

Portwell Care Limited - Cook St Nursing Care Centre

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:	Portwell Care Limited	
Premises audited:	Cook St Nursing Care Centre	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 30 October 2020	End date: 30 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:	29	

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Cook Street Nursing Care Centre provides rest home and hospital level care for up to 30 residents. The service is operated by Portwell Care Limited. The facility is managed by the owner who is a registered nurse. Residents and families spoke positively about the care provided.

This surveillance audit was conducted against the Health and Disability Service Standards. The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, family/whānau, management, staff and a general practitioner.

A continuous improvement rating continues to be awarded for the activities programme.

An area requiring improvement from this audit relates to competencies for medicine management.

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 interpreters via the interpreter services if required.

A complaints register is maintained with complaints resolved promptly and effectively. There has been a complaint investigation by an external agency since the previous audit.

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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Portwell Care Limited is the governing body and is responsible for the services provided. There is a business plan that documents a vision, direction and goals. Systems are in place for monitoring the services provided.

The owners work in the business; one is a registered nurse and has the position of facility manager/clinical director and the other is responsible for the overall operation of the facility. The facility manager is an experienced registered nurse who has managed other aged care facilities and is involved in a number of health and aged care committees. The facility manager is responsible for the clinical services and is supported by a clinical nurse leader.

Quality and risk management systems are in place. There is an internal audit programme. Adverse events are documented on accident/incident forms. Quality data is being collated, analysed and evidenced corrective action plans are developed and implemented. Staff and resident meetings are held.

There are policies and procedures on human resources management. Human resource processes are followed. An in-service education programme is provided, and staff performance is monitored. Care staff are encouraged to complete the New Zealand Qualifications Authority Unit Standards. Staffing levels exceed the contracted requirements.

There is a documented rationale for determining staffing levels and skill mixes to provide safe service delivery that is based on best practice. The facility manager is on call after hours.

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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On admission to Cook St Nursing Care Centre, residents have their needs assessed by the multidisciplinary team within the required timeframes.

Care plans are individualised, based on a range of integrated information. Short term care plans are developed to manage any new problems that might arise. All residents' files reviewed demonstrated that needs, goals, and outcomes are identified and reviewed on a regular basis. Shift handovers and communication sheets guide continuity of care. Residents and families interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is of a high standard.

The planned activity programme is run by diversional therapist. The programme provides residents with a variety of individual and group activities and focuses on maintaining residents' links with the community. A facility van is available for outings.

Medicines are managed according to policies and procedures and implemented using an electronic medication management system. Medications are administered by registered nurses, all of whom have been assessed as competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents verified overall satisfaction with meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building warrant of fitness is displayed at the main entrance to the facility. There have been no structural alterations since the previous audit.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The service has clear policies and procedures that meet the requirements of the restraint minimisation and safe practice standard. There was one resident using an enabler and no residents using restraints at the time of audit.

