

Aria Bay Senior Living Limited - Aria Bay Retirement Village

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: Aria Bay Senior Living Limited

Premises audited: Aria Bay Retirement Village

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 28 August 2018 End date: 28 August 2018

Proposed changes to current services (if any): The service has plans to rebuild the facility with minimal disturbance to residents commencing January 2019. Plans are confirmed and residents and family will be fully informed of proposed changes this month.

Total beds occupied across all premises included in the audit on the first day of the audit: 49

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Aria Bay Retirement Village provides rest home level care for up to 57 residents. In addition the service is approved to provide rest home level of care for up to 24 apartment residents. Only one apartment resident is receiving rest home care. The service is operated by Arvida Group Limited and managed by a village manager (who oversees two facilities), an assistant manager and a clinical manager. Residents and families spoke positively about the care provided.

This spot surveillance audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff records, observations and interviews with residents, family members, management and staff and a general practitioner.

There were no areas requiring improvement.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Open communication between staff, residents and families is promoted and was confirmed to be effective. There is access to interpreting services if required.

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

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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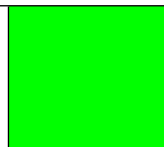
Business and quality and risk management plans include the mission, scope and values of the organisation. Monitoring and reporting of the service to the governing body is regular and effective. An experienced and suitably qualified person manages the facility.

The quality and risk system includes collection and analysis of quality improvement data, identifies any trends and leads to continuous improvements. Staff are involved, and feedback is sought from residents and families. Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks are identified and mitigated. Policies and procedures support service provision and were current and reviewed regularly.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes staff individual performance reviews being undertaken. Staffing and skill mix meet the changing needs of residents.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.



Standards applicable to this service fully attained.

Residents of Aria Bay Retirement Village have their needs assessed by a multidisciplinary team on admission and within the required timeframes. Shift handovers, allocation of a key care staff member to each resident, and daily alert sheets guide continuity of care.

Care plans are individualised, based on the collection of comprehensive and integrated clinical information. Short term care plans are developed to manage any new problems that might arise. All residents' files reviewed demonstrated that needs, goals and outcomes are identified and reviewed on a regular basis. Residents and families interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is of a high standard.

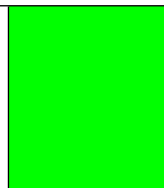
The planned activity programme is managed by a recreation co-ordinator and provides residents with a variety of individual and group activities and maintains their links with the community. A facility van is available for outings.

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using a manual system. Medications are administered by care staff, all of whom have been assessed as competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery and staff with food safety qualifications provide the service. The kitchen was well organised, clean and meets food safety standards. Residents verified overall satisfaction with meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

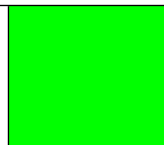


Standards applicable to this service fully attained.

There is a current building warrant of fitness which is publicly displayed.

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.

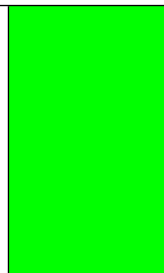


Standards applicable to this service fully attained.

The organisation has implemented policies and procedures that support the minimisation of restraint. No enablers and no restraints were in use at the time of audit. Staff interviewed demonstrated a sound understanding of the restraint and enabler processes and education is provided.

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.

Aged care specific infection surveillance is undertaken and analysed. Surveillance data is entered into the organisation's database and benchmarked with other members of the group's aged care providers. The results are reported through all levels of the organisation. Follow-up action is taken as and when required.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	0	0	0	0
Criteria	0	39	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so.</p> <p>The complaints register reviewed showed seven complaints have been received over the past two years and that actions taken through to an agreed solution, are documented and completed within the required timeframes. Action plans showed any required follow up and any improvements have been made where possible. The village manager is responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There is one complaint with the Health and Disability Commissioner which has remained open since 2016. All responses have been recorded and any information has been provided as requested and is clearly documented in a separate confidential folder.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and</p>	FA	<p>Residents and family members stated they were kept well informed about any changes to their or their relative's status and were advised in a timely manner about any incidents or accidents and outcomes of regular or any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure which is supported by policies and procedures that meet requirements of the Code.</p> <p>Staff interviewed understood how to access interpreter services through the district health board (DHB) and the national interpreter service when needed.</p>

