

Y&P NZ Limited - Eden Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Y&P NZ Limited

Premises audited: Eden Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 26 January 2017 End date: 26 January 2017

Proposed changes to current services (if any): Increase the number of certified beds by one to now make a total of 19.

Total beds occupied across all premises included in the audit on the first day of the audit: 19

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

Eden Rest Home provides rest home services for up to 19 residents. On the day of audit there were 19 residents receiving care. The owner manages the facility. All the residents and the family members interviewed, (including those interviewed with the use of an independent interpreter where required), spoke very positively about the staff, personalised care and the standard of services received.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Services Standards and the provider's contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, families, management and staff.

The service has addressed the two shortfalls from the previous certification audit around the manager's ongoing education and having the admission agreement available in Chinese.

This audit identified that improvements are required in two areas relating to policy and procedures and corrective action planning.

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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Staff communicate with residents and family members following any incident in a manner that reflects open and honest communication. Staff are able to communicate effectively with residents who do not speak English.

Staff, residents and family members are aware of the complaints process. Complaints are being investigated and addressed and a complaints register is being maintained.

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 organisation's vision, values and mission are documented in the business and strategic plan. There is a documented quality and risk plan. These have been developed by an external consultant and localised to reflect the needs of Eden Rest Home. These documents are in the process of being updated for 2017.

The quality programme includes complaints management, incident reporting and policy and procedure review. There is a risk management plan and hazards are being identified and reviewed. Internal audits and surveys are conducted. The owner is aware of the events that require external reporting. Regular resident and staff meetings occur.

Staff recruitment includes the applicant completing a job application. Reference and police checks are conducted. Annual performance appraisals have been completed for applicable staff. An orientation programme is in place for new employees and records of this are maintained. Staff have access to relevant ongoing education.

The staffing and skill mix policy requirements are documented and aligns with the provider's contract with Auckland District Health Board. A registered nurse provides oversight of clinical care. A staff member with a current first aid certificate is rostered on each duty.

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 processes for planning, provision of care, evaluation and review of care and exit from the service are provided within the timeframes that safely meet the needs of the resident and meets contractual requirements.

The service is co-ordinated in a manner that promotes continuity of service provision and encourages a team approach. The care plans describe the needs and interventions required to meet identified goals/outcomes. Where progress is different to that expected, the service responds by initiating changes to the care plan or using short term care plans as required.

The service provides planned activities that are meaningful to the residents, encourage independence, skills and interests.

Medications are managed according to policies and procedures based on good practice and are consistently implemented using the blister packed medicines. Senior care staff have completed competencies for administering the medications. The medication management is overseen by the registered nurse.

The food service meets the nutritional needs of the residents. Staff have completed food safety training. The kitchen is well managed clean and meets food safety standards.

The residents interviewed with an interpreter stated they were highly satisfied by the care provided, the activities programme, outings to the community and the meal service.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current building warrant of fitness. One additional resident bedroom with ensuite toilet and hand basin has been installed since the last audit and a new call bell system installed throughout the rest home. Some refurbishment of the facility is occurring.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The service has a commitment to a `non-restraint policy and philosophy`. The restraint minimisation and safe practice policy and definitions complies with the standard. There was no restraint in use at the time of the audit. Five residents have enablers in use. Written consent has been obtained and monthly reviews were occurring to ensure/verify the use of enablers is voluntary and safe.

Infection prevention and control

<p>Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.</p>		<p>Standards applicable to this service fully attained.</p>
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Surveillance for infections is undertaken monthly. Results of surveillance are analysed to assist in achieving infection reduction. The surveillance results are appropriately reported to staff and management in a timely manner.

