

# Heritage Lifecare (BPA) Limited - Cargill Care Home & Village

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Heritage Lifecare (BPA) Limited

**Premises audited:** Cargill Care Home & Village

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

**Dates of audit:** Start date: 22 October 2020      End date: 22 October 2020

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

**Total beds occupied across all premises included in the audit on the first day of the audit:** 33

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

## General overview of the audit

Cargill Lifecare and Village (Cargill Lifecare) provides rest home level care for up to 40 residents. The service is operated by Heritage Lifecare (BPA) Limited (HLL) and managed by a care home and village manager (care manager) and a clinical services manager. Both managers have taken on their roles since the last audit. Residents and families spoke positively about the care provided.

This unannounced surveillance audit was conducted against the Health and Disability Services Standards and the service provider's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff and a nurse practitioner.

All standards reviewed demonstrated full attainment. Improvements have been made that are enabling the various stages of the care plans to be completed within expected timeframes, a current approved food control plan is on display and the infection control plan has been reviewed for 2020. These changes have addressed the three areas identified as requiring improvement at the previous audit.

## 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 confirmed to be effective. There is access to interpreter services if required and people with specific communication needs are having these met.

Residents and family members are informed about the complaints process at the time of admission. A complaints register is maintained and demonstrates complaints are resolved promptly and effectively.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The scope, direction, goals, values and mission of the organisation are described within an overarching organisational business plan, alongside business objectives. These are complemented with a Cargill Lifecare specific business plan. Informative monitoring reports about the services are provided to the governing body regularly. An experienced person manages the facility alongside a suitably qualified clinical services manager.

As per the documented quality and risk management plan, the quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved in various aspects of the system and feedback is sought from residents and families. Adverse events are documented with corrective actions implemented.

Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery, were current and are reviewed regularly.

The appointment, orientation and management of staff are based on current good practice. Ongoing staff training that supports safe service delivery is provided according to a documented schedule. Performance reviews are completed annually for all staff. Staffing levels and skill mix meet the changing needs of residents.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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The multidisciplinary team, including a registered nurse and general practitioner, assess residents' needs on admission. Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. Files reviewed demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular and timely basis. Residents are referred or transferred to other health services as required.

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

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

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

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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A current building warrant of fitness is on public display.

## 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 organisation has implemented policies and procedures that support the minimisation of restraint. There were no restraints or enablers in use at the time of audit. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes, including that any use of an enabler is voluntary, for the safety of residents and in response to individual requests.

## 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 infection surveillance is undertaken, and results reported through all levels of the organisation. Follow-up action is taken as and when required. The programme is reviewed annually.

## 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	17	0	0	0	0	0
<b>Criteria</b>	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)
<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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints and concerns policy and associated forms meet the requirements of Right 10 of the Code. Written Information on the complaint process is provided to residents and families on admission and the care manager informed she discusses the process with prospective residents/family members when they tour the facility. People interviewed were familiar with the process. The care manager described how verbal concerns are formalised within the complaints process as applicable.</p> <p>The complaints register is available in hard copy and electronic versions, both of which were consistent with one another. Thirteen complaints have been received since the beginning of 2020 and the register showed that all but one have had actions taken, through to an agreed resolution. Documentation regarding associated correspondence is available and demonstrated the processes are being completed within the required timeframes. The open complaint is still being processed. Complaints management and follow up are the responsibility of the care manager, although the clinical services manager becomes involved when appropriate. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints received from external sources since the previous audit.</p>
<p>Standard 1.1.9: Communication</p>	FA	<p>Residents and family members stated they were kept well informed about any changes to their/their relative's status. Family members confirmed they are advised in a timely manner about any incidents or accidents as well as outcomes of regular and any urgent medical reviews. This was evident in the progress notes and family</p>



