

# Avatar Management Limited - Maida Vale Retirement Village

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## 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:** Avatar Management Limited

**Premises audited:** Maida Vale Retirement Village

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical

**Dates of audit:** Start date: 5 March 2019 End date: 6 March 2019

**Proposed changes to current services (if any):** Reconfiguration to make six current rest home beds dual purpose i.e. Rooms 7, 11, 33, 34, 35 and 36. NB Room 36 previously certified

**Total beds occupied across all premises included in the audit on the first day of the audit:** 93

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# Executive summary of the audit

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## 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

Maida Vale Retirement Village provides rest home, hospital (geriatric/medical), dementia and residential disability – physical services level care for up to 94 residents. The service is family run and owned by Avatar Management limited. The facility is managed by the owner/manager with assistance from a site services and a clinical services manager. Residents and families spoke positively about the care provided.

This 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 files, observations and interviews with residents, family, management, staff, and a general practitioner.

This audit has resulted in the service meeting the required standards. There were no areas for improvement identified. This audit also included reconfiguration of five current bedrooms to become dual purpose beds.

## 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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At Maida Vale Retirement Village open communication between staff, residents and families is promoted, and 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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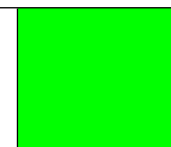
Business and quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation. Monitoring of the services provided to the governing body is regular and effective. An experienced managing director manages the facility.

The quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to 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 delivery 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 regular individual performance review. Staffing levels 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.

Access to the facility is appropriate and efficiently managed with relevant information provided to the potential resident/family.

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

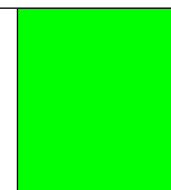
The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

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

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

## Safe and appropriate environment

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



Standards applicable to this service fully attained.

There are current building warrants of fitness for each building.

## 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.

Maida Vale Retirement Village has implemented policies and procedures that support the minimisation of restraint. Five enablers and one restraint are in use at the time of audit. A comprehensive assessment, approval and monitoring process with regular reviews occurs. Use of enablers is voluntary for the safety of residents in response to individual requests. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

## 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.

Surveillance for infections is completed every month. Results of surveillance are reviewed to assist in minimising and reducing the risk of infection. The infection surveillance results are reported back to staff and residents, where appropriate, 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	17	0	0	0	0	0
Criteria	0	46	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
Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>The organisation's 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 that 13 complaints have been received in 2018 and two complaints have been received this year. Actions have been taken, through to an agreed resolution, and were documented and completed within the required timeframes. Action plans showed any required follow up and improvements have been made where possible. The managing director is responsible for complaints management and she delegates investigations to the relevant manager for follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints received from external sources since the previous audit.</p>
Standard 1.1.9: Communication  Service providers communicate effectively with	FA	<p>Maida Vale Retirement Village residents and family members stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff and managers understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p>

consumers and provide an environment conducive to effective communication.		<p>Staff know how to access interpreter services, although reported this was rarely required due to residents being able to speak English.</p> <p>Special communication needs of residents who were under 65 were addressed on an individual basis as required as part of their care plan.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The board of directors regularly reviews the direction and goals of the organisation. A philosophy of innovation underlies the annual and longer term objectives. A sample of weekly reports to the board of directors/owners showed adequate information to monitor performance is reported including emerging risks and issues, staffing and resident movements, financial performance, and project updates.</p> <p>The service is managed by a managing director who has been in the role for some decades. The managing director, site services manager and clinical services manager confirmed knowledge of the sector, regulatory and reporting requirements. The managers maintain currency through professional development, professional and sector memberships, attendance at conferences and their close relationships with relevant external experts including attendance at international dementia related events.</p> <p>Avatar Management Limited holds contracts with Taranaki District Health Board (TDHB) for aged related residential care (rest home and hospital level), with ACC and with MOH for young people with physical disabilities (YPD). Forty (40) residents were receiving hospital level services and 43 people were receiving rest home level care. Six people were receiving rest home level services and two were receiving hospital care under an occupation right agreement. No one was receiving care under the long term conditions contract or the MOH YPD contract, five people under 65 were receiving rest home services and one person under 65 was receiving hospital level care under the ACC contract, at the time of audit.</p> <p>The request to reconfigure six identified rooms from rest home to dual purpose rooms was deemed appropriate considering the planning being undertaken and the needs of the residents who will be able to remain in their room as their health deteriorates with age. It was noted Room 36 has previously been certified as a dual-purpose room; therefore this audit has resulted in five beds being reconfigured from rest home to dual purpose beds.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and</p>	FA	<p>The comprehensive Maida Vale Retirement Strategic Management and Risk Plan reflects the principles of continuous quality improvement (CQI). This includes management of incidents and complaints, internal audit activities, regular resident and family satisfaction surveys, monitoring of outcomes, near misses, clinical incidents including pressure injuries, falls, medication errors, and infections.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the CQI meeting, risk meeting, management team meeting, RN and EN meetings and staff meetings. Maida Vale Retirement Village staff reported their involvement in quality and risk management</p>

