

Beattie Community Trust Incorporated - Beattie Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Beattie Community Trust Incorporated	
Premises audited:	Beattie Home	
Services audited:	Rest home care (excluding dementia care)	
Dates of audit:	Start date: 3 December 2019	End date: 3 December 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:	35	

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Beattie Community Trust Incorporated operates as Beattie Home and provides rest home level care for up to 36 residents.

The manager is a registered nurse who oversees the day to day management of the service. This person reported there had been no significant changes since the previous certification audit in December 2017. Plans are well underway for the construction of a residential dementia unit.

This unannounced 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 members, the manager, a trustee, staff, and a general practitioner. All interviewees spoke positively about the care provided.

This audit revealed no areas requiring improvement. Three ratings of continuous improvement were awarded; one new rating for achievements in governance and two ongoing ratings in activities and human resources.

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. The service adheres to the practices of open disclosure where necessary.

There have been no complaint investigations by the Office of the Health and Disability Commissioner (HDC) in the past 18 months. Review of complaint records and interviews with staff, residents and families demonstrated that the complaints register is maintained and that all complaints received since the previous audit were managed 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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The service is maintaining its quality and risk management system with regular monitoring of all service areas.

Adverse events are reliably reported by all levels of staff. There was evidence that people impacted by an adverse event are notified, for example, general practitioners and families. Notification of serious events is occurring as required by regulatory requirements.

Human resources systems are in place and staff are recruited and managed effectively. Staff training in relevant subject areas is occurring regularly. All staff are supported and encouraged to attend ongoing performance development and achieve educational qualifications in health care. Experienced and qualified staff are rostered on all shifts in each of the service delivery areas.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Residents of Beattie Home have their needs assessed on admission by the multidisciplinary team within the required timeframes. Shift handovers and communication sheets guide continuity of care.

Care plans at Beattie Home are individualised, based on a comprehensive and integrated range of 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 at Beattie House is overseen by an activities co-ordinator, with input from a part time diversional therapist and many volunteers. The programme provides residents with a diverse range of individual and group activities and is well supported by the local community. A facility van and a car is available for outings.

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using an electronic system. Medications are administered by registered nurses and 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 supported by staff with food safety qualifications. 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.
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The facility has a current Building Warrant of Fitness. There have been changes to the footprint of the 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.
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The service provider is maintaining a restraint free environment.

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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Beattie House undertakes aged care specific infection surveillance with data that is analysed, trended and benchmarked. 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	3	37	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, best practice, contractual and legislative requirements. Information on the complaint process is provided to residents and families on admission and those interviewed knew what to do if they had concerns.</p> <p>The complaints register reviewed showed that seven written and verbal complaints have been received since the previous certification audit. Review of the complaint documents and interview with the manager confirmed that each complaint had been acknowledged in writing, investigated and resolved within appropriate time frames. Communication between the parties involved had occurred as required and demonstrated open disclosure. There have been no complaint investigations by the Office of the Health and Disability Commissioner (HDC) or the district health board.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide</p>	FA	<p>Residents and family members stated they were kept well informed about any changes to their/their relative's status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in the incident forms and residents' records reviewed. The level of written and verbal information relayed between staff at shift changes about each resident was sufficient to ensure continuity of care.</p> <p>Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the</p>