<p>provide an environment conducive to effective communication.</p>		
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The Aria Bay Village Business Plan was reviewed 11 July 2018. The plan outlines the Arvida mission, vision and values of the organisation. The documents described annual or longer term goals and the associated operational plans. A sample of monthly reporting to governance showed adequate information to monitor performance is reported including any emerging risks or issues. The national quality coordinator was present at the audit.</p> <p>The service is managed by the village manager who manages two facilities owned by Arvida. The manager spends equal time at each facility and works Monday to Friday on a full time basis. The village manager holds relevant qualification and has been in the role for over two and a half years. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The village manager confirmed knowledge of the sector regulatory and reporting requirements and remains current through ongoing business management seminars. The village manager is supported by an assistant manager and a clinical manager. The national quality manager interviewed is also available for advice as required.</p> <p>The service holds contracts with the DHB and MoH and is licensed for 57 rest home beds and also has certification for 24 serviced apartments to deliver rest home level of care. Aria Bay holds contracts for aged related resident care (48), non-aged care, respite and day care for rest home level of care. On the day of audit 48 residents are receiving rest home level care and one apartment resident is receiving rest home care. One resident under 65 years is under a MoH Disability Support Services contract.</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>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. The quality and risk management plan for 2018 and 2019 is being implemented. This includes complaints management, incident and accidents, internal audit activities, an annual resident satisfaction survey, monitoring of outcomes, clinical incidents including infections, wounds and falls.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the staff and quality meetings held monthly. Staff interviewed reported their involvement in quality and risk management activities through audit activities, review of resident satisfaction surveys key performance indicators, and by attendance and discussion at staff/quality meetings held. Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>One resident in the apartments is currently receiving rest home level care and assistance and staff check on the resident during the night for safety purposes. The family interviewed are pleased with the care provided.</p> <p>The resident satisfaction survey is completed annually by a contracted provider for the Arvida Group. This is a new</p>

		<p>initiative and approach to obtaining residents' feedback. The information is analysed and is benchmarked with other 'like' services in the Arvida Group. The satisfaction measures identify areas to improve on. Comments received from residents/families is used for quality service improvement.</p> <p>Another new initiative is the gap analysis completed by the national quality manager for Arvida Group who commenced in this role one year ago. This is completed for each individual service or as requested by the village manager. Some aspects of this gap analysis methodology are completed off site via 'e-case', the organisation's electronic system which includes quality improvement. Reports can be accessed by the village manager and any issues or education requirements identified can be added to the education plan developed and implemented for staff.</p> <p>Policies reviewed cover all necessary aspects of service and contractual requirements including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and are current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of any obsolete documents.</p> <p>The village manager described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. Hazard identification reports are completed by staff on appropriate forms with all relevant information provided. The hazard register was reviewed and is displayed around the facility. The village manager is familiar with the Health and Safety at Work Act (2015) and has implemented requirements.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Staff document adverse events and near miss events on an accident/incident form. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed up in a timely manner. Adverse event data is collated, analysed and reported monthly at the staff and quality meetings, as seen in minutes reviewed. Any unplanned or untoward events are used as opportunities to improve service delivery and to identify and manage risk.</p> <p>The village manager described essential notification reporting requirements, including for pressure injuries. The village manager advised about the infection outbreak which recently occurred, and this was reviewed and reported as required. There have been no police investigations or coroner's inquests to report.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, policy vetting and validation of qualifications and practising certificates (APCs) where required. A sample of staff individual records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all components relevant to the role. Staff reported that the orientation process prepared them well for their role. Individual personnel records reviewed showed documentation of completed orientation and a performance review after a three month period and annually.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. The majority of the care staff have completed appropriate aged related training and levels of attainment are recorded, as are years of service provided to the organisation. The clinical manager is the internal assessor for the education programme provided. There are sufficient trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a documented and implemented staffing rationale process for determining staffing levels and skill mixes to provide safe services over 24 hours a day, seven days a week (24/7). The village manager interviewed stated the organisation worked hard to promote a healthy working environment for all staff, including organisational culture, leadership and decision making, change management, information sharing, career development and employee recognition.</p> <p>The assistant manager and/or the clinical manager or registered nurses adjust staffing levels to meet the changing needs of residents. Key staff have set rostered hours to ensure continuity. Staff/resident assessment and allocation to resident numbers and resident acuity. Safe staffing levels are based on the New Zealand Nurses' Organisation (NZNO) staffing effectiveness guidelines and contractual obligations.</p> <p>The clinical manager is on call after hours and the contracted general medical practitioner is also available for this service. Care staff reported there were adequate staff available to complete the work allocated to them and good access to advice is available if needed. Residents and family interviewed supported this. Observation and review of a four-week roster cycle confirmed staff cover has been provided and staff are replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate.</p>
<p>Standard 1.3.12: Medicine</p>	<p>FA</p>	<p>The medication management policy is current and identifies all aspects of medicine management in line with the</p>

