

# Howick Baptist Healthcare Limited - Gulf Views Rest Home

---

## Introduction

This report records the results of a Provisional 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:** Howick Baptist Healthcare Limited

**Premises audited:** Gulf Views Rest Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 2 July 2020 End date: 3 July 2020

**Proposed changes to current services (if any):** Change of ownership

**Total beds occupied across all premises included in the audit on the first day of the audit:** 44

# 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.

## General overview of the audit

Howick Baptist Healthcare Limited (HBH) the prospective provider has a sale and purchase agreement with Eastern Services Limited to buy Gulf Views Rest Home in Auckland. The anticipated takeover date is scheduled to occur upon obtaining approval from the Ministry of Health (MOH).

Gulf Views Rest Home provides rest home level care and short term/respite stay under agreements with their district health board (DHB) for up to a maximum of 45 residents.

This provisional audit was undertaken to establish the prospective provider's preparedness to deliver residential aged care services and the current owner's level of conformity with the Health and Disability Services Standards and their agreements with the DHB. Other aspects of service delivery related to infection prevention and control and the environment were audited upon request from the DHB.

The prospective provider has extensive experience in delivering aged care services and successfully operates two other facilities Howick Baptist Hospital and Gracedale Hospital and Rest Home. Interview with the long-standing CEO provided evidence of knowledge and understanding of the aged care sector and their preparedness to own and operate an additional facility

This audit process included a pre audit review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, the current owner, staff and two general practitioners (GP's).

All the interviewees spoke positively about the care provided.

There have been no significant changes to the services provided or the facility since the previous certification audit in February 2019. The five corrective actions required as a result of that audit were confirmed as rectified.

This provisional audit revealed there were no areas that did not comply with these standards.

## **Consumer rights**

Residents and their families are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and these are respected. Personal privacy, independence, individuality and dignity are supported. Staff interact with residents in a respectful manner.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if required. Staff provide residents and families with the information they need to make informed choices and give consent.

Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs. There was no evidence of abuse, neglect or discrimination.

The service has linkages with a range of specialist health care providers to support best practice and meet residents' needs.

A complaints management process is clearly described in policy. Residents and relatives are advised on entry to the home about the processes for raising concerns or complaints and are given written information about their right to complain and where to access independent support and advocacy if required. The service was managing complaints fairly and openly.

## **Organisational management**

The prospective provider has a documented integration and transition plan which was reviewed and discussed during interview. The plan outlines objectives for a smooth transition and showed that the prospective provider has completed due diligence in considering all necessary matters related to acquiring the facility and its operations. The prospective purchaser demonstrated knowledge and understanding about all the requirements for delivering residential rest home care to older people under NZ legislation, these standards and funding agreements. They plan to continue using the already established quality, risk and human resources systems in place for the short to medium term. Gulf Views Rest Home's current business, quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation which are reviewed for progress annually by the owner/operators. The nurse manager is on site five days a week with at least one other registered nurse (RN) on site to oversee clinical care of residents.

There is an established quality and risk management system which includes collection and analysis of quality improvement data. Staff are involved in monitoring service delivery and feedback is sought from residents and families. There is a system for reporting and documenting adverse events. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery. These were current and are reviewed regularly.

The appointment, orientation and management of staff adheres to good employment practices. A systematic approach to identify and deliver ongoing staff training supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people. Up to date, legible and relevant residents' records are maintained in using integrated hard copy files.

## **Continuum of service delivery**

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

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

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. Residents' interests and ability are considered.

Medicines are safely managed and administered by staff who are competent to do so. There is an electronic medication management system in place.

Gulf Views Rest Home operates with an approved food control plan. Nutritional needs are provided in line with nutritional guidelines and residents with special dietary needs are catered for. Residents verified satisfaction with meals.

## **Safe and appropriate environment**

Waste and hazardous substances are managed safely. Staff have access to protective equipment and clothing and were observed using this. Chemicals are safely stored.

The building is in good order, has a current building warrant of fitness and meets the needs of residents. Electrical equipment is tested as required. External areas are accessible, safe and provide shade and seating for residents. All areas of the home are well maintained and cleaned to a high standard. Laundry services are effective. This is managed by a designated laundry person seven days a week.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells. Security is maintained. Communal and individual spaces are maintained at a comfortable temperature

## **Restraint minimisation and safe practice**

The organisation has implemented policies and procedures that support the minimisation of restraint. There have never been in any restraints in use. On the days of audit, a short stay resident was using an enabler which accompanied them from home. All processes related to this had been completed. Use of enablers is voluntary for the safety of residents in response to individual requests. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

## **Infection prevention and control**

The infection prevention and control programme, led by an experienced and trained infection control coordinator, is implemented to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when needed. Staff demonstrated good principles and practice around infection control, which was guided by relevant policies and supported with regular education.

