

# Bupa Care Services NZ Limited - Longwood Rest Home

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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 Health and Disability Auditing New Zealand 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:** Bupa Care Services NZ Limited

**Premises audited:** Longwood Rest Home

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

**Dates of audit:** Start date: 22 March 2019 End date: 22 March 2019

**Proposed changes to current services (if any):** None

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

# 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

Longwood Rest Home is part of the Bupa group. The service is certified to provide rest home and hospital level care for up to 52 residents. On the day of audit there were 49 residents.

This surveillance audit was conducted against the relevant Health and Disability standards and the 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, relatives, staff, management and general practitioner.

The care home manager is a registered nurse with considerable aged care experience and has been in the role for four years. She is supported by clinical manager who has been in the role for over four years. The team is supported by a regional operations manager.

The residents and relatives spoke positively about the staff and the care and services provided at Bupa Longwood.

The previous audit shortfall around civil defence kits has been addressed.

This audit did not identify any further 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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Residents and family are well informed, including of changes in residents' health. The facility manager and clinical manager have an open-door policy. Complaint forms and advocacy brochures are available. There is a current complaint register. Learnings from complaints are shared with all staff.

## 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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Bupa Longwood has an established quality and risk management system that supports the provision of clinical care and support. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. The facility is benchmarked against other Bupa facilities. Incidents documented demonstrated immediate follow-up from a registered nurse.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice.

The organisational staffing policy aligns with contractual requirements and includes skill mixes.

## 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.

Resident files reviewed provide evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files include three monthly reviews by a general practitioner. There is evidence of other allied health professional input into resident care.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines completes education and medicines competencies.

An activities programme is implemented for the rest home and hospital residents. The programme includes community visitors and outings, entertainment and activities that meets the recreational preferences and abilities of the residents.

All food and baking is done on-site. All residents' nutritional needs are identified and documented. Choices are available and are provided. The organisational dietitian reviews the Bupa menu plans.

## 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.

The building holds a current warrant of fitness.

Resident rooms are single, spacious and personalised. Communal areas within each area are easily accessed with appropriate seating and furniture to accommodate the needs of the residents. External areas are safe, secure and well maintained. The facility temperature is comfortable and constant. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Hot water temperatures are monitored. A first aider is on duty at all times.

## 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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Restraint minimisation and safe practice policies and procedures are in place. At the time of the audit, the service had two residents using restraints and five residents with an enabler.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel 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	42	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	The complaints procedure is provided to residents and relatives on entry to the service. Complaints forms are in a visible location at the entrance to the facility. The care home manager maintains a record of all complaints, both verbal and written, by using a complaint's register. One complaint made in 2019, was reviewed with evidence of appropriate follow-up actions taken. There have been no other complaints since the previous audit. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the HDC. Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms.
Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment	FA	Six residents interviewed (three rest home, three hospital) stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. A record of family communication is held in the front of each resident's file. Twelve incidents/accidents forms selected for review indicated that family were informed. Four families interviewed (three hospital, one rest home) confirmed they are notified of any changes in their family member's health status.  A quality improvement was implemented to improve communication, ensuring the right information gets to the right



