

# Kamo Home and Village Charitable Trust - Mountain View

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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:

<b>Legal entity:</b>	Kamo Home & Village Charitable Trust		
<b>Premises audited:</b>	Mountain View		
<b>Services audited:</b>	Rest home care (excluding dementia care)		
<b>Dates of audit:</b>	Start date: 22 January 2020	End date: 22 January 2020	
<b>Proposed changes to current services (if any):</b> None			
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b> 16			

# 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

Kamo Home and Village Charitable Trust – Mountain View provides care for up to 19 residents requiring rest home level care.

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

There were no areas identified as requiring improvement at the last audit, and at this audit.

Residents and family members interviewed were satisfied with the staff and management team, as well as the services they provide.

## Consumer rights

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

There have been no complaints received since the last audit. Appropriate processes are in place to report, acknowledge, investigate and respond to complaints if applicable.

## 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 organisation's philosophy, mission and vision statement are identified in the business (2018-2020) and the strategic (2016-2025) plans. The group general manager, the Mountain View clinical charge nurse, and the other two members of the management team work together to ensure service planning includes all relevant aspects of service. The services offered meet residents' needs, legislative requirements and good practice standards.

The quality and risk system and processes support effective, timely service delivery. The quality management systems included an internal quality check (audit) process, incident/accident reporting, hazard/risk management, resident and staff satisfaction surveys, restraint minimisation, monitoring enabler use, and infection control data collection. Quality and risk management activities and results are shared amongst the management team, staff, residents and families, as appropriate. Corrective action planning is well documented. A range of quality related data is monitored via an external benchmarking programme. Appropriate policies and procedures are available for staff reference.

New staff have an orientation appropriate for their role. Staff participate in relevant ongoing education. Applicable staff and contractors maintain current annual practising certificates. Residents and family members confirmed during interview that they are satisfied with the staff and care provided. Staffing numbers and skill mix aligns with the organisation's policy.

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

The clinical charge nurse and general practitioner assess residents' needs on admission. Care plans are individualised based on a range of information and accommodate any new problems that might arise. Records 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 family and 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 any 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.
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Mountain View has a current building warrant of fitness. There have been no changes to the building since the last audit. There have been no changes required to the approved fire evacuation plan.

## 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 restraint minimisation and safe use policy and associated procedures includes definitions that comply with the standard. Staff are provided with training on restraints and enablers during orientation and the ongoing staff training/competency assessment programme. There were no residents with restraints or enablers in use.

## 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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Aged care specific surveillance is undertaken, with data analysed, trended and benchmarked. Results are reported through all levels of the organisation. Follow-up action is taken as and when required. Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and is supported with regular education.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	0	0	0	0
Criteria	0	39	0	0	0	0	0

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

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>Mountain View implements organisational policies and procedures to ensure complaints processes reflect a fair complaints system that complies with the Code of Health and Disability Consumers' Rights (the Code). During interview, residents, family members, the managers and staff reported their understanding of the complaints process and this aligns with the policy. Template forms and a drop box are available at the main entrance so residents and family members can provide feedback or make a complaint at any time.</p> <p>A complaints register is maintained by the Kamo Home and Village Charitable Trust group general manager (GGM) who is responsible for the complaints management process. There have been no complaints received since the last audit. The group general manager is aware of the requirements and timeframes for responding to complaints should any be received.</p> <p>There have been no complaints from the Ministry of Health, District Health Board or Health and Disability Commissioner since the last audit. Staff interviewed confirmed they would bring any resident or family member's concerns to the attention of the clinical charge nurse (CCN), or another member of the management team. Residents and family members interviewed confirmed they have not made any complaints.</p>
Standard 1.1.9: Communication	FA	<p>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed. The family members interviewed confirmed that they were kept informed</p>