Aged care specific infection surveillance is undertaken, and results reported through all levels of the organisation. Follow-up action is taken as and when required. No infection outbreaks have been reported since the last audit.

## 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)
<b>Standards</b>	0	45	0	0	0	0	0
<b>Criteria</b>	0	93	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Gulf Views Rest Home has developed policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). The interviewed staff understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and ongoing training is provided. This was verified in training records reviewed.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Nursing and health care assistants (HCAs) interviewed understood the principles and practice of informed consent. The admitting RN or the nurse manager (NM) discusses the informed consent with residents on admission and as needed. Informed consent policies provide relevant guidance to staff. Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form. Advance care planning,</p>

		<p>establishing and documenting enduring power of attorney requirements and processes for residents unable to consent was defined and documented, as relevant, in the residents' records. This was evidenced in the records reviewed. Staff were observed to gain consent for day to day care. There was one resident who has their own GP as per their request. This resident's GP was previously identified as their next of kin (NOK) and this has been rectified with a new NOK identified following the NM's discussion with the resident about potential conflict of interest for the GP. A new admission agreement was sighted evidencing the change.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>During the admission process, residents are given the resident admission booklet with information on the Code and Advocacy Services. Posters and brochures related to the Advocacy Service were also displayed and available in the facility. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment.</p> <p>Gulf View Rest Home has unrestricted visiting hours and encourages visits from residents' families and friends. Family and friends were seen visiting residents on the days of the audit. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff.</p>
<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 process and related information meets the requirements of Right 10 of the Code. Information about how to raise a complaint is on display in various locations throughout the home and is explained to residents and families on admission. Residents and families said they understood their right to complain and that they</p>

		<p>would not hesitate to do so when needed.</p> <p>The complaints register showed there had been one complaint received from a resident since the previous audit. The investigation and actions taken regarding this were documented with an outcome reached within a suitable timeframe. The nurse manager is responsible for complaint management and follow up. The prospective provider has well established complaints management processes and these will be incorporated into their systems for monitoring and reporting. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and discussion with the admitting RN or the nurse manager (NM). The Code is displayed in on the notice boards in the facility together with information on advocacy services, how to make a complaint and feedback forms. The prospective purchaser has demonstrated knowledge and understanding of the Code.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents, families and the interviewed GPs confirmed that services are provided in a manner that has regard for residents' dignity, privacy, sexuality, spirituality and choices. Staff were observed to maintain privacy throughout the audit. All residents have a private room and a private lounge is available that can be used by residents and their family if required.</p> <p>Residents are encouraged to maintain their independence by participation in provision of their own personal cares as able and involvement in community activities. Reviewed care plans included documentation related to the residents' abilities and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified,</p>

		<p>documented and incorporated into their care plan. Residents are permitted to bring their own personal belongings from home, including furniture, if desired and a record of the personal property is maintained as was sighted in records reviewed.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and annually.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>Residents who identify as Māori are supported to integrate their cultural values and beliefs. This was confirmed in the residents' records reviewed. The principles of the Treaty of Waitangi are incorporated into day to day practice, as is the importance of whānau. There is a current Māori health plan developed with input from cultural advisers. Guidance on tikanga best practice is available and is supported by staff who identify as Māori in the facility. A resident who identified as Maori reported that staff acknowledged and respected their individual cultural needs. Staff receive ongoing annual training on Maori Health; training records were sighted.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Residents verified that they were consulted on their individual culture, values and beliefs and that staff respected these. Residents' personal preferences required interventions and special needs were included in care plans reviewed, for example, culturally specific food was documented and provided for residents as required. The resident satisfaction survey confirmed that individual needs were being met.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. The induction process for staff includes education related to professional boundaries, expected behaviours and the Code of Conduct. All registered nurses have records of completion of the required training on professional boundaries. Staff are guided by policies and procedures and demonstrated a clear understanding of</p>

		the process they would follow, should they suspect any form of exploitation.
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service encourages and promotes good practice through evidence-based policies, input from external specialist services and allied health professionals, for example, hospice/palliative care team, diabetes nurse specialist, wound care specialist, mental health services for older persons and education of staff. The general practitioners (GPs) confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff reported they receive management support for external education and access their own professional networks to support contemporary good practice.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents and family members stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was evident in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Staff knew how to access interpreter services, although reported this was rarely required due to all residents able to speak English, staff able to provide interpretation as and when needed and the use of family members.</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>Gulf Views Rest Home has been owned and operated by the same private owner since 1994. Maximum occupancy is for 45 residents. On the days of audit there were 43 residents receiving rest home level care services under the age related care contract (ARCC) and one hospital level care resident who has dispensation from the DHB. The service also has agreements with the DHB to provide short</p>