conducive to effective communication.		<p>person without delays. Strategies included regular RN meetings, weekly clinical meetings, and the use of a communication book and diary in the clinic room. Staff are sent texts to remind them of meetings, in-services, performance appraisals, etc.</p> <p>Interpreter services are available if needed. Staff and family are utilised in the first instance.</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>Longwood Rest Home is certified to provide hospital (medical and geriatric) and rest home level care for up to 52 residents. On the day of audit there were 49 residents in total, 25 rest home residents, including one resident on a respite contract and 24 hospital residents including one respite, one resident on an ACC funded contract and one on a younger persons with a disability contract (YPD). All other residents are on the aged residential related care (ARRC) contract. There are 18 dual-purpose beds between the rest home and hospital.</p> <p>Bupa has a quality and risk framework that is being implemented at Longwood. There is an overarching business plan and risk management plan for the organisation. Each facility then develops quality goals for the year. Longwood goals for 2019 include reducing skin tears and pressure injuries. As part of the process they develop strategies, evaluate their effectiveness and update them as needed, as they evaluate the outcome. Progress towards these goals is minuted in the various meetings held at the service.</p> <p>The service is managed by an experienced registered nurse (RN) who has been the care home manager at Longwood for four years and is supported by a clinical manager who has been in this position for over four years. Care home managers and clinical managers attend annual organisational forums and regional forums six-monthly. The regional operations manager visits monthly and more often if required.</p> <p>The care home manager and clinical manager have maintained over eight hours annually of professional development activities related to managing an aged care service.</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</p>	FA	<p>An established quality and risk management system is embedded into practice. Quality and risk performance is reported across facility meetings. Discussions with the managers and six caregivers, one registered nurse and one enrolled nurse reflected staff involvement in quality and risk management processes. The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed and new policies or changes to policy are communicated to staff.</p> <p>The monthly monitoring, collation and evaluation of quality and risk data is comprehensive. Quality and risk performance was reported across facility meetings and to the organisation's management team. Discussions with the managers and staff reflected staff involvement in quality and risk management processes. The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to): residents' falls, infection</p>

improvement principles.		<p>rates, complaints received, restraint use, pressure injuries, wounds and medication errors. Quality and risk data, including trends in data and benchmarked results are discussed in the quality and applicable staff meetings. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Corrective actions are developed when service shortfalls are identified and signed off when completed. Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrate a culture of quality improvements.</p> <p>Health and safety goals are established and regularly reviewed. Health and safety policies are implemented and monitored by the Health and Safety Committee. A health and safety representative (the care home manager) was interviewed about the health and safety programme. Risk management, hazard control and emergency policies and procedures are being implemented. Hazard identification forms and a hazard register are in place. All new staff and contractors undergo a health and safety orientation programme.</p> <p>There was an annual resident/relative satisfaction survey completed in March 2018 with a 100% overall satisfaction rate. Longwood results identified a slight improvement from the previous year in all areas, with results above the benchmark and ranking at the top of Bupa facilities.</p> <p>Falls prevention strategies include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls. Falls prevention equipment includes sensor mats and chair alarms.</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>Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Twelve accident/incident forms were reviewed for March 2019. Each event involving a resident reflected a clinical assessment and follow-up by a RN. Neurological observations are conducted for unwitnessed falls. Data collected on incident and accident forms are linked to the quality management system. The care home manager and clinical manager are aware of their requirement to notify relevant authorities in relation to essential notifications.</p>
Standard 1.2.7: Human Resource	FA	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Five staff files (one RN, two caregivers, one cook and one activities coordinator) reviewed, evidenced implementation of the</p>

<p>Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>recruitment process, employment contracts, completed orientation, and annual performance appraisals.</p> <p>Performance appraisals are completed annually for all staff. A register of registered nursing staff and other health practitioner practising certificates is maintained. The orientation programme is implemented and provides new staff with role specific training and relevant information to meet safe work practice. The orientation programme in the files of two recently engaged staff were reviewed and evidenced a comprehensive orientation had been completed.</p> <p>There is an implemented annual education and training plan that exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training. Opportunistic education is provided via toolbox talks. Education and training for clinical staff is linked to external education provided by the DHB. Staff are required to complete written core competencies during their induction. The caregivers when newly employed, complete an orientation booklet that has been aligned with foundation skills unit standards. On completion of this orientation, they have effectively attained their first national certificates. From this, they are then able to continue with Core Competencies Level 3, unit standards. These align with Bupa policy and procedures. Sixty-eight percent of the total staff have attained at least one Bupa personal best certificate. A total of 85% of caregivers have attained a Careerforce qualification. Staff training has included sessions on privacy/dignity, and spirituality/counselling to ensure the needs of younger residents are met.</p> <p>Registered nurses are supported to maintain their professional competency. Four of six RNs plus the CM and CHM have completed their interRAI training. There are implemented competencies for RNs including (but not limited to) medication competencies, peg feeds and syringe driver competencies. In-service training is evaluated by attending staff and evidenced training was appropriate.</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 an organisational staffing policy that aligns/includes skill mixes. Longwood has a four-weekly roster in place which ensures there are adequate staffing levels to meet the acuity and safety needs of the residents. The care home manager and clinical manager are available during weekdays. The care home manager is on-call after hours for any organisational concerns and the clinical manager is on-call for any clinical issues. Adequate RN cover is provided 24 hours a day, seven days a week. There is one RN on duty on the morning, afternoon and night shifts for the facility. The service is divided into three wings Meadowlea, Oceanview, and the rest home. Staffing is allocated per unit, depending on occupancy and acuity.</p> <p>In the Meadowlea wing (17 hospital and two rest home residents) there is either a registered nurse or an enrolled nurse (supported by the clinical manager) on morning shift Monday to Friday from 7.00 am to 3.15 pm and an RN on Saturday and Sunday mornings. An additional caregiver float shift is based in Meadowlea from 6.00 am to 12 noon. An RN is based in Meadowlea on afternoon and night shifts. She is supported on morning shift by four caregivers (two short and two long). There are three caregivers (one long and two short) rostered on afternoon shift and there is one caregiver on night shift.</p> <p>In the Ocean View wing (five hospital and 11 rest home residents) there are two full shift caregivers on morning shift</p>