Service providers communicate effectively with consumers and provide an environment conducive to effective communication.		<p>of their relative's wellbeing including any incidents, accidents, changes in wellbeing and medications affecting their relative and were happy with the timeframes that this occurred. Communications with residents and family members are documented in sampled residents' files.</p> <p>All residents can effectively communicate in English. Staff are aware of how to access interpreter services should this be required.</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 strategic plan (2016-2025) and the business plan (2018-2020) detail the mission, philosophy, values, scope, and goals of the organisation. The service is managed by the group general manager (GGM) who is responsible for services provided in the three aged related residential care facilities that are owned and operated by Kamo Home and Village Charitable Trust (KH&amp;VCT). Kamo Home and Village Charitable Trust board comprises seven trustees and meets monthly. The group general manager attends these meetings and provides a written report each month to the board. Policies, procedures and systems have been standardised across the three KH&amp;VCT facilities wherever possible.</p> <p>The group general manager is a registered nurse, who maintains a current annual practicing certificate, and has worked for this organisation in a senior manager role for ten years. The group general manager has oversight of services with the support of the clinical charge nurse at Mountain View who is the manager responsible for the services provided on site and ensuring the day to day care needs of residents are being met. The clinical charge nurse has been in this role since Mountain View was purchased, and prior to this worked for KH&amp;VCT for 20 years in a variety of senior registered nurse and management roles.</p> <p>In addition, the management team includes the group support services manager who is responsible for oversight of the catering, laundry, housekeeping and maintenance services provided across the three facilities, and the group care manager who is responsible for oversight of care related systems and processes and supporting the clinical charge nurse managers. The group general manager is also the restraint coordinator for Kamo Home and Village Charitable Trust.</p> <p>The clinical charge nurse at Mountain View has exceeded eight hours of education per annum related to managing an aged related residential care facility as required by the providers contract with Northland District Health Board (NDHB) with at least 30 hours of relevant education documented as occurring.</p> <p>The management team monitors process in achieving goals via the quality and risk programme, resident and family feedback and during discussions at management meetings. The clinical charge nurse is on call for one week out of three. For the other two weeks, the afterhours on-call cover is provided by the other two clinical charge nurses employed by Kamo Home and Village Charitable Trust, who share the on call across all three KH&amp;VCT aged related care facilities.</p> <p>The facility has an Aged Related Residential Care Contract (ARRC) with NDHB for the provision of rest home level</p>

		<p>of care. There were 16 residents receiving care under this contract. There were no residents receiving respite services and no boarders. Since the last audit, catering services are now being provided on site rather than cooked meals being transported from Kamo Home and Village.</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>	FA	<p>Mountain View has a quality and risk management system which is understood and implemented by service providers. This includes monthly quality checks (internal audits/reviews which are to be completed the first week in the month), satisfaction surveys, incident and accident reporting, health and safety/hazard management, infection control data collection and management, and concerns/complaints management. The results of the monthly quality checks (internal audits) are grouped together with other relevant components as determined in a matrix, and the amalgamated results are reported in five different categories, as part of the balance score card to the management team, staff and the board of trustees. The service has reviewed these processes in the last 12 months with a focus on identifying system and process improvements rather than being reactive or having a negative focus. Staff and managers interviewed spoke positively about the changes. Staff are provided with feedback on the results of the monthly quality checks. If a significant issue or deficit was found, or the same issue has been identified in two out of the last three quality, or two consecutive quality reviews a formal corrective action plan has been developed to address the situation. In addition, corrective actions have been developed and implemented in response to sampled accidents/incidents, discussions during meetings, and reported maintenance issues. There is monitoring occurring that the actions taken have been effective.</p> <p>The group care manager has monthly meetings with the three KH&amp;VCT clinical charge nurses and discusses relevant issues including the balance score card results and quality improvement activities, restraint minimisation and infection surveillance data with this team. Quarterly benchmarking of a range of quality related data is occurring.</p> <p>The health and safety committee meet three-monthly, and this is attended by representatives from each of the three KH&amp;VCT ARRC facilities. The human resources coordinator is also responsible for health and safety, reporting to the GGM.</p> <p>Kamo Home and Village Charitable Trust undertakes an annual resident and family satisfaction survey. The feedback from the relative satisfaction survey conducted in March/April 2019 was positive about the services provided. A staff satisfaction survey was also undertaken during the same period. The service has summarised the three aspects that staff rate highly as well as the three aspects where there are opportunities to make changes/improvements.</p> <p>Appropriate quality information is shared with staff via shift handover as well as via the monthly 'get the information out there' and quarterly staff meetings. The minutes of these meetings are detailed and made available to staff. The minutes of four meetings were sampled. Staff interviewed verified they were informed of relevant quality and risk information. Opportunities for improvement are discussed, along with the organisation's expectations, policies/procedures, incidents/accidents, restraint minimisation, staff education/training, the results of internal</p>