		<p>term/respite care. One of the rest home residents on site during the audit was being cared for as a short term occupant. All residents had signed admission agreements.</p> <p>The current facility manager is a registered nurse who has been in the post for 26 years. This person has extensive knowledge of the aged care sector. Their authority, accountability and responsibility for the provision of services is described in the position description attached to their employment agreement.</p> <p>Three of the other six registered nurses employed are maintaining competencies to undertake interRAI assessments.</p> <p>The prospective provider has a documented transition/integration plan which described their processes for a smooth change of ownership to their governance and management processes. This included timeframes and what due diligence has been completed to date. HBH Ltd the prospective provider has proven experience in owning and operating aged care service provision at Howick Baptist Hospital (HBH) and through their management of Gracedale Home and Hospital in Auckland. Both services have achieved four year certification periods with these standards. Interviews with their CEO and Director of Nursing confirmed their knowledge and understanding of the contractual and sector responsibilities and requirements for the provision of rest home care. The CEO described an intention to retain and maintain the same staff numbers and hours and gradually introduce and incorporate HBH systems for quality, risk, human resources (HR) and delivery of care in the short to medium term. The most significant change will be implementing their electronic consumer information system, V-Care. HBH and Gulf Views have had a supportive working relationship for many years. The sale and purchase agreement is completed and takeover is anticipated as soon as approval is received from MoH.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the</p>	<p>FA</p>	<p>The integration plan states that HBH will offer all Gulf View staff an employment agreement under Howick Baptist Healthcare Limited according to their existing rosters. The prospective purchaser plans to have their Director of Nursing and other key staff available or onsite</p>

<p>provision of timely, appropriate, and safe services to consumers.</p>		<p>and adhere to the same timeframes for staff and management meetings.</p> <p>The transition plan discusses regular liaison with key stakeholders such as the local general practitioners, DHB, other service providers, residents and their families. There are no stated plans to change the buildings, service scope or the ways in which service delivery currently occurs.</p> <p>The current NM is on site Monday to Friday. This person has stated a desire to retire at a mutually agreed future and convenient time. The manager's absence is covered by a nurse practitioner who has provided clinical and quality support and assistance to Gulf Views for 18 years under contract and as required.</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>Currently the quality and risk management plan is aligned to the annual business plan and clearly described the systems for service monitoring, review and quality improvement. Service goals are documented in a business plan which are monitored for progress by the owner/operator.</p> <p>A pre audit review of the sector standardised policies and procedures showed these are individualised and updated as required by key staff and the contracted NP and quality consultant. The prospective purchaser plans to gradually introduce their quality and risk system and sector standardised policies.</p> <p>Review of the documented outcomes from internal audits and incidents reported since the previous recertification audit in February 2019 confirmed the quality and risk system as effective and compliant with this standard.</p> <p>The prospective purchaser understands the requirements of the Health and Safety at Work Act 2015 including notifying staff when changes in practice or policies have occurred. The nominated health and safety staff representative has in depth understanding of the role, legislation and carries out frequent environmental safety inspections.</p> <p>Minutes of residents' meetings confirmed that residents are consulted about service delivery and are kept informed. Resident and relative</p>