		<p>and two caregivers (one short and one long) on afternoons. There is one caregiver on night shift.</p> <p>In the rest home wing (one hospital and 11 rest home) there is one full shift caregiver on each shift.</p> <p>The caregivers in Meadowlea help in Oceanview, and the rest home if required. An experienced diversional therapist works four days a week and is supported by two part-time activities assistants who each work one day a week. Interviews with residents and family members identified that staffing is adequate to meet the needs of residents.</p>
<p><b>Standard 1.3.12: Medicine Management</b></p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and procedures in place for all aspects of medication management, including self-administration. An RN checks all medications on delivery against the medication and any pharmacy errors recorded and fed back to the supplying pharmacy. All medications were securely and appropriately stored. The medication fridge temperature has been recorded daily and these were within acceptable ranges.</p> <p>Registered nurses, enrolled nurses and senior caregivers responsible for the administering of medications have completed annual medication competencies and annual medication education. Registered nurses have competencies in syringe driver use and enteral feeding.</p> <p>Ten electronic medication charts were reviewed (five rest home including the respite, and five hospital including the YPD and ACC). Photo identification and allergy status were on all charts. All 'as required' medications were prescribed appropriately and documented indications for use. All medication charts had been reviewed by the GP at least three-monthly. Standing orders are in place and are prescribed within 24 hours of use. Controlled drugs are stored securely in the hospital treatment room, the register evidences weekly checking and six-monthly quantity stock checks by the pharmacy. There was no expired medication on site.</p> <p>There was one resident self-administering medications at the time of audit. A competency was in place and has been reviewed three monthly.</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</p>	FA	<p>The cook oversees the food services and is supported by kitchen staff on duty each day. The national menus have been audited and approved by an external dietitian. The main meal is at lunch time. All baking and meals are cooked on-site in the main kitchen. Meals are delivered in a bain marie to each kitchenette where they are served. The kitchen receives dietary information for new residents and is notified of any dietary changes, weight loss or other dietary requirements. Food allergies and dislikes are listed in the kitchen. Special diets such as diabetic desserts, vegetarian, pureed and alternative choices for dislikes are accommodated.</p> <p>There is a current food control plan in place which expires on 22 September 2019.</p> <p>End cooked food temperatures are recorded on each meal daily. Serving temperatures from a bain marie are monitored. Temperatures are recorded on all chilled and frozen food deliveries. Fridges (including facility fridges)</p>