		<p>audits/surveys, and facility/general business activities.</p> <p>Regular meetings have been held with residents and family members to obtain resident feedback on food, laundry services, the internal and environment, process for when residents attended appointments offsite with their general practitioner and activities. The minutes of the last three meetings were sighted.</p> <p>Policies and procedures are available to guide staff practice. These are now available for staff electronically. The group general manager is responsible for ensuring policies are updated according to a schedule with input from the management team and other applicable staff. The group care manager receives electronic reminders when documents are due for review. Electronic archiving of updated policies was occurring. All policies and procedures were current or in the process of being reviewed. Staff interviewed confirmed they can access required policies easily and are informed when policy documents have been updated. Requested policies and procedures were sighted during audit.</p> <p>Actual and potential hazards / risks are identified in the electronic hazard, risk and hazardous substances register sighted. The group general manager described the organisation's risks and ongoing mitigation strategies. The chairperson of the board was interviewed and confirmed being satisfied that new or changing risks are being communicated in a timely manner and appropriate mitigation strategies are implemented. Resident specific risks are evaluated during interRAI assessment and care plan reviews.</p>
<p><b>Standard 1.2.4:</b> <b>Adverse Event Reporting</b></p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Policy and procedure detail the required process for reporting incidents and accidents including near miss events. Staff are provided with education on their responsibilities for reporting and managing accidents and incidents during orientation and as a component of the ongoing education programme.</p> <p>Applicable events have been reported in a timely manner and since the 28 November 2019 are being reported electronically. Sampled events have been disclosed with the resident and/or designated next of kin. This was verified by residents and family members interviewed, and records of communications maintained in the sampled residents' files.</p> <p>A review of five reported events from October 2019 onwards, including witnessed and unwitnessed falls with and without injury, a pressure injury, and a medication event demonstrated that incident reports are completed, investigated and responded to in a timely manner.</p> <p>Staff advised they now report all incidents/adverse events electronically. The clinical charge nurse advised being alerted electronically whenever an incident is logged by staff. The group care manager is also alerted, and events are included in the shift handover. Incidents/events have been also discussed with staff at the staff meetings as verified by interview. A range of incidents/adverse event data is also included in the external quarterly benchmarking programme.</p> <p>The clinical charge nurse and the group general manager advised there have been no essential notifications to the</p>