<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>communication pages in residents' records reviewed. The clinical services manager confirmed their responsibility for informing residents and family members about any clinical issues, whereas the care manager discusses non-clinical issues with them. Staff understood the principles of open disclosure, which is supported by the organisation's policies and procedures that meet the requirements of the Code of Health and Disability Services Consumers' Right.</p> <p>An interpreter policy provides details of options about who to contact if interpreter services were required. The care manager informed they would also use local Aged Care Association colleagues who have knowledge in this area. Staff interviewed informed that to their knowledge this had never been required as all residents had shown a good command of the English language. The Deaf Association has visited and provided staff training on the management of hearing aids. Examples of support from the Foundation for the Blind, reading key information to residents with a visual impairment and use of a whiteboard to aid communication were provided.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Cargill Lifecare and Village (Cargill Lifecare) Lifecare is a facility owned and operated by the aged care provider, Heritage Lifecare (BPA) Limited (HLL). There is an overarching business plan which outlines the purpose, values, scope, direction and goals of the organisation as well as annual and longer term objectives and action plans. In addition, Cargill Lifecare has its own annually reviewed business plan with objectives according to the topics outlined within the HLL business plan that include financial, maximisation of resident and staff satisfaction, the provision of high quality clinical care and staff at all levels to be actively engaged in health and safety for example. In addition to regular zoom and face to face meetings, the care manager provides monthly reports on operational issues to the regional HLL operations manager. Quality indicator data that is focused on a range of issues such as falls, incidents, complaints and staffing are collated and also provided to the operations manager each month. A sample of these reports was viewed and show adequate information to monitor performance is being reported and followed up.</p> <p>Cargill Lifecare service is managed by a care home and village manager (care manager) who commenced the role in August 2019 and has over 18 years of experience in the health sector. Responsibilities and accountabilities are defined in a job description and individual employment agreement. Although the care manager does not have any formal qualification, this person has worked in regional and business management positions in nursing agencies and a district nursing service. During interview, the care manager confirmed knowledge of the sector, regulatory and reporting requirements and records reviewed confirmed they are maintaining competency through ongoing attendance at all in-service and a number of appropriate external training sessions, attendance at meetings with the Southern DHB portfolio manager and management support through HLL.</p> <p>The service holds a contract with the Southern District Health Board under the Aged Related Residential Care Agreement to provide rest home level care for up to 40 residents. Thirty-three residents were receiving services under this contract at the time of audit, none of which were for respite care.</p>

<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>The organisation has a planned and documented quality and risk system that reflects the principles of continuous quality improvement. This includes reviews on education, clinical issues, complaints, management of incident/accidents, internal audit activities and checklists, infections and monitoring of a wide range of clinical outcome data.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of the quality indicators and that related information is reported and discussed at the monthly quality and risk team meetings, registered nurse meetings and departmental and all staff meetings. Staff reported their involvement in quality and risk management activities through responding to follow-up from internal audits, completing incident forms and participating in meetings and in training sessions as requested. They have ready access to reports on the quality indicator data and those interviewed were familiar with what it means. Relevant corrective actions are developed and implemented to address any identified shortfalls. Resident and family satisfaction surveys are completed annually, however analysis of feedback from the latest 2020 survey has not yet occurred and there was limited information available from the 2019 one. Changes have been made to aspects of food services and others are underway for the activity programme as a result of resident meeting feedback. Resident feedback is sought about renovation that is being progressively being undertaken throughout the building</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and are current. The document control system ensures a systematic and regular review process every three years, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>The care manager described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The care manager has completed relevant training, therefore is familiar with the Health and Safety at Work Act (2015) and continues to implement requirements. Health and safety reports are integrated into the quality and risk meeting minutes and in reports to the HLL support office. Updated hazard registers are available.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported</p>	<p>FA</p>	<p>Staff document adverse and near miss events on an accident/incident form. A sample of incidents forms reviewed showed these were fully completed and the information is entered into an electronic database, which on review confirmed incidents were investigated, action plans developed and actions followed-up in a timely manner by the relevant manger. Adverse event data is collated, analysed and reported through the monthly quality indicator reports that are provided to HLL operations team each month. Quality and risk meeting minutes confirmed that incidents are followed up as described within the incidents log and that any trends are identified, and actions implemented accordingly.</p> <p>The care manager described essential notification reporting requirements. They advised there have been Ministry of Health notifications related to wandering residents (two), a stage three pressure injury, the new relief clinical</p>

<p>to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>services manager, a breach of Covid-19 protocols and a recent coroner's investigation, although the death did not occur in this facility. The coroner's enquiry has involved police investigation and the HLL company lawyer is involved. The local DHB portfolio manager has been informed of an employment mediation process that is underway regarding a registered health professional.</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>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes a formal application process, initial interview, referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained. Annual practising certificates for all health professionals involved with residents at Cargill Lifecare are on file and all are current.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepares them well for their role and additional time with a buddy is added if the new staff person requires or requests it. Excepting for long term staff, for whom records were not retained, staff records reviewed show documentation of completed orientation and a follow-up review interview with the care manager after three months.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Non-attendance at mandatory sessions requires the person to undertake a one on one training with one of the managers, or the registered nurse and may include completion of a quiz depending on the topic. Records reviewed confirmed care assistants have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the Southern DHB. There is currently an external assessor who is contracted to support this process. Brief toolbox training sessions on topical issues under the leadership of the registered nurse, are held regularly and are reportedly enabling early intervention to identified problems. An internal audit on staff training demonstrated compliance with staff training requirements. All staff annual performance appraisals are up to date.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled</p>	<p>FA</p>	<p>Organisational policies and procedures include a documented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). Examples were provided of how the facility adjusts staffing levels to meet the changing needs of residents. Staffing levels are monitored by the care manager and by the clinical services manager to ensure resident safety. The care manager is on call 24/7 for facility enquiries, although such call-outs were reported as being very infrequent. The clinical services manager alternates week by week with the registered nurse for on call after-hours clinical enquiries. This is evident on the roster.</p> <p>Care staff reported there are adequate staff available to complete the work allocated to them and that if they get busy one of the managers or the registered nurse will step in and assist. Residents and family interviewed</p>