<p>an environment conducive to effective communication.</p>		<p>requirements of the Code. Staff knew how to access interpreter services, although reported this has not been required due to all residents being able to speak English</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 manager is a registered nurse with a current practising certificate and has been in the role for almost nine years. Responsibilities and accountabilities are described in a job description and individual employment agreement. The manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through on-line study, meetings of the NZ Age Care Association, the DHB and regular meetings with other facility managers in the Community Trust Care Aotearoa (CTCA) group. Beattie Home is part of the CTCA, a business entity of aged care facilities who share common factors such as being located rurally and governed by not for profit organisations. This group is continuing to add value to the nine aged related residential care facilities who are members. A rating of continuous improvement acknowledges this in criterion 1.2.1.1</p> <p>The board are kept informed verbally and in writing by the manager of all operational, quality and risk matters, as confirmed by review of a sample of board meeting minutes and reports for 2018-2019.</p> <p>The service provider has agreements with the DHB for age related care (ARC) in rest home, respite/short stay and dementia day services. There is also a young persons with disability (YPD) contract in place with the MoH, although there have been no YPD residents admitted for some years. On the day of audit 35 of the 36 beds were occupied which included one person under the post-acute care (PAC) agreement.</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 an established quality and risk system that reflects the principles of continuous quality improvement. The manager and senior staff manage the system which includes reporting outcomes from collation and analysis of incidents, infections and complaints, resident and family satisfaction surveys, and internal audits. Where areas for improvement are identified these are documented and actions are monitored for implementation.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality data and benchmarking with eight other age care facilities. Quality data and information is reported and discussed at regular health and safety, infection control, restraint and quality and risk team meetings, and general staff meetings. Staff reported their involvement in quality and risk management activities through audit activities, training and information shared at meetings. The manager notifies all staff of corrective actions or policy/process changes by memos and verbally at meetings. Review of the most recent resident and family satisfaction surveys revealed no significant issues and moderate to high satisfaction.</p> <p>Policies reviewed cover all necessary aspects of the 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 were current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p>

		<p>There was a current risk management plan which is monitored by the manager and the Board. The manager is familiar with the Health and Safety at Work Act (2015) and described processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. There have been no injuries reported to Worksafe NZ since the previous audit.</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>Staff document adverse and near miss events on an accident/incident form. A sample of incident forms reviewed from 2018-2019 revealed clear descriptions of the event, that the incidents were reviewed and investigated by the senior staff and the manager, and where necessary action plans developed. There was evidence that actions are monitored for implementation. Adverse event data is collated, analysed and reported to staff. Falls, urinary tract infections, skin tears and hospital admissions are benchmarked with the eight other facilities who belong to CTCA.</p> <p>Two Section 31 notifications have been made to the Ministry of Health and the DHB this year. A wandering resident from the day stay dementia service was reported in October and an intruder in February. Neither of these events resulted in significant harm.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>The service provider demonstrates achievement beyond the expected full attainment in human resource management. An ongoing rating of continuous improvement acknowledges this in criterion 1.2.7.5. Policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of five staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation followed by an initial performance review.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals. All staff are maintaining competency in first aid and CPR.</p> <p>Six of the 23 carers have obtained level 4 of the National Certificate in Health and Wellbeing, and eleven have obtained level 3. Five new staff are due to start and one carer is currently unable to study due to other commitments.</p>

		Two RN's are maintaining annual competency requirements to undertake interRAI assessments. Another RN is outsourced to complete these when necessary.
<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>There is 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). The service provider adjusts staffing levels to meet the changing needs of residents. An afterhours on call roster is in place, and staff reported immediate access to advice is available when needed. Staff interviewed said there were sufficient number of staff rostered on all duties to meet the needs of residents. Observations and review of a four-week roster cycle and interviews with residents and their family supported this. There is an effective system to replace staff when there are unplanned absences. All staff members are maintaining current first aid certificates and there is always an RN on site or on call.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and identified 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. A recent pharmacy audit by the pharmacist in November 2019, identified four areas requiring corrective action. These had all been addressed prior to this audit</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by an RN against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>There were no controlled drugs on site at the time of audit, however evidence verified that controlled drugs are stored securely in accordance with requirements, when in use. 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 is consistently recorded on the electronic medicine chart.</p> <p>There was one resident who self-administered vitamins at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner.</p>

		<p>Medication errors are reported to the CNL and the manager 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 used and meet guidelines.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<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 November 2019. Recommendations made at that time have been implemented.</p> <p>Everyday morning tea includes volunteers, visitors, family members and village residents. The community is aware of the open invitation to everyone to participate in the goings on at Beattie Home.</p> <p>A food control plan is in place and registered with the Otorohanga District Council. A verification audit of the plan was undertaken on 17 May 2019. No areas requiring corrective action were identified.</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. 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 residents' meetings minutes. Any areas of dissatisfaction were promptly responded to. Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There were enough staff on duty in the dining rooms at mealtimes to ensure appropriate assistance was available to residents as needed.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their</p>	FA	<p>Documentation, observations and interviews verified that the care provided to residents of Beattie Home 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 in all areas of service provision. 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 up to date modern equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs.</p>