		<p>satisfaction is formally surveyed annually and the results of these showed high satisfaction. The residents interviewed stated they were kept informed and consulted about services in ways that they understand.</p> <p>The organisation's annual quality plan, business plan and associated emergency plans described actual and potential risk to the business, service delivery, staff and/or visitors' health and safety. Environmental risks are communicated to visitors, staff and residents as required through notices, or verbally, depending on the nature of the risk. There was a current hazard register and all risks and health and safety were discussed at staff meetings. This was confirmed by review of meeting minutes and interview with staff and management.</p>
<p><b>Standard 1.2.4: Adverse Event Reporting</b> All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>The service has known processes for reporting, recording, investigating and reviewing adverse events. The prospective purchaser demonstrated understanding of the requirements for adverse event reporting including making notifications under section 31.</p> <p>A sample of incident/accident records and monthly summary sheets for 2019 showed there was a coordinated approach to the management and review of the documented adverse events. Incidents and accidents are collated into graphs to compare the data month by month. All data is shared with staff at their meetings and the graphs are displayed. Any negative trends result in mitigating strategies being implemented in a timely manner.</p> <p>Interviews with staff, the NM, and the NP/quality consultant confirmed that all incidents were reported, recorded and reviewed as soon as possible. Each event was investigated for cause and corrective/remedial actions implemented where necessary. The event forms reliably record who had been notified.</p> <p>There have been no events at Gulf Views Rest Home that required notification under section 31 since the previous audit.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>The prospective provider demonstrated knowledge and understanding about NZ employment legislation. Interviews and the integration plan stated no change to the current configuration of staff at Gulf Views. HBH will introduce their human resources management systems which meet all requirements.</p> <p>Staff are recruited and managed in accordance with good employer practices. Gulf View management understand and comply with current employment legislation. The skills and knowledge required for each role was documented in position descriptions and employment agreements. All staff interviewed confirmed they understood their roles, delegated authority and responsibilities. The previous corrective actions related to police vetting and orientation have been addressed. Each of the staff records sampled contained curriculum vitae (CVs), educational achievements, and evidence of referee and police checks, and current practising certificate for the registered nurses. New staff are oriented to organisational systems, quality and risk, the Code of Health and Disability Services Consumers' Rights (the Code), health and safety, resident care, privacy and confidentiality, restraint minimisation, infection prevention and control and emergency situations.</p> <p>The eight staff records sampled contained copies of annual performance appraisals. Staff maintain knowledge and skills in emergency management, and competencies in medicine administration (for the staff who administer medicines).</p> <p>In service education is provided monthly on a range of subject areas including infection control, residents' rights, manual handling and health and safety. The service provider supports all staff to engage in ongoing training and education related to care of older people or the tasks they are employed for. Cooks, cleaners, laundry and all long-term care staff have completed qualifications in care of older people. Two of the nine care staff have obtained Level 4 of the national certificate, two have level 3, two are at level 2 and three are at level 1. The majority of care staff are long term employed and have previously completed the 'ACE' programme.</p> <p>The 2019 corrective action related to staff education and competencies has been addressed. The prospective provider stated</p>
---	-----------	---

		that the performance development and competency testing systems in use at HBH will extend to Gulf Views after takeover. Gulf Views staff already attend regular in service training at HBH.
<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>Interview with the prospective provider and their transition plan stated no changes with the configuration and numbers of staff currently employed. They intend to maintain the same rosters unless there is a need to change for resident safety. Recruitment is underway for more care staff and an RN. The service provider is currently using bureau care staff for the morning 'short shift'.</p> <p>The reviewed staffing policies adequately described process for determining stall levels/skill mix and a staff to resident ratio protocol. The sighted staff rosters included appropriate levels of staff and skill mix. Review of previous months and future planned rosters confirmed an appropriate number of staff on site for the needs of the current resident population. There are three care staff on duty each morning (one is a short shift) and one care staff member in the evenings and at night. Two activities coordinators, a cook, laundry person and a cleaner are on site for a suitable number of hours Monday to Friday. Kitchen cleaning and laundry staff are also on site each Saturday and Sunday.</p> <p>Two RNs plus the nurse manager are on site during the day Monday and Friday. One RN is on site in the evenings and at night, with an additional RN or the nurse practitioner rostered on call, 24 hours a day and seven days a week.</p> <p>The residents interviewed said they were satisfied with the availability of staff. Family members said they had no concerns about staffing.</p> <p>All the staff interviewed expressed job satisfaction. Gulf Views has a high staff retention rate. A large percentage of staff have worked there for more than 20 years.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded,</p>	FA	All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical

<p>current, confidential, and accessible when required.</p>		<p>notes were current and integrated with GP and allied health service provider notes. This includes interRAI assessment information entered into the Momentum electronic database. Records in the progress were legible with the name and designation of the person making the entry identifiable. Records pertaining to individual residents' service delivery are integrated. Individual residents' vital signs, weights and bowel management were recorded electronically in individual resident's records.</p> <p>Residents' information was stored securely in the nurses' station. Electronic residents' information is accessible through individual passwords. Archived records are held securely on site and are readily retrievable using a cataloguing system. Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The prospective purchaser intends transferring and integrating all resident information with their consumer information management system (V-Care) after takeover.</p>
<p><b>Standard 1.3.1: Entry To Services</b></p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>Admission into Gulf Views Rest Home is coordinated by the NM and the administrator. Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. The service seeks updated information from NASC, GP and family for residents accessing respite care. The information pack that is provided to prospective residents and the service's website has adequate information for the services provided and the entry criteria was documented.</p> <p>Interviewed family members reported satisfaction with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual requirements. Service charges comply with contractual requirements.</p>