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, with data analysed, trended, benchmarked and results reported at all levels of the organisation. Follow-up action is taken as and when required.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	15	0	0	1	0	0
Criteria	1	37	0	0	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information is provided to residents and families on admission and there is complaints information available at the main entrance. Residents and families stated that communication about anything they are concerned about is actioned immediately.</p> <p>Review of the register and interview of the facility manager (FM) evidenced no complaints have been received in the past 12 months. Review of documentation evidenced complaints are managed well and timeframes met Right 10 of the Code.</p> <p>Staff interviewed confirmed a sound understanding of the complaint process and what actions are required.</p> <p>There has been one complaint investigation by the DHB concerning the care of a resident since the previous audit. A response to the complaint was provided to the DHB on the 27 July 2019. An email dated 2 October 2019 from the DHB included the outcome and advising the complaint was partially substantiated with recommendations. A response from the manager was reviewed and evidenced the recommendations were already in place. The complaint investigation is now closed.</p> <p>A letter from the Health and Disability Commissioner (HDC) dated 13 August 2020 was reviewed requesting information relating to a resident. The letter notes it was not a complaint investigation about Cook Street Nursing Care Centre. Information was sent to the HDC on the 31 August 2020.</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 families interviewed stated they were kept well informed about any changes to their/their relative's status and outcomes of regular and any urgent medical reviews. This was supported in the residents' files reviewed. Staff understood the principles of open disclosure, which is supported by policy and procedures that meet the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). Innovative ways of communicating with families include via 'Facebook' live feeds, group emails and texting.</p> <p>Interpreter services can be accessed via the interpreter service when required. The facility manager (FM) advised residents' family members and staff can act as interpreters, where appropriate. There were no residents requiring an interpreter at the time of audit.</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>Portwell Care Limited is responsible for the services provided. A business plan includes personal and facility wide visions, five goals with timeframes for review and includes a purpose, scope and direction. The owners are on site every day and the FM and clinical nurse leader (CNL) meet each day to discuss all matters relating to clinical governance. The FM and CNL were observed in constant communication throughout the audit.</p> <p>The facility is managed by one of the owners who is an experienced registered nurse with extensive aged care experience. The FM is involved in various health and aged care committees and holds advisory positions including planning at the DHB during the Covid-19 outbreak. The CNL has been in their position for two years and prior to that was an RN on the floor for two years. The FM reported that HealthCERT has been advised of the change of CNL. The CNL spends time on and off the floor. The CNL's file evidenced appropriate ongoing education. The RN is supported by the CNL.</p> <p>The service's philosophy is in an understandable form and is available to residents and their family/representative or other services involved in referring residents to the service.</p> <p>The facility can provide accommodation for 30 residents. On the day of this audit there were 29 residents. Three hospital level residents under the health recovery contract, one resident under the respite contract, two hospital level residents under the age of 65 years under the long-term chronic health contract and twenty-three residents under the age-related residential care contract.</p> <p>Seven beds have been approved as dual purpose.</p>
<p>Standard 1.2.3: Quality And Risk Management</p>	FA	<p>The organisation has a quality and risk management system that guides the quality programme. Risk management activities are appropriate for the size and scope of the organisation. Quality data is collected, collated, analysed and corrective action plans developed in response to identified issues in a range of ways, including audits,</p>

<p>Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>incident/accident reports, complaints, surveys and deficits identified from meetings. Quality data is graphed month by month by the FM and is available for staff. Staff stated they discuss trends and corrective actions at the staff meetings and at handover. The FM demonstrated sound knowledge relating to quality and risk management.</p> <p>Satisfaction surveys have been sent out electronically and resident and their families have responded. All responses reviewed demonstrated a high level of satisfaction and were very complementary of the care provided. Families are kept in touch with regular emails, 'zoom' and 'Facebook'. Resident meetings minutes evidenced these were held prior to the Covid-19 lock down and have now resumed. Quality and risk management issues are reported and discussed with the owners and at the facility meetings. Review of the meeting minutes confirmed this. The communication book evidenced detailed information and communication documented by the FM for staff.</p> <p>Policies and procedures are fully imbedded and are relevant to the scope and complexity of the service, reflected current accepted good practice and reference legislative requirements. Policies and procedures are reviewed three yearly have footers that showed they were current. New / reviewed policies are available for staff to read and sign off once read. Staff meetings were not held over the Covid-19 lock down and have now resumed. Staff interviewed confirmed this. Staff also confirmed the policies and procedures provided appropriate guidance for service delivery and they were advised of new policies / revised policies. Obsolete documents are archived electronically.</p> <p>The health and safety policy covers all aspects of health and safety management. Actual and potential risks are identified and documented in the hazard register. The register identifies hazards and risks including but not limited to clinical, environmental, staffing and financial, and showed the actions put in place to minimise or eliminate risks. Newly found hazards/risks are communicated to staff. Hazards and safety issues are discussed at staff meetings. The health and safety representative is the FM who demonstrated a sound knowledge of health and safety. Staff confirmed they understood and implemented documented hazard/risk identification processes.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau</p>	<p>FA</p>	<p>Staff document adverse and near miss events on an accident/event form. All forms are reviewed by the RN on duty and the family contacted as appropriate. The CNL is responsible for completing a full review with overview from the FM. Incidents/accidents are investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is collated and analysed by the FM and trends shared with staff through meetings, handover, memos and emails. Graphs are generated and give good information for staff.</p> <p>The FM described essential notification reporting requirements, including for pressure injuries and health and safety issues. There have been no notifications of significant events made to external agencies since the previous audit.</p>