assessed needs and desired outcomes.		
<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 programme is provided by an activities co-ordinator, with assistance from a part time diversional therapist, an activities assistant training in diversional therapy and many community volunteers.</p> <p>A social assessment and history are 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 residents' activity needs are evaluated regularly and as part of the formal six-monthly care plan review.</p> <p>The planned monthly activities programme sighted matches the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and included a wide array of community involvement and support. A previous area of continuous improvement around development of a resident centred holistic approach to activities remains in place. Individual, group activities and regular events are offered, that are inclusive of the community and community involvement. Examples included the physiotherapist's activity programme, visiting entertainers, quiz sessions and daily news updates. The activities programme is discussed at the residents' meetings and minutes 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 interviewed confirmed they find the programme meets their needs.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	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 as residents' needs change. Evaluations are documented by the RN or clinical nurse leader (CNL). Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples of short-term care plans were consistently reviewed for infections, pain, weight loss and progress evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Other plans, such as wound management plans were evaluated each time the dressing was changed. 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</p> <p>Consumers are provided with an</p>	FA	<p>There was a current Building Warrant of Fitness (BWOFF) due to expire in January 2020. Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained.</p>

appropriate, accessible physical environment and facilities that are fit for their purpose.		
<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 of infections is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract infections. 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.</p> <p>The CNL 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 health and safety/quality/infection control meetings, staff meetings and at staff 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>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<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 restraint coordinator 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>The service provider is maintaining its goal of no restraint, and there were no residents using enablers on the day of audit.</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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.1.1</p> <p>The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.</p>	CI	<p>The CTCA is a business entity comprising nine aged care facilities who share common factors, such as being located rurally and governed by not for profit organisations.</p> <p>Members of the CTCA group have experienced significant improvements in their governance and business operations which leads to improving resident care. The sharing of innovative ideas and strategies across the facilities has resulted in; cost savings in bulk purchasing for goods, power and insurances, use of the same bank allows increased borrowing capacity, shared staff and board training and peer support for RNs and managers is of benefit to all. This was evidenced in the reports generated across the group and through interviews.</p> <p>This group has elected its own governance subcommittee. Meetings between the DHB and the chairperson of the governance committee resulted in Bettie Home being part of a pilot programme that allowed offsite users to access the DHB based patient information portal. This gave the registered nursing staff immediate access information about</p>	<p>Residents and their families are immediately updated and informed about outcomes from specialist appointments at Waikato Hospital as a result of the service provider being able to access the DHB based patient information portal. This has significantly reduced unnecessary delays in beginning treatment or ordering further tests and follow up. The DHB have evaluated this as effective and authorised access is continuing.</p> <p>The collegiality being built between across all governing bodies and facility managers in the CTCA group is providing valuable peer support, generating innovation and ideas and providing strategic direction for all members. One of the members is planning to build a unit to provide dementia care</p>

		<p>their residents who had been seen by medical staff at Waikato Hospital. Staff could then initiate prescribed treatments and/or plan and arrange follow up appointments ordered by specialists and keep family informed about progress</p>	<p>services as a direct result of the information and support provided within the group. This was evidenced by review of the group reports, interviews with a board member and the manager.</p> <p>The group are regularly holding shared training sessions for care staff to attend which is cost efficient, provides more training opportunities and has fostered the participants' commitment to progress and achieve higher levels of education. Six of the 23 carers have obtained level 4 of the National Certificate in Health and Wellbeing, and eleven have obtained level 3. All the staff interviewed were enthusiastic and said they benefited immensely through giving and receiving peer support, as they are all regionally isolated and not able to access outside support easily.</p> <p>The cost benefits for the group are measured in savings gained from group discounts for insurance, bank fees, power supply and bulk purchasing for essential supplies such as continence products, chemicals and food supplies.</p>
<p>Criterion 1.2.7.5 A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective</p>	<p>CI</p>	<p>Human resources management is clearly an ongoing area of continuous improvement. Staff are valued by the organisation which is demonstrated in meeting minutes and letters from the board sighted in staff files. The wellbeing and happiness of staff is measured by staff surveys, the positivity expressed by staff, and staff retention. Of the 40 staff, ten have been employed for over nine years. Staff are included in decision making about how best to further improve services. Each staff member is a nominated 'champion' in an area of service delivery they take extra responsibility for which leads to service improvement and</p>	<p>There is an annual plan in place for education and the service encourages and supports further education for staff so that their contribution to the service is maximised.</p> <p>This makes staff feel valued and additional duties undertaken by staff known as 'champions' is recognised by the board and management. Staff work as a team and this</p>