<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>The nursing team and the GPs, where appropriate, manage the exit, discharge or transfer of residents in a planned and co-ordinated manner, with an escort as appropriate. The service uses its own internal transfer/discharge form to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident and the family/whanau. This was confirmed in family and staff interviews. Family of a resident who was recently transferred to an acute service reported being kept well informed during the transfer of their relative. Copies of referrals were sighted in the records reviewed. At the time of transition between services, appropriate information was provided for the ongoing management of the resident. All referrals were documented in the progress notes. There is a clause in the access agreement related to when a residents' placement can be terminated.</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>	<p>FA</p>	<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>Gulf Views Rest Home has a safe system for medicine management using an electronic system that was observed on the day of audit. Staff have individual passwords to access the electronic medication management system. The RN was observed administering lunchtime medication and they 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. Current medication administration competency forms were sighted.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RNs checks the received medications against the prescriptions, and this was evidenced on the electronic records reviewed. There was no expired medication in the medication trolley and stock onsite. The RN reported that unwanted medication is returned to the pharmacy in a timely manner. Clinical pharmacist input</p>

		<p>is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries. The records of temperatures for the medicine fridge were within the recommended range.</p> <p>Three monthly medication reviews were completed consistently by the GP's. Standing orders are not used. Evaluation of PRN medication given was documented and evidenced on the electronic records reviewed.</p> <p>There were no residents who were self-administering medications on the days of the audit. Appropriate processes were in place to ensure this was managed in a safe manner if and when required.</p> <p>There is an implemented process for comprehensive analysis of any medication errors. In reviewed records, corrective actions were implemented and signed off when completed.</p>
<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b> A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is provided on site and is in line with recognised nutritional guidelines for older people. The kitchen manager has completed a food safety qualification under the New Zealand Qualifications Authority (NZQA). The kitchen hands have completed food safety and suitability training. There is a four-week rotational seasonal menu in use. The menu was reviewed by a qualified dietitian in February 2019. Recommendations made at that time 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 a current approved food safety plan and registration issued by Ministry of Primary Industry (MPI). Food, fridge and freezer temperatures, including for high risk items, were monitored appropriately and recorded as part of the plan.</p> <p>A nutritional profile is completed following a nutritional assessment undertaken for each resident on admission to the facility. The personal food preferences, any special diets and modified texture</p>

		<p>requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, was available. Interviewed staff and residents reported that alternative food is offered if requested as well as extra servings if required.</p> <p>The kitchen and food preparation area were observed to be clean on the days of the audit. Cleaning schedules were maintained and completed.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. On the days of the audit residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The administrator reported that all enquiries from prospective residents who do not meet the entry criteria are referred to the local NASC to ensure the prospective resident and family are supported to find an appropriate care alternative. The interviewed NM and administrator reported that prospective residents and family/whanau are advised of the reason for declining entry to services. Prospective residents may be put on the waiting list if desired when there is no vacancy. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Gulf Views Rest Home uses the service's own nursing assessment tools, such as pain scale, falls risk, skin integrity, continence and nutritional screening, as a means to identify any deficits and to inform care planning. The sample of care plans reviewed had an integrated range of resident-related information. In all residents' records reviewed, current interRAI assessments were completed, and the relevant outcome scores have supported care plan goals and interventions. There were no overdue interRAI reassessments on the</p>

		reviewed Momentum records. Residents and families confirmed their involvement in the assessment process. Ongoing assessments are completed daily during personal cares by the HCAs and any issues of concern are reported to the RNs to follow up, as was confirmed in the records reviewed.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Reviewed long term care plans and short-term care plans reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments were reflected in care plans reviewed.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professionals' notations clearly written, informative and relevant. Any change in care required was documented and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of care plans.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Documentation, observations and interviews verified that care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GPs interviewed, verified that medical input was sought in a timely manner, that medical orders were followed, and care was implemented promptly. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs.</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,</p>	FA	<p>The activities programme is provided by two activities coordinators and the lead coordinator is undertaking the national Certificate in Diversional Therapy course (DT) with Careerforce. Daily activities were posted on the chalk board and monthly planner posted on the</p>