<p>Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using a manual system was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by a RN against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review was consistently recorded on the medicine chart.</p> <p>There were no residents who were self-administering medications at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner, should this be required.</p> <p>Medication errors are reported to the RN and CM and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</p> <p>Standing orders are not used at Aria Bay Retirement Village.</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</p>	<p>FA</p>	<p>The food service is provided on site by a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and was reviewed by a qualified dietitian in April 2018. Recommendations made at that time have been implemented. A food control plan is in place, with a verification audit having been undertaken 28 May 2018, by an external food service auditing body.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The cook has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed.</p>

<p>component of service delivery.</p>		<p>The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Any areas of dissatisfaction were promptly responded to. Breakfast is served buffet style, with residents helping themselves to a choice of breakfast items available, anytime between 0730 and 0900. A cooked breakfast is available weekly. Residents at lunchtime were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. The ten residents spoken with about the lunchtime meal were very complimentary about the meals served.</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>Documentation, observations and interviews verified the provision of care provided to residents of Aria Bay Retirement Village was consistent with their needs, goals and the plan of care, as evidenced in wound care, challenging behaviour, falls, infections and acute management strategies. The service has implemented a 'household model' of care that focusses on staff and residents being members of small household units. The care model revolves around residents having freedom of choice within a homelike environment.</p> <p>Staff wear their street clothes to work, to reinforce a homely environment. Residents are enabled choice rather than having to fit into the facility's routine. Residents get up in the morning, when they are ready. Breakfast is 'buffet style' and available anytime between 0730-0900. There are no 'medication rounds'. Medication is administered when the resident has their meal (attention is given to ensuring timeframes between medications is adhered to). The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision, and the focus on de-institutionalising the environment ensured a homelier environment for the residents to live in.</p> <p>The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their</p>	<p>FA</p>	<p>The activities programme is provided by a recreation co-ordinator, working towards achieving the Level 4 Diversional Therapy qualification.</p> <p>A social assessment and history is undertaken on admission to ascertain information about the resident - their needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated regularly and as part of the formal six-monthly care plan review.</p> <p>The planned monthly activities programme sighted matched the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and included normal community</p>

<p>needs, age, culture, and the setting of the service.</p>		<p>activities. Individual, group activities and regular events are offered. Examples included a walking group, competing in the organisation's regular competitions, coffee outings to local cafes, numerous outings in the facility van, visiting other facilities, visits by local schools and preschool groups, visiting entertainers, quiz sessions, resistance training, attendance at events at the nearby RSA and daily news updates. A large group of residents were observed laughing and interacting with the activities co-ordinator and other residents during an afternoon activity session. Discussion at the time included suggestions around other activities that residents would like to attend. The activities programme is also discussed at the minuted residents' meetings and indicated residents' input is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction and that information is used to improve the range of activities offered. Residents and family members interviewed confirmed they find the activities programme provided meets their needs.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Resident care is evaluated on each shift and reported in the progress notes and at handover. If any change is noted, it is reported to the RN or CM. Medical care is evaluated on an ongoing basis by the GP based on RN, CM and caregiver feedback.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN or CM. Where progress is different from expected, the service responds by initiating changes to the plan of care (eg, wound management, pain management, medication reviews, falls management strategies). Short term care plans used at Aria Bay Retirement Village were consistently reviewed for problems such as infections, acute pain, and weight loss, with progress evaluated as clinically indicated. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness is publicly displayed, which expires on the 17 March 2019.</p>
<p>Standard 3.5: Surveillance</p>	<p>FA</p>	<p>Surveillance of infections at Aria Bay Retirement Village is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include</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>urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and skin infections.</p> <p>When an infection is identified, a record of this is documented in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs. The infection control nurse (ICN)/CM reviews all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via quality and staff meetings and at shift handovers. Surveillance data is entered in the organisation's electronic infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years. Data is benchmarked internally within the group's other aged care providers.</p> <p>A recent outbreak of norovirus was managed as per identified guidelines and was well contained. The Public Health Service and the DHB were notified. A review of the outbreak management process identified good processes in place, appropriate resources available and no areas identified requiring corrective action.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The Clinical Manager (CM) is also the restraint coordinator, however there are no restraints used in this facility and it has remained restraint free for several years. The CM has demonstrated a sound understanding of the organisation's policies, procedures and practice and the responsibilities of this role. On the day of the audit no residents were observed using a restraint or an enabler.</p> <p>Staff interviewed stated they had received education at commencement of employment and that education was ongoing. Staff understood the difference between an enabler and a restraint and that enablers were used in a voluntary capacity following consultation with the resident and Clinical Manager, as per Arvida processes.</p>

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, 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.