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	16	0	1	0	0	0
Criteria	0	38	0	2	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>Eden Rest Home organisational policies and procedures detail the resident's right to make a complaint and the process for investigating and responding to complaints. During interview, residents, a family member, and staff reported their understanding of the complaints process and confirmed any complaints made had been responded to in a timely manner. Staff are provided with education on the complaints management process during orientation and the ongoing education programme.</p> <p>The manager assistant and registered nurse state few complaints are received. A complaints register is maintained and associated records verify complaints are investigated and responded to very promptly. Complaints information is used to improve services as appropriate. The registered nurse (RN) and owner / manager advises there have been no complaints to the Ministry of Health, District Health Board or Health and Disability Commissioner since the last audit.</p> <p>Complaints and feedback forms are on display and available in the main entrance and included in the information pack given to new residents on arrival.</p>
<p>Standard 1.1.9: Communication Service providers</p>	<p>FA</p>	<p>The majority of residents do not speak English. Most staff are able to communicate with the non-English speaking residents in their primary language. Ensuring effective communication is considered when rostering staff. The registered nurse can speak seven languages. Documents including the admission agreement, complaints and</p>

<p>communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>feedback forms and satisfaction surveys are available for residents in both Chinese and English. The independent interpreter verified that the Chinese and English document content are aligned. The service promotes an environment that optimises communication and staff education related to appropriate communication methods.</p> <p>There is an open disclosure policy. A family member interviewed confirmed they are kept informed of the resident's status, including any events adversely affecting the resident. Details of open disclosure was documented in either the residents' records reviewed, or as occurring on the accident/incident form.</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>Eden Rest Home has a documented mission statement, philosophy and values that is focused around the provision of individualised, culturally appropriate, and quality rest home level care. The owner / manager and other senior staff monitors the progress in achieving these goals via the internal audit process, review of resident and family satisfaction and via the three monthly quality review meetings. The owner / manager and other senior staff have an 'open door' for residents and families. The 2017 strategic plan is reported to be currently under development by an external consultant. The annual review of 2016 goals and quality data has been completed to help inform the development of the 2017 document and these reviews were sighted.</p> <p>The day to day operations and ensuring the wellbeing of residents is the responsibility of the owner / manager. The owner is experienced and also owns and operates one other residential care facility in Auckland. The owner / manager has attended more than eight hours of education related to managing a residential care facility in the last twelve months. The shortfall from the last audit has been addressed. The facility manager is supported by a registered nurse who is responsible for oversight of the clinical care provided to residents.</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>	<p>PA Low</p>	<p>Eden Rest Home has a quality and risk management system which is understood and implemented by service providers. This includes internal audits, satisfaction surveys, incident and accident reporting, hazard reporting, infection control data collection and management, restraint minimisation, and complaints management. Sampled internal audits completed in 2016 and 2017 as scheduled demonstrated a high level of compliance with the audit requirements.</p> <p>If an issue or deficit is found a corrective action is put in place to address the situation. Corrective actions are on occasions closed before the actions have been implemented or monitored for effectiveness.</p> <p>Quality information is shared with all staff via the handover process on each shift, in staff meetings and the three monthly quality review meeting. This is verified during staff and manager interviews and meeting minutes sighted.</p> <p>The resident satisfaction survey was last completed in October 2016. Seventeen residents completed the survey which is very positive about the facility, staff and services. A separate food satisfaction survey and staff satisfaction survey has also been conducted. Resident meetings occur monthly. Minutes included discussions on activities,</p>