<p>age, culture, and the setting of the service.</p>		<p>notice board. Interviewed residents reported that they were reminded of the activities for the day each morning by the DT staff.</p> <p>A social assessment and history are undertaken either pre-entry using the life history questionnaire form provided, or on admission, to ascertain residents' needs, interests, abilities and social requirements. The resident and /family assist with providing the information required. Completed assessment forms were sighted in the files reviewed.</p> <p>Activities assessments were regularly reviewed to help formulate an activities programme that was meaningful to the residents. The residents' activity needs were evaluated when residents' ability and needs changed and as part of the routine six monthly care plan review.</p> <p>Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events were offered. Residents and families/whānau are involved in evaluating and improving the programme through residents' meetings and satisfaction surveys. Interviewed residents confirmed they find the programme satisfactory. The activities on the programme included exercises, bowls, tennis, pet therapy, ping pong, movies and sports discussions, bus outings, monthly theme celebrations, birthday celebrations, church services and bingo.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Routine care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs change. Where progress was different from expected, the service responded by initiating changes to the plan of care. Reviewed short-term care plans were being consistently reviewed and progress evaluated as clinically indicated. Examples of short care plans sighted were for wounds, urinary tract infection, respiratory tract infection and weight loss. When necessary, any unresolved problems were added to long term care plans. Residents and families/whānau interviewed confirmed being involved in evaluation of progress and any resulting changes. Multidisciplinary review meetings records were sighted in reviewed files.</p> <p>Residents' care is evaluated on each shift and if any change is noted,</p>

		it is reported to the RN. The interviewed RNs reported that they will conduct a follow up on any issues reported and document this in the progress notes.
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has contracted medical practitioners, residents may choose to use another medical practitioner. If the need for other non-urgent services are indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to dietitians, physiotherapist, hospice and mental health team. The resident and the family/whānau are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate.
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	Policies and procedures related to waste are documented and comply with legislation and local authority by laws. Staff interviews, observations and visual inspection of all areas revealed that there are no hazardous substances stored on site. Household and biological waste is disposed of appropriately. A sharps collection box is stored securely. All body waste is handled using standard and universal precautions. Incontinence products are placed in an outside receptacle for weekly collection and disposal. There is minimal food waste and the management of this and/or other organic waste complies with environmental guidelines. A designated bin for infected waste is stored outside and staff understood when to use it. Staff were observed to be using hair nets, aprons and gloves when engaging in food handling, personal cares, cleaning or laundry tasks.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical</p>	FA	Review of documentation provided evidence there were appropriate systems in place to ensure the residents' physical environment and facilities are fit for purpose. A maintenance person ensures a

<p>environment and facilities that are fit for their purpose.</p>		<p>proactive and reactive maintenance programme is in place and buildings, plant and equipment are maintained to a high standard. The testing and tagging of equipment and calibration of biomedical equipment was current.</p> <p>A current building warrant of fitness was on display which expires 04 March 2021. Passageways are wide enough with handrails to allow residents and staff to pass easily. Bedrooms are large enough to store mobility aids. The external areas available for residents are routinely maintained, safe and are appropriate. Residents are protected from risks associated with being outside. Documentation reviewed, the NM interviewed, and observation confirmed this.</p> <p>Staff interviewed confirmed they knew the process they should follow if any repairs/maintenance is required and that requests were appropriately actioned. Residents interviewed confirmed they can move freely around the facility and that the accommodation meets their needs.</p> <p>The prospective purchaser has inspected the environment and has no plans to make changes to the buildings or the physical environment</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>Each of the 45 bedrooms have hand basins. Five bedrooms have their own ensuite bathrooms, 37 have toilets and the other three bedrooms have easy access to communal bathrooms which are within close walking distance. None of the bedrooms have premium charges attached to them. The residents interviewed were happy with the provision of ablutions.</p> <p>Hot water temperatures are tested monthly and records showed consistently safe temperatures delivered at the taps accessed by residents.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>All rooms are spacious and can easily accommodate the use of mobility equipment along with two staff and a resident at the same time.</p> <p>Residents are encouraged to bring in their own furniture. The rooms</p>