<p>risk management system that reflects continuous quality improvement principles.</p>		<p>activities through incident and complaint reporting, audit activities, education sessions and project feedback. Relevant corrective actions are developed and implemented to address any shortfalls. Resident and family satisfaction surveys are completed bimonthly. Simple surveys are created in response to issues identified from comments made at the residents' meetings. The most recent resident food satisfaction survey showed 100% of the respondents were satisfied with the food. Residents have regular residents meetings and there is a separate meeting for people under 65 years of age to ensure they are involved in decision making.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements. Policies are based on best practice and were current. External experts such as experienced RNs, hospice RNs, DHB clinical nurse specialists and a moving and handling physiotherapist, provide relevant clinical advice for policy review. The document control system managed through the CQI meeting ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>The managers described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The site services 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>Maida Vale Retirement Village staff document adverse and near miss events on an incident form. A sample of incidents 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 to staff, managers and the board of directors. The facility shares quality data to facilitate external benchmarking as a CQI activity.</p> <p>One of the charge nurses described essential notification reporting requirements, including for pressure injuries. The managing director advised there have been no notifications of significant events made to the Ministry of Health recently.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are</p>	<p>FA</p>	<p>Human resources management policies and processes at Maida Vale Retirement Village are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and annual practising certificates (APCs), where required. A register of APCs is maintained by the site services manager to ensure currency of certification. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p>

conducted in accordance with good employment practice and meet the requirements of legislation.		<p>Staff orientation includes all necessary components relevant to the specific role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation and a performance review after an 80 day period.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. External experts are contracted to provide specific clinical education such as palliative care and training required for conditions relevant to residents under 65. 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. An onsite tutor employed by the institute of learning associated with Maida Vale Retirement Village is the internal assessor for the programme. 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>	FA	<p>Maida Vale Retirement Village has a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). Managers and RNs adjust staffing levels to meet the changing needs of residents. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this. Observations and review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the two buildings where hospital services are provided. Rosters indicate staffing takes into account the need to provide a safe environment for residents with occupational rights agreements.</p> <p>The staffing implications for the request to reconfigure six rooms from rest home to dual purpose rooms was deemed appropriate considering the current staffing allows for greater numbers of staff than are suggested in the MOH safe staffing guidelines, and the willingness of managers and RNs to promote resident safety with safe staffing levels.</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</p>	FA	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic 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>The total numbers of beds would not change with the reconfiguration of five current bedrooms to become dual</p>

<p>practice guidelines.</p>		<p>purpose beds. The charge nurse interviewed stated that they can manage all medication and consumable requirements for all residents.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN checks medications 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 and checked by two staff for accuracy when administering. The controlled drug registers provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the two medicine fridges and the medication rooms reviewed were within the recommended range.</p> <p>Good prescribing practices noted include 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 is consistently recorded on the medicine chart. Standing orders are not used.</p> <p>There are two residents who self-administer medications at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</p>
<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></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>The food service is provided on site by one of two chefs and a kitchen team, and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. A verification audit was completed by the New Plymouth District Council on the 7 February 2019 with no changes required to the current food plan and service. The service operates with an approved food safety plan and registration issued by the New Plymouth District Council and expires 8 November 2019.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan.</p> <p>The total number of beds would not change with the reconfiguration of five bedrooms to dual-purpose beds. The chef interviewed stated that they can manage all menus, different foods and diet requirements for all types of residents.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys</p>