		<p>food, resident feedback and other topical issues</p> <p>Organisation risks are identified and mitigation strategies are noted. Newly found hazards are identified, monitored and managed. This includes via regular facility environment audits. Staff confirmed that they understood and implemented documented hazard identification processes. The hazard register was sighted and clearly details organisation hazards. The hazard register utilises both pictures and words to help communicate key messages.</p> <p>Policies and procedures are available to guide staff practice. Not all are linked with the document management processes.</p> <p>The number and type of incidents are being benchmarked with other rest home facilities. Eden Rest Home is well placed in the data sighted.</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>Policy and procedure details the required process for reporting incidents and accidents. Staff are provided with education on the responsibilities for reporting and managing accidents and incidents during orientation and during discussions at staff meetings. Themes and trends are evaluated over time and rates benchmarked with a number of other aged residential care facilities.</p> <p>Applicable events were being reported in a timely manner. Sampled reported events verify that incident reports were completed, and investigated in a timely manner. Corrective actions were consistently identified and undertaken, although on occasions have been closed before the actions were completed (refer to 1.2.3.8). Where applicable, changes were made to the resident's care plan or a short term care plan developed where applicable. Staff communicated incidents and events to oncoming staff via the shift handover. A summary of reported events are discussed with staff at the monthly staff meetings and at the quality review meetings.</p> <p>The owner / manager, manager assistant and the RN are able to identify the type of events that must be reported to external agencies. There have been no events that have required reporting.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good</p>	FA	<p>The copy of the annual practising certificates (APCs) for three general practitioners (GPs), two pharmacists, and two registered nurses (RNs), including the relief RN, are current.</p> <p>The recruitment/employment policy aligns with current accepted practices. This includes staff completing an application form, interviews being conducted, police vetting, and reference checks obtained and retained. Staff have a signed employment agreement and confidentiality/privacy agreement on file. Performance appraisals are conducted at least annually and these were sighted in relevant staff files. Staff have signed confidentiality agreements.</p> <p>Records evidencing completion of the orientation programme were present in staff files. Staff interviewed report the</p>

<p>employment practice and meet the requirements of legislation.</p>		<p>orientation included between two and three shifts being buddied with a senior staff member. The orientation included the facility, quality and risk management activities, emergency management, policy/processes, the facility routine, staff tasks, and the individual resident's care needs.</p> <p>Individual records of education are maintained for each staff member and also in a separate education summary folder. In-service education and attendance records were sighted for 2016 and 2017 showing staff had access to regular (at least monthly) planned ongoing education relevant to their roles and responsibilities and the organisation needs.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>A policy details staffing levels and skill mix requirements and this aligns with the requirements of the provider's contract with Auckland District Health Board (ADHB).</p> <p>The current roster was reviewed and demonstrated that there is at least one caregiver on each shift. The owner /manager is on site at least three days a week. The care officer and the manager's assistant are on site weekdays from 9 am to 5 pm except one day a week when the manager's assistant finishes at 3 pm. They assist with caregiving as required. The care officer also facilitates the activities programme. The owner / manager and spouse assist taking residents to appointments, taking the residents on outings and undertaking gardening / maintenance activities. The owner / manager is also currently the weekend cook while this position is being recruited.</p> <p>The RN works between Eden Rest Home and the owners other rest home. The roster notes the RNs is on site at least three days a week. The RN advised being on call when not on site and that the hours worked at Eden Rest Home varied from week to week and were more flexible than that noted on the roster. A review of the RN timesheet for the period 10 to 23 January 2017 verified the RN had been on site on at least seven occasions during the day time and / or evening to provide oversight of clinical care and ensure care plans and assessments were current.</p> <p>Additional staff hours are rostered for the kitchen service weekdays, and for the cleaning service. A second care giver is rostered as on call daily.</p> <p>Staff interviewed report that there is adequate staff available. The staff confirmed the RN and the owner/ manager is available out of hours if required. A staff member with a current first aid certificate is on site at all times and these certificates were sighted.</p> <p>Residents and family members interviewed confirmed staffing meets their needs.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated</p>	<p>FA</p>	<p>The resident admission agreement developed and implemented for Eden Rest Home is now translated and documented in English and Chinese. Through the interpreter from the DHB family and a resident were asked if they understood the content of the resident service agreement prior to signing this document. Family interviewed stated they were well informed and understood the contents and the intent of the agreement. Service agreements are</p>