component of service delivery.		and freezer temperatures are monitored and recorded daily. All foods are dated in the chiller, fridges and freezers. Dry goods are stored in dated sealed containers. Cleaning schedules are maintained. Residents interviewed on the day of the audit were all complimentary of the meals.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>When a resident's condition alters, the registered nurse initiates a review and if required a GP visit. There are a range of specialists available to Longwood such as the wound care specialist, Hospice, respiratory nurse, continence and infection control.</p> <p>Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed stated there is adequate continence and wound care supplies.</p> <p>There were three stage two pressure injuries, three skin tears, two surgical wounds (one non-healing), three abrasions (one due to continence dermatitis) and one blister. Wound charts contain assessments, plans and evaluations which document progression and deterioration of the wound healing process. Short-term care plans were in place for all wounds. Evidence of GP, dietitian, physiotherapist, and wound care nurse specialist input into wound care was documented in resident files. Recommendations made were evidenced to be implemented. Residents and families interviewed reported their needs were being met. There was documented evidence of relative contact. Monitoring charts were in use; examples sighted included (but were not limited to), weight and vital signs, blood glucose, pain, food and fluid, turning charts and behaviour monitoring as required. Weight monitoring is recorded monthly.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The activities team is led by an experienced diversional therapist who works four days a week, and is supported by two activities assistants who both work one day a week.</p> <p>The integrated programme for rest home and hospital level of care residents takes place in all areas of Longwood. There are resources available for care staff to use for one-on-one time with the resident. The younger resident passively participates in group activities, the activities team engage in one-on-one activities with this resident.</p> <p>On or soon after admission, a social history is taken and information from this is fed into the care plan and this is reviewed six-monthly as part of the care plan review/evaluation and a record is kept on individual resident's activities. The family/resident completes a Map of Life on admission, which includes previous hobbies, community links, family, and interests. The individual activity plan is incorporated into the long-term care plan, and was reviewed at the same time as the care plan in all resident files reviewed.</p> <p>The facility has a van which is used for outings and can take two wheelchairs. The maintenance person drives the van and a member of the activities team accompanies residents on outings. The activities team all have a current</p>

		<p>first aid certificate.</p> <p>Families and resident reported that there was a variety of activities provided, and commented on the effort by the team to provide activities relevant and enjoyable for the residents. Residents were observed to be provided with and enjoying a wide range of activities.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Care plans reviewed had been evaluated by registered nurses at least six monthly. The multidisciplinary review involves the RN, GP, physiotherapist, diversional therapist and resident/family. The family are notified of the outcome of the review if unable to attend. There is at least a three-monthly review by the medical practitioner. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits.</p> <p>Written evaluations describe the resident's progress against the residents identified goals. InterRAI assessments have been utilised in conjunction with the six-monthly reviews. Short-term care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing concern.</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>	FA	<p>A current building warrant of fitness certificate is posted at the entrance to the facility which expires 1 October 2019.</p> <p>Reactive maintenance and a 52-week planned maintenance schedule is in place and has been maintained. The hot water temperatures are monitored on alternate weeks and maintained between 43-45 degrees Celsius. There are contractors for essential service available 24/7. All equipment has been tagged, tested and calibrated regularly.</p> <p>The corridors are wide with handrails and promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids where required. The external areas are well maintained with seating and shaded areas. There is wheelchair access to all areas.</p> <p>The caregivers and RNs interviewed stated that they have all the equipment referred to in care plans necessary to provide care.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response</p>	FA	<p>There are policies and procedures on emergency and security situations, including how services will be provided in health, civil defence or other emergencies. All staff receive emergency training on orientation and ongoing. Civil defence supplies are readily available within the facility and include water, food and supplies (torches, radio and batteries), emergency power and barbeque. The contents of the emergency box are reviewed monthly. All items have current expiry dates. The previous partial attainment has been addressed. The service has alternative gas facilities for cooking in the event of a power failure, with a backup system for emergency lighting and battery backup.</p>

during emergency and security situations.		There is an approved fire evacuation scheme in place and there are six monthly fire drills. A resident building register is maintained. Fire safety is completed with new staff as part of the health and safety induction and is ongoing. All shifts have a current first aider on duty.
Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	Systems in place are appropriate to the size and complexity of the facility. Effective monitoring is the responsibility of the infection control coordinator. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. Surveillance data is available to all staff. Infections statistics are included for benchmarking. Corrective actions are established where infections are above the benchmark. All infections are documented monthly in an infection control register.
Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised.	FA	The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. Interviews with the staff confirmed their understanding of restraints and enablers. At the time of the audit, the service had two residents using restraints (one bed rail and one lap belt) and five residents with bedrails as an enabler. Staff training around restraint minimisation and management of challenging behaviours is completed annually.

## Specific results for criterion where corrective actions are required

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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, 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
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End of the report.