		Ministry of Health and/or District Health Board or Coroner since the last audit related to services provided at Mountain View. The group general manager and clinical charge nurse interviewed can detail the type of events that require external reporting.
<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>Human resources management policies and processes are based on good employment practice and relevant legislation. The human resources co-ordinator assists with facilitating recruitment and human resource processes for all three KH&amp;VCT ARRC facilities.</p> <p>The recruitment process included completing an application form, interview, and referee checks. Police vetting is now occurring as staff are employed and a summary of the interview is also being retained. The service has transitioned from having paper based human resource (HR) records to maintaining electronic records. The paper-based records for employees prior to this change are being retained as some historical information is not being incorporated into the electronic file. The job description/employment contract was present in sampled files along with a privacy/confidentiality agreement. A sample of five staff records reviewed confirmed that policies are being implemented and records retained.</p> <p>All employed and contracted registered health professionals (RHPs) have a current annual practising certificate (APC). Copies of the APCs are on file.</p> <p>Staff induction/orientation includes all necessary components relevant to the role. The educator coordinator provides induction days where key topics are discussed with new employees. New staff are allocated an 'on the job coach' to work with them for at least three days. Staff reported that the induction/orientation process suitably prepared new staff for their role and responsibilities. Ongoing support is available as required. Staff records reviewed showed documentation of completed orientation and the associated competency assessment is completed within three months. The competency assessments applicable to each role is subsequently required to be completed annually.</p> <p>A comprehensive staff education programme is in place with in-service education identified and several opportunities and topics provided every month. Staff have been provided with training on helping residents maintain their oral health. Records of education attendance are maintained.</p> <p>There are 13 caregivers employed. Care staff are encouraged to complete a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. One staff member is currently completing a level two industry approved qualification. The KH&amp;VCT clinical educator is an approved assessor.</p> <p>An annual performance appraisal is required for all staff, and these have been completed for applicable staff. The process now includes the staff member completing self-reflection prior to meeting with their line manager and completing the mandatory competencies that are specific/relevant to their role. There are systems in place to</p>

		identify when these are next due.
<p><b>Standard 1.2.8: Service Provider Availability</b></p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The clinical charge nurse (CNN) is a registered nurse and works nine days per fortnight. When the CNN is not on site, the on-call service is shared by the three clinical charge nurses employed by Kamo Home and Village Charitable Trust. Each of the CCN's works one week on call every three weeks. The CCN's have access to all residents' records across the three ARCC facilities as these records are now electronic. The Mountain View CCN has current interRAI competency.</p> <p>Laundry and maintenance services are provided by staff based at Kamo Home and Village. A cook is on site daily from 7am to 3.30 pm with food now prepared and cooked on site. A housekeeper is on site Thursdays from 7.30 am to 4pm. Caregivers complete any cleaning duties during the other days between care activities. The activities assistant is on site four days a week from 9am to 1pm. A volunteer, who is very well known to the management team facilitates some activities. Volunteers are required to complete an application and confidentiality/privacy declaration, undergo orientation/induction and work under the delegation of employed staff.</p> <p>There is always at least one caregiver on duty with a second caregiver also on duty between 7 am and 1.30 pm and from 4.30 pm to 7.15 pm. A staff member with current medicine competency and a first aid certificate is always on duty.</p> <p>Residents and family members interviewed confirmed there are enough staff on duty to ensure their care needs are met. There were no staff vacancies.</p> <p>The recruitment and staffing policy details how staffing is rostered to ensure appropriate levels and skill mix.</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>The service has implemented an electronic medication system. The clinical charge nurse and seven senior care staff have all completed annual competencies required for staff who are administering medicines. Six care staff have received training to be 'second checkers/signatures'. The clinical charge nurse maintains records accordingly.</p> <p>The medications are supplied by the contracted pharmacist in a pre-packaged administration system. The pre-packed medications are checked against the prescription before administration. The GP conducts a medication reconciliation for each resident on admission to the service and when the resident has any changes made by other specialists. Safe medication management was observed at the time of the audit.</p> <p>The medication and medication trolley is securely stored when not in use. The controlled drugs are managed to meet legislative and aged care medication guidelines.</p> <p>The electronic medication records randomly selected were sighted. The staff use a password to enter the electronic system. The GP and the contracted pharmacist details are recorded on the electronic records. Three monthly medication reviews are conducted by the GP and were current. Minimal pro re nata (PRN) medication were sighted</p>