		and resident meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.
Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Documentation, observations and interviews verified that the care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident. The 'house doctor' interviewed, verified that medical input is sought in a timely manner that medical orders are followed, and care provided is 'good'. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs including the admission and ongoing support of residents with medical 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	<p>The activities programme is provided by two trained diversional therapists holding the national Certificate in Diversional Therapy and two volunteers who support residents on a weekly basis. The activities team support residents from Monday to Friday 9.00 am to 5.00 pm.</p> <p>A social assessment and history is undertaken on admission to ascertain residents' 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 daily and as part of the formal six-monthly care plan review.</p> <p>Individual and more community focussed care plans are developed for the younger resident whom are encouraged to participate in activities that interests them. The service also facilitates a separate young persons' resident meeting, regular van outings and one to one support.</p> <p>Activities reflected residents' goals, ordinary patterns of life and include normal community activities. Individual, group activities and regular events are offered. The service provides activities such as regular entertainment, a knitting group, separate ladies and men's breakfasts, regular community activities and outings. Residents and families/whānau are involved in evaluating and improving the programme through day to day discussions, residents' meetings and satisfaction surveys. Residents interviewed confirmed they find the programme interactive.</p>
Standard 1.3.8: Evaluation  Consumers' service	FA	<p>Residents' care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, or</p>

delivery plans are evaluated in a comprehensive and timely manner.		as residents' needs change. Where progress is different from expected, the service responds by initiating changes to the plan of care and there is evidence of working documents throughout the ten residents' files reviewed. Examples of short term care plans being consistently reviewed, and progress evaluated as clinically indicated were noted for infections, wounds and falls. When necessary, and for unresolved problems, long term care plans are added to and updated. Families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.
<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>	FA	<p>Current building warrants of fitness are held and each is publicly displayed, expiring in 28 April 2019 and 9 April 2019.</p> <p>Appropriate systems are in place at Maida Vale Retirement Village to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed, interviews with personnel and observation of the environment. Efforts are made to ensure the environment is hazard free, that residents are safe and independence is promoted. The specific needs of younger people are catered for in the facility.</p> <p>External areas are safely maintained to a high standard and are appropriate to the resident groups and setting.</p> <p>Residents and family confirmed they know the processes they should follow if any repairs or maintenance is required, any requests are appropriately actioned and that they are happy with the environment.</p> <p>The reconfiguration of the six identified rooms from rest home to dual purpose beds is deemed appropriate given the size and location of the specific rooms. The rooms are big enough to accommodate a hoist and plans to install ceiling hoists will add to resident comfort and safety.</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>	FA	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct Maida Vale Retirement Village staff in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plans were approved by the New Zealand Fire Service on the 8 May 2002 and 18 April 2002. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 19 December 2018. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for up to 94 residents. Water storage is located around the complex. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed on a regular basis and</p>

		<p>residents and families reported staff respond promptly to call bells.</p> <p>The resident focussed approach of the owners ensures specific needs of younger people are taken into account with all aspects of service delivery including essential, emergency and security system.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and a security checks are made at night.</p> <p>The proposed reconfiguration of rooms should not impact the current compliance with requirements of this standard. No change to the evacuation procedure will be required with the reconfiguration of the identified rooms.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Surveillance is appropriate to that recommended for long term care facilities and includes urinary tract infection, respiratory tract infection, skin, wound, eye, gastro enteritis and other infections. The IPC coordinators/charge nurses from both Woodrow Grove and Mountain View reviews all reported infections, and these are documented. New infections and any required management plan are discussed at handover, to ensure early intervention occurs and short-term care plans are developed. In regards to the proposed reconfiguration of five beds to dual purpose beds, the charge nurse interviewed stated that there will be adequate staffing levels to support residents with infections.</p> <p>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 staff handovers and 'red hot notices'. Trends are identified from the past year and these are reported by the clinical services manager to all staff.</p> <p>The facility has had a total of 54 infections since August 2018 through to and including February 2019. The residents' file reviewed highlighted short term and long-term care planning to reduce and minimise the risk of infection. Care staff interviewed demonstrated knowledge of residents who have a higher risk of infections and the interventions required. Data is benchmarked externally within the group, 'QPS' and other aged care providers. Benchmarking has provided assurance that infection rates in the facility are below average for the sector.</p> <p>The IPC coordinator/charge nurse interviewed stated that there have been no infection outbreaks in the last 12 months.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Maida Vale Retirement Village 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 restraint coordinator, who is one of the charge nurses, provides support and oversight for enabler and restraint management in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and her role and responsibilities.</p> <p>On the day of audit, one resident was using a restraint and five residents were using enablers, which were the</p>



		<p>least restrictive and used voluntarily at their request. The equipment used was lap belts and bedrails. A similar process is followed for the use of enablers as is used for restraints.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident on review of the restraint approval group minutes, files reviewed, and from interview with staff.</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
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# Specific results for criterion where a continuous improvement has been recorded

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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.

No data to display
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End of the report.