<p>in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>		<p>signed and dated. This was an area of improvement from the previous audit which has been fully addressed.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medicine management policy and procedure clearly describes the processes to ensure safe administration of all medications. This includes competency requirements, prescribing, recording, and a process when an error occurs. There is one registered nurse who is responsible for medication management who is employed three days a week at this facility. Five senior caregivers are competent to administer medications.</p> <p>At the time of the audit no residents are self-administering oral medicines. There is a process should this be required. Self-administration is granted presently for those residents who apply their own skin creams and/or eye drops. A competency based form is completed and signed by the GP.</p> <p>All medication records reviewed have a summary profile and photo-identification for each individual resident. In addition, any allergies/sensitivities are documented clearly on the medication record and on the medical records. The national health index number (NHI) and the GP's medical council registration number was documented on all records sighted.</p> <p>Medications are received and delivered by the pharmacy in a pre-packed delivery system and checked by the registered nurse. A safe system for medicine management was observed on the day of audit. Medicines were stored in a locked medicine trolley. There are no controlled drugs on-site. There was evidence of three monthly reviews by the GP and this was dated and signed on each individual medication record reviewed. There is a specimen signature register maintained for all staff who administer medicines.</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</p>	<p>FA</p>	<p>Regular monitoring and surveillance of the food preparation and hygiene is carried out. Food procurement, production, preparation, storage, delivery and disposal was sighted at the time of the audit. Fridge and freezer recordings are observed daily and recorded and meet the food safe requirements. The cook interviewed with the use of the DHB interpreter has worked at this facility for four years and has a good understanding of food safety management and has completed regular ongoing updated food safety training. There is a weekend cook who has also completed the necessary food safety training expectations for this role.</p> <p>There is a three week rotating menu. The menu is currently being reviewed by the contracted dietitian and an email verified this fact.</p> <p>A nutritional profile is completed for each resident by the registered nurse and this information is shared with the cook to ensure all needs, dislikes and special diets of the individual residents are catered for.</p>

delivery.		All meals are cooked and served directly from the kitchen at the time of the meal. There is only one dining room in close proximity to the kitchen and lounge. Residents interviewed with assistance of the interpreter stated the food is always fresh and meets their needs.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	As observed on the day of the audit, the registered nurse and the caregivers demonstrated good knowledge of individual residents, providing individual and specific care that was reflected in the resident's care plan. The residents' records reviewed showed evidence of discussions and involvement of families. The residents interviewed reported that the staff knew them all very well and had no concerns with the care they received. The service has adequate dressing and continence supplies to meet the needs of the residents. The care plans reviewed recorded interventions that are consistent with the resident's assessed needs and desired goals. The registered nurses and caregivers interviewed reported they have input into care plans, and that the care plans are kept up-to-date by the registered nurse to reflect the resident's needs.
Standard 1.3.7: Planned Activities 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.	FA	The activities programme is displayed in the main lounge weekly. This is documented in both English and Chinese. On entry to the service a personal profile 'My Life' is completed by each resident, with family input if required. A history of occupation, family, goals, culture, travels, significant life events, hobbies and interests are documented. The activities officer uses this information when developing the activities programme to ensure the programme is meaningful for the residents. The activities officer adapts activities to meet the needs and choices of the individual residents. Activities were observed in progress throughout the day and residents interviewed spoke of enjoying all activities provided. A recent review for activities was completed (20 January 2017) and this showed that the residents enjoyed the programme and a high participation rate was evident. There is a large screen television in the main lounge. Each resident has a television in their own individual room where they are able to watch Asian programmes and news events in their own language. Regular activities include church services, regular visiting entertainment and trips to events, shopping and sightseeing activities in the community. The service has an eight seater van. The owner/director is the designated driver and has a current drivers licence. The van has both a current registration and warrant of fitness. The residents interviewed with the interpreter enjoyed the activities in the community.
Standard 1.3.8: Evaluation Consumers' service delivery plans are	FA	The residents' records evidenced they are reviewed six monthly or more often if required by the registered nurse. Evaluations are resident focused and document achievement or response to supports/interventions and progress towards meeting the desired goals. Any changing needs identified are clearly documented in the care plans reviewed. Residents whose health status