		<p>and no standing orders were in place.</p> <p>There were no residents self-administering medicines. A protocol has been developed and implemented if this is authorised for a resident.</p> <p>Processes are in place should any medication errors occur.</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 overseen by the group support services manager and is now provided onsite by a cook who is employed full time to cover this rest home. At the last audit, meals were being transported to Mountain View from another of the KH&amp;VCT ARRC facilities. A relief cook covers the days the cook is off duty and/or any other planned leave as needed. The menu plans were reviewed in August 2019 by a contracted dietitian and are in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns. Any recommendations made at the time of review have been implemented.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved 'A' grade food control plan and registration has been issued by the Whangarei City Council and expires 31 January 2021. Food temperatures, including for any high-risk items are monitored appropriately and recorded as part of the plan. All staff working in the kitchen have completed relevant training and have undertaken a safe food handling qualification. The cook reports to the group support services manager on a weekly basis and provides all records of temperature monitoring, orders and the daily menu-plan.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile is developed. The personal food preferences, any special diets and modified food 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, annual satisfaction surveys and resident meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried manner and those requiring assistance had this provided.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services</p>	FA	<p>The residents and family members reported that staff have good knowledge and care skills. The GP expressed satisfaction with the care provided. The provision of services and interventions are clearly documented for the rest home residents. The care plans are individualised and personalised to meet the specific assessed needs of each resident and evidenced their physical, psycho-social, spiritual and cultural needs were also considered. The care was flexible and focused on promoting quality of life for residents. Residents and family reported high satisfaction with the care and all aspects of service delivery.</p>

in order to meet their 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>Activities are provided Monday to Friday for the residents. The diversional therapist interviewed works two days a week at this facility and the rest of the week at one of the organisation's other facilities. An activities co-ordinator has recently been employed to cover this service and is currently undertaking the orientation programme at one of the three organisation's facilities.</p> <p>The activities programme is available and was reviewed. Activities are planned for group and/or one on one if needed at this small rest home. Attendance is voluntary and records are maintained by the diversional therapist. The activities are varied and flexible at times to suit the residents. There are planned and spontaneous activities provided. The organisation has a resident Chaplain who visits all services and was known to the residents. The programme reviewed includes extra activities into the community and family are encouraged to participate anytime with the planned activities. Van outings are arranged on a weekly basis every Thursday and this is enjoyed by the residents interviewed. Linkage with a primary school opposite the facility is proving successful. All activities are provided to develop and maintain strengths, skills and interests that are meaningful to the residents. A volunteer assists with some activities (refer to 1.2.8).</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Evaluations are planned and conducted every six months to ensure the interventions meet the goals/outcomes planned. The outcome summaries are documented into the electronic records. The dates, the name of the staff member who has made the changes and designations were included in the electronic records reviewed. There was evidence that care is evaluated when there is a change in the resident's condition. Short term care plans demonstrated that interventions are evaluated more frequently. Where progress is different from expected, the clinical charge nurse responded by initiating changes to the care plan or by using a short-term care plan for any temporary changes. The residents and family interviewed reported satisfaction with the care provided by all care staff.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and</p>	FA	<p>The building has a current building warrant of fitness with an expiry 1 November 2020. There have been no changes to the fire evacuation plan since the last audit.</p>

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 is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, soft tissue, fungal, eye, gastro-enteritis, upper and lower respiratory tract and skin infections. The clinical charge nurse reviews all reported infections, and these are documented. Any new infections and any required management plan are discussed at the handover between the shifts to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated by the clinical charge nurse and the group general manager and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via the quality/staff meetings and at staff handover. Graphs are produced that identify any trends for the current year and are compared with the previous year. The summary of results of surveillance are also sent to the DHB and are benchmarked nationally and internationally as explained by the group general manager.</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 detail the restraint minimisation and safe practice requirements and use of enablers. The definitions align with the standards. The group general manager is the restraint coordinator. There were no restraints or enablers in use at the time of audit as verified with staff and the restraint coordinator. Staff are provided with training on restraint minimisation and the use of enablers as part of the orientation and ongoing education programme.</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
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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.