		inspected were personalised with a mix of the resident's furniture and what is provided by the home, televisions, radios, storage and armchairs. These were individually decorated. All residents expressed satisfaction with their bedrooms.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The facility has a choice of areas on each level, for residents to use for visiting, activities, and relaxing. The dining room is large, located next to the kitchen and is easily accessible for all residents. One day a month the residents mealtime seating configuration is jumbled up to give each person an opportunity to meet others. Furniture is appropriate to the setting and arranged in a manner which enables residents to mobilise freely. Residents and families were very happy with the communal areas and their layout.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>The majority of laundry is washed and dried on site, with excess laundry being managed at Howick Baptist Hospital nearby. It is likely this arrangement will continue after change of ownership. Laundry staff attend regular education and demonstrated good knowledge of safe and hygienic laundry processes. Residents and families reported the laundry was well managed and their clothes were returned in a timely manner.</p> <p>There are dedicated cleaners on site seven days a week. Interviews and staff records showed that all have attended training in safe handling of chemicals and other topics. Cleaning chemicals are stored in lockable cupboards. All chemicals were in appropriately labelled containers. Residents and family stated the facility is cleaned to a high standard which was confirmed by visual inspection during the audit. Effectiveness of the cleaning and laundry processes is monitored through the audit programme.</p> <p>Bottles of hand sanitisers are located throughout the facility on the hand rails outside each resident's bedroom. The DHB sought rectification of this, but the provider has been unable to procure wall mounted dispensers to date. These will be installed as soon as they are made available.</p>

<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>A facility evacuation plan was approved by the New Zealand Fire Service in 1994, and this is currently being reviewed and updated at the request of the prospective provider. The most recent planned fire drill occurred in June 2020. The results of trial evacuations are recorded to show the time taken to clear the building and any issues that arose. A hard-wired fire suppression system (sprinklers and smoke detectors) are installed, the building design includes fire cells and exit signs are clearly displayed. All required firefighting equipment was sighted, and this is checked monthly by an external contractor.</p> <p>A fire in April 2019 was well managed as confirmed by follow up visits and documentation from Fire Emergency New Zealand (FENZ) and the section 31 notification to MOH and DHB. Staff confirmed their awareness of emergency procedures. They complete competency questionnaires prior to their annual performance appraisal. The orientation programme includes fire and security training. There is always at least one staff member on duty with a current first aid certificate.</p> <p>A civil defence plan is in place. The civil defence kit inspected on site contains essential emergency supplies and equipment such as portable torches and batteries and is checked regularly. There is sufficient water and food available for the needs of 45 residents for three to five days. This adheres to the Ministry of Civil Defence and Emergency Management recommendations for emergency water storage in the Auckland region. Gas barbeques are stored ready for cooking in the event of power outage.</p> <p>The call bell system is functional, and staff were observed to respond to the bell immediately. Residents and family members said staff were always attentive and responsive.</p> <p>The external doors are secured at dusk and there is a bell at the front door for visitors to ring after hours. A security firm monitors the facility during the night. Sensor lights are situated around the exterior of the building.</p> <p>The prospective provider has no plans to change any of the</p>

		emergency or security systems.
<p><b>Standard 1.4.8: Natural Light, Ventilation, And Heating</b></p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All areas of the home have sufficient natural light. Each bedroom has large opening doors and windows. There are procedures to ensure the service is responsive to resident feedback in relation to heating and ventilation, wherever practicable. Heating is provided by central heating ducted in the ceilings. Heat pumps are provided in the dining and lounge areas to cool the air in summer. There are surplus quilts and blankets for additional warmth in the event of an electrical power outage. The facility, both internally and externally, including the grounds, are smoke free.</p> <p>Family and residents interviewed confirmed the facility is maintained at a comfortable temperature. The residents interviewed confirmed the temperature in the home are comfortable all year round. There have been no complaints or issues raised about temperatures in the residents' meetings nor in the building maintenance logs.</p>
<p><b>Standard 3.1: Infection control management</b></p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>Gulf Views Rest Home has implemented an infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive and current infection control manual, with input from an infection control consultant. The infection control programme and manual are reviewed annually; this was verified in the documents reviewed.</p> <p>The NM is the designated IPC coordinator, whose role and responsibilities are defined in the infection prevention and control policy and programme. The IPC coordinator is supported by the RNs in monitoring infections within the facility. Infection control matters, including surveillance results, are reported monthly to the general manager, and tabled at the quality/risk committee meeting. This committee includes the IPC coordinator, the health and safety officer, and representatives from food services and household management.</p> <p>Signage at the main entrance to the facility requests anyone who is, or has been unwell in the past 48 hours, not to enter the facility. The COVID-19 infection control procedures were in place including</p>