<p>evaluated in a comprehensive and timely manner.</p>		<p>changes, and/or is not responding to the services/interventions being delivered, are discussed with their GP and family/whanau. Short term care plans are used for wound care, infections and/or any significant changes in mobility, changes in food and fluid intake or skin care. The caregivers interviewed demonstrated good knowledge of the long and short term care plans and reported that they are discussed at handover which was observed at the time of the audit.</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 with an expiry 29 September 2017. A new call bell system has been installed throughout the rest home since the last audit. This alerts with sound and displays on a central panel. New vinyl has been installed in some areas. Some refurbishment is occurring including painting of a number of resident bedrooms and refurbishment of a shower.</p> <p>The new patient bedroom has been developed utilising a room that was previously used by staff for administration activities. This bedroom has an external window and a new ensuite with a toilet and hand basin. A call bell is present at the bed space and in the ensuite. The manager's assistant advises there was no changes required to the rest home fire evacuation plan or procedures. A copy of the structural engineers report was sighted (December 2014) verifying a new doorway to the hall could be installed to this room safely. A design plan was provided for this renovation process. A document was also sighted from the plumber stating that all plumbing work was conducted to meet Auckland City Council requirements. This document was not initially available during the on-site audit, however was subsequently provided by the owner / manager. The new bedroom contains the resident's bed and furniture. The resident was interviewed with the assistance of an independent translator and stated being satisfied with the room.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>All staff are required to take responsibility for surveillance activities as shown in policy. Monitoring is discussed at the staff meetings. The aim is to reduce and minimise infection control risk. The registered nurse supported by a senior caregiver, completes the surveillance report. The surveillance programme is adequate for the size and nature of this service provided. The service monitors respiratory tract infections, skin, ear, throat, urinary tract infections and gastroenteritis. The infection rate is low in the documentation reviewed.</p> <p>The monthly analysis of the infections includes comparison with the previous month, reason for any increase or decrease, trends and actions taken if required to reduce infections. There have been no outbreaks of infection since the last audit. Any issues are discussed at the staff handover between shifts.</p>
<p>Standard 2.1.1:</p>	<p>FA</p>	<p>Eden Rest Home has a commitment to a `non-restraint policy and philosophy`. The restraint minimisation and safe</p>

<p>Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>		<p>practice policy complies with the standard. There was no restraint in use at the time of the audit. Five residents have enablers (bed loops) in use to aid mobility and independence. An enabler register is maintained.</p> <p>Staff interviewed had a good understanding that the use of enablers was a voluntary process along with approval and informed consent processes. Signed consent forms are on file for residents with enablers in use. The residents' care plans detail the use of enablers. Review of enablers in use verified that these are being used appropriately and safely.</p> <p>Education on safe restraint minimisation and the use of enablers is included in the orientation programme and ongoing education programme, most recently in October 2016.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.4</p> <p>There is a document control system to manage the policies and procedures. This system shall ensure documents are approved, up to date, available to service providers and managed to preclude the use of obsolete documents.</p>	PA Low	Eden Rest Home utilises the majority of policies and procedures that have been developed by an external consultant and adapted to reflect Eden Rest Home. Some are noted as issued in 2013, and others in 2015. Senior staff have signed to identify that the policies have been reviewed in 2016 and the review process has commenced in 2017. A number of policies / procedures have been developed by a registered nurse. Applicable policies have not been updated to reflect the changes in health and safety legislation in 2016. An updated policy was issued by the external consultant in September 2016. A number of policies including those related to skin management / pressure area prevention are not linked to the document control processes.	Some policies and procedures require linking with document control processes and / or updating to include changes in legislation.	<p>Ensure polices are current and linked with document control processes.</p> <p>180 days</p>
<p>Criterion 1.2.3.8</p> <p>A corrective action plan</p>	PA Low	Corrective action plans were developed when improvements were required following internal audits, reported incidents /accidents and complaints and	Corrective action plans	Ensure corrective

<p>addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>		<p>corrective actions are undertaken. However, following incidents, the action plans are not infrequently being closed before the actions have been fully completed and / or monitored for effectiveness.</p>	<p>are being implemented, however on occasions are closed before the actions have been completed or monitored for effectiveness.</p>	<p>action plans are consistently closed after the action plan has been implemented and monitored for effectiveness.</p> <p>180 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.