<p>services to consumers.</p>		<p>enhanced staff competency.</p> <p>The systems in place for staff training are encouraging and supportive which leads to all staff engaging in professional development. A review process of the training provided includes measurable findings and reports of the benefits to residents. There are now six carers who have achieved level 4 of the National certificate in Health and Wellbeing and 11 with level 3. Fifteen staff hold full medication competencies.</p> <p>All staff have in-depth health and safety education to ensure they maintain a safe environment for residents. There is documented evidence of all staff working as a team and the manager and GP confirmed that staff always 'go the extra mile'. This was supported by resident and families interviewed during audit, in the annual satisfaction survey results and in the number of positive compliments received by the service.</p>	<p>is reflected in a high staff retention rate, the non-use of bureau nurses as staff and staff members' voluntary involvement in all activities both on-site and off-site when they are not on duty. Resident and family satisfaction survey results and interviews confirmed that all care is delivered in a professional, knowledgeable caring manner. Families and residents acknowledged staff efforts through compliments sent to the manager.</p>
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	<p>CI</p>	<p>Activities are planned provided/facilitated to develop and maintain residents' strengths, skills and interests. Beattie Home continues to provide a resident holistic centred approach to activities which has family and the community included and is part of all aspects related to the residents' day to day care.</p> <p>Four activities are ongoing:</p> <p>'Men's Breakfast' commenced four years ago. The men of Beattie Home have 'bloke time' and go out to breakfast at local cafes with friends from the community. A survey of resident and family in September 2019, facilitated by the 'friends of Beattie Home', showed all residents attending and their families were 100% satisfied with the planned outings and community participation. A recent addition to the men's breakfast, is the attendance of a guest speaker. The invited guest is as suggested by the members of the group.</p> <p>'Knitting Club' is another initiative that continues. The club was developed four years ago initially with four residents and now has twenty residents participating to knit for the children up North. A survey of resident and family in September 2019 facilitated by the 'friends of Beattie Home' showed all residents were 100% happy with the activity</p>	<p>Beattie Home has achieved a continuous improvement rating due to the range of activities provided and the integration and interaction with the community and support of the local community. There are clearly documented findings, evidence of actions taken based on the findings and the improvements made to the service provision and resident safety and satisfaction that is measurable. This was supported during staff, resident and family interviews and in the resident/family satisfaction survey results sighted gaining an overall higher satisfaction result for care services. All benefits gained, and outcomes achieved have either a resident safety or satisfaction component.</p>

		<p>and when asked, advised that they wanted to remain part of the group. Staff interviewed have stated that they have noticed that a number of residents who were initially socially isolated have now become very active within the group, there is a general overall observation of increase in communication and discussions within the group noted, and residents are also observed to have an increase in their mobility and have more movement in their fingers and hands.</p> <p>‘Kaumatua mornings’ continue to occur on a regular basis and are organised by family/whanau and include/welcome residents from the home who affiliate with their Maori culture, their families/whanau and people from the community. Kai, waiata and the speaking of Te reo Maori is encouraged and supported.</p> <p>There are also seven education centres (kindergartens through to intermediate schools) within the community who regularly visit Beattie Home and interact with residents with singing and encourage general day to day interactions.</p> <p>In addition to the above examples, the support from the community is pivotal in ensuring Beattie Home can provide the required services the aging population in the area require. Eighty volunteers support the home and help in a range of ways. Any new equipment required is financed by community donations. The community’s need for a secure unit to enable residents to remain in the region, has attracted donations from the local community that will enable a high-quality unit to be built with no financing arrangements required. Local businesses donate services and products regularly. On the day of audit, a supply of compost was dropped off to fertilise the numerous gardens around the site. A recent Country and Western event the town was hosting, captured residents’ interests, and the community assisted those residents wishing to attend to do so, with one resident being able to perform. The community supports and participates in ongoing events, with Beattie Home at times the centre of those events (eg, the annual rose and garden show).</p>	
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End of the report.