures that are then analysed, and evaluated to ensure improvement, inclusive of reversal of the trend. .	In early 2021 an increase in urinary tract infections (UTIs) was noticed through monthly surveillance reporting (six compared to an average of 1.8 for the prior six months). This trend was raised at the monthly staff meeting and a plan was formed with staff for reducing the numbers of UTIs. All staff completed infection control education specific to UTIs, and there were reminders for all staff to encourage fluid intake by residents particularly during warmer weather, this included routine additional rounds morning and afternoons for residents to have extra fluids. Residents were not only offered drinks, but staff ensured that the glass was not just taken away later even if the fluid had not been consumed. This improved service to residents and increased knowledge of infection prevention by staff continuously decreased the number of UTIs from February 2021 to January 2022 from six to 1.8. The service continues close monitoring of all infections and involves staff to prevent escalation.

<p>Criterion 2.1.1.4</p> <p>The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.</p>	<p>CI</p>	<p>No restraints are currently in place and no residents using an enabler. Policies and procedures are in place should these be required.</p>	<p>There have been no residents who have required a restraint since May 2019. Prior to this time, only two rest home level residents were using a restraint (2019). The restraint free environment has been maintained without any increase in the number of residents' falls. Instead, falls have either reduced or remained low. Strategies implemented to remain restraint-free include mandatory staff education and training that includes staff competencies, encouraging residents at risk to not remain in their room, anticipating residents' needs (e.g., toileting) and intentional monitoring of residents at risk.</p>
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End of the report.