<p>and/or experienced service providers.</p>		<p>supported this. Observations and review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in most unplanned absences, or shifts lengthened with one person staying later and one person on the next shift commencing early if it is not possible to fill a shift. Where gaps (four of) were found in the roster, these timeframes coincided with lower occupancy. An additional short shift is added when occupancy increases or acuity is higher. There is a casual staff pool and many staff will also work an additional shift. The laundry person (also a qualified care assistant) will work a shift as a last resort if needed. Over 75% of care assistants have a current first aid certificate including all seniors. At least one senior care assistant is on each shift, therefore there is always a staff member on duty who has a current first aid certificate. The person responsible for medication administration and who has a current competency is identifiable as they have an asterisk beside their name.</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>A safe system for medicine management using an electronic system was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage. A register of competent staff is maintained and updated annually.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The clinical services manager (CSM) or RN checks medications against the prescription and enters them into the system as a record. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Cargill Lifecare currently has no controlled drugs on site but appropriate storage and policies and procedures around management are in place should the need arise.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Records in the electronic system showed good prescribing practices including the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly general practitioner (GP) review is consistently recorded on a spreadsheet and the CSM notifies the GP at the start of each month of those residents requiring review.</p> <p>There were no residents who self-administer medications at the time of audit.</p> <p>There is an implemented process for comprehensive analysis of any medication errors.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid</p>	<p>FA</p>	<p>The food service is provided on site by three cooks and a kitchen team and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years (26 May 2020). Recommendations made at that time have been implemented.</p>

<p>Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</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 food safety plan and registration issued by Invercargill City Council and is current until 31 August 2021. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. All kitchen staff have undertaken food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Of the five files reviewed four residents had stable weight recordings while the fifth was receiving supplements for weight loss which was shown to be effective.</p> <p>Evidence of resident satisfaction with meals is verified by resident and family interviews and resident meeting minutes. Observation of a meal showed residents were given sufficient time to eat their meal in an unhurried fashion.</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 and observations verified the provision of care provided to residents at Cargill Lifecare 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 nurse practitioner interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, care is of a high standard and she has no areas of concern. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs. Residents interviewed reported that they are well looked after, and their needs are met.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The activities programme is provided by a newly appointed activities coordinator who has only been in the role for two months. The position is supported by volunteers who take church services and entertainers. Cargill Lifecare has a van which is used to provide outings and shopping trips.</p> <p>A social assessment and history is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The organisation provides guidelines for activities on a monthly basis which are discussed with the residents and adapted to their preferences. The resident's activity needs are evaluated by observing resident engagement during activities on a daily basis and as part of the formal six-monthly care plan review and multidisciplinary meeting.</p> <p>Activities reflect residents' goals, ordinary patterns of life and include normal community activities such as exercises, newspaper reading and word games. Individual, group activities and regular events are offered. Residents and</p>

		families/whānau are involved in evaluating and improving the programme through residents' meetings. Residents interviewed confirmed they find the programme stimulating and that they are free to join activities of their choice. A calendar of activities is displayed in each resident's room, on the notice board and nurses' station.
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Resident care is evaluated on each shift and reported in the progress notes. The 'Stop and Watch' system is used by the carers to report any change in a resident's condition to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs change. Where progress is different from expected, the service responds by initiating changes to the plan of care which was observed in the five files reviewed. Examples of short-term care plans being consistently reviewed, and progress evaluated as clinically indicated were noted for urinary tract infections, wounds and changes in medication. For problems that remain unresolved specialist advice is sought, and long-term care plans are added to and updated. Residents and families/whānau interviewed provided examples of communication regarding changes of care and their input was sought.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	A current building warrant of fitness with an expiry date of 13 December 2020 is publicly displayed at two main entrances. There have been no structural modifications to the facility since the last audit.
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be</p>	FA	The facility has a documented infection control programme which is reviewed annually.

appropriate to the size and scope of the service.		
<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-intestinal, the upper and lower respiratory tract. 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. This is reported to the quality team. Data is benchmarked externally within the group. Benchmarking has provided assurance that infection rates in the facility are below average for the sector.</p> <p>There have been no outbreaks recorded since the last audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There were no restraints or enablers in use at this facility at the time of the surveillance audit, which was confirmed by staff, the clinical services manager and the care manager.</p> <p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The clinical services manager is the restraint coordinator and has had sufficient previous experience on the topic to be able to provide support and oversight for enabler and restraint management in the facility should this be required.</p> <p>During interview, staff confirmed they have received training on the topic, and they described their awareness of the difference between a restraint and an enabler, different types of restraint and knew that an enabler use is voluntary at the request of the resident. All knew had to access the policies and procedures for further information should they require it.</p>

## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.