		<p>keeping documentation for all visitors. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. The interviewed staff understood these responsibilities. Residents and staff were offered influenza vaccinations through their GPs and vaccination consent forms were sighted in documents reviewed.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The IPC coordinator has appropriate skills, knowledge and qualifications for the role. The IPC has attended infection prevention and control study days, as verified in training records sighted. Additional support and information are accessed from the infection control team at the DHB, the community laboratory, the GPs, nurse practitioner and an independent infection prevention and control consultant. The coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The DHB sought evidence of safe and hygienic hand washing techniques following a virtual audit of the facility during Covid 19 lockdown. Staff were observed following appropriate hand hygiene practices on the days of the audit. In residents' rooms, there were hand towels as requested by residents for their use only. Staff use the hand sanitisers posted on rails outside residents' rooms and wash hands in the sluice room or staff bathrooms. The bottles of hand sanitisers were still balanced on the hand rails throughout the facility as the provider has been unable to purchase wall mounted containers to date. The NM stated this is still in progress.</p> <p>The IPC coordinator confirmed the availability of resources to support the programme and any outbreak of an infection. Adequate infection prevention and control emergency/outbreak supplies were observed on the days of the audit. There has been no infection outbreak since the previous audit.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and</p>	FA	<p>The infection prevention and control policies reflected the requirements of the infection prevention and control standard and</p>

<p>control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		<p>current accepted good practice. Policies were last reviewed in 2018 and included appropriate referencing.</p> <p>Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand sanitisers were readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Interviews, observation and documentation verified staff have received education on infection prevention and control at orientation and ongoing education sessions. Education is provided by suitably qualified infection prevention and control consultant and the IPC coordinator. Content of the training is documented and evaluated to ensure it is relevant, current and understood. A record of attendance is maintained, and it was sighted in reviewed records. When an infection outbreak or an increase in infection incidence has occurred, there was evidence that additional staff education has been provided in response. Appropriate education through toolbox talks was provided to all staff and residents during the COVID-19 pandemic. All RNs and HCA's have received additional online training on COVID-19 for nursing professionals, advanced infection control for COVID-19 and donning and doffing of personal protective equipment. Current information pertaining to COVID-19 pandemic infection control was posted on notice boards throughout the facility and information pamphlets were available at the reception.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in their room if they are unwell, increasing fluids during hot weather and for those who are at risk of urinary tract infections. Evidence of this was sighted in the reviewed residents' records.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed</p>	<p>FA</p>	<p>Surveillance is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, skin, fungal, eye,</p>

<p>objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>gastro-intestinal, the upper and lower respiratory tract and scabies. The IPC coordinator reviews all reported infections and these are documented. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers. Graphs are produced that identify trends for the current year, and comparisons against previous years and this is reported to the quality/health and safety committee, IPC committee and all staff. The statistics have provided assurance that infection rates in the facility are low.</p> <p>Regular infection control audits were conducted including hand hygiene, kitchen, audit, food storage and environmental hygiene. Corrective actions were implemented where required.</p> <p>A targeted programme that was commenced in 2017 to reduce urinary tract infections is ongoing and is effective. The programme includes staff education, encouraging increased fluid intake for the identified at risk residents, where it is not medically contra- indicated, and maintaining regular monitoring using the fluid balance charts. Urine tract infections rates continue to be monitored and reported monthly. The surveillance data demonstrated continued low rates compared to 2017 and stable rates in 2018-2019.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Gulf Views Rest Home has a philosophy and practice of no restraint. The NM reported that restraint has never been used and the intention is not to use restraint. The NM reported if a resident required some sort of restraint an extra staff member would 'special' the resident. The restraint coordinator is one of the RNs and demonstrated good knowledge relating to restraint processes. The restraint/enabler register is available if required.</p> <p>A short term/respite resident was using their own bed lever from home as an enabler. Documentation for this had been completed.</p> <p>The restraint minimisation and safe practice policy clearly defines the</p>

		<p>difference between restraint and enablers, and forms and processes are available if a restraint is required.</p> <p>The sample of staff records reviewed showed that training in the prevention of restraint use, managing falls and challenging behaviours occurs at least annually.</p> <p>The prospective provider is fully conversant with the requirements of this standard.</p>
--	--	--

## Specific results for criterion where corrective actions are required

---

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display
--------------------

## Specific results for criterion where a continuous improvement has been recorded

---

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display
--------------------

End of the report.