of choice in an open manner.		
<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>PA Moderate</p>	<p>Policies and procedures relating to human resources management are in place. Staff files are managed well and included job descriptions which outline accountability, responsibilities and authority, employment agreements, references, completed orientation, competency assessments, police and visa vetting and training certificates.</p> <p>New staff are required to complete the induction programme. They are 'buddied' with an experienced caregiver with constant support from the FM and CNL. The entire process, including completion of competencies, takes up to three months to complete and staff performance is reviewed at the end of this period and yearly thereafter unless there are performance issues. Staff performance appraisals were current. Annual practising certificates were current for all staff and contractors who required them to practice.</p> <p>The education programme is the responsibility of the FM and CNL. Records are held for staff attendance at training sessions. In-service education is provided for staff and there was documented evidenced that this was provided at least monthly. During the Covid-19 lock down training was provided in various ways. Clinical staff have attended the palliative care programme. External educators provide some sessions and the RNs also attend education sessions provided by the DHB. Staff have current first aid certificates, and these were sighted in staff files.</p> <p>Medication competencies for RNs were current and one caregiver has a current 'second checker' competency for controlled drugs. Competencies for the other caregivers were not current.</p> <p>The Careerforce education programme is also available for staff to complete and staff are encouraged to do so. The CNL is the facility assessor for the programme.</p> <p>Staff confirmed they have completed an induction, including competency assessments. Staff also confirmed their attendance at on-going in-service education and the currency of their performance appraisals.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a documented rationale for determining staffing levels and skill mix to provide safe service delivery including acuity, skill mix of experienced staff and less experienced staff.</p> <p>Registered nurse cover is provided 24 hours, seven days a week. The FM advised there is a casual pool and staff who work short shifts are asked to work more hours if needed. The FM reported the rosters are adjusted to meet the changing needs of residents, resident acuity including occupancy and the environment.</p> <p>The FM and CNL work full time and are on call after hours. The CNL works both on and off the floor (0.4 on the floor and 0.6 off the floor). Five RNs are currently employed and have between one year to 10 years' experience working in the aged care sector. Review of the rosters evidenced two RNs and six caregivers on the morning shift, one RN and three caregivers on the afternoon shift and one RN and one caregiver on at night. The activities coordinator works Monday to Friday 9am to 3.30pm.</p>

		<p>There are dedicated cleaning and laundry staff. One of the owners is responsible for maintenance and operations. The kitchen has a cook and kitchen hands.</p> <p>Residents, families and staff interviewed reported high satisfaction with the staffing levels. Staff commented that 'staffing levels are exceptional'. Observations during the audit confirmed staffing levels are high.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by a RN against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy, however an interview with three RNs identified that at times when busy, one RN did not take the second checker to observe the drug being administered to the right client (refer criterion 1.2.7.5). The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review was consistently recorded on the electronic medicine chart.</p> <p>There were no residents who were self-administering medications at the time of audit. Appropriate processes were in place to ensure this is managed in a safe manner if required.</p> <p>Medication errors are reported to the RN, CNL and FM and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</p> <p>Standing orders are not used at Cook St.</p>
<p>Standard 1.3.13: Nutrition, Safe Food,</p>	FA	<p>The food service is provided on site by a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and was reviewed by a qualified dietitian in July 2020.</p>

<p>And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>Recommendations made at that time have been implemented.</p> <p>A food control plan was in place issued by the Palmerston North City Council, 4th October 2019. A new verification audit is booked for 12th November 2020.</p> <p>The cook has only been in the role for five months and due to Covid-19 restrictions has not been able to access safe food training. Her orientation by the previous cook did include safe food practices. The cook is booked to do the formal training later this month. Kitchen assistants have completed relevant food handling training.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal at Cook St complies with current legislation and guidelines. Food temperatures, including for high risk items, are monitored appropriately, and recorded as part of the plan.</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>The main meal at Cook St is served in the evening. Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys, Aged advisor App reviews of Cook St and resident meeting minutes. Any areas of dissatisfaction were promptly responded to. Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There were sufficient staff on duty in the dining rooms at mealtimes to ensure appropriate assistance is available to residents as needed.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Documentation, observations, and interviews verified that the care provided to residents at Cook St was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of 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</p>	FA	<p>The activities programme is provided by a diversion therapist (DT). A previous initiative to expand the social opportunities, community involvement and events available to residents at Cook St remains ongoing. The philosophy of the DT is 'Cook St will enable you'.</p> <p>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities, and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is</p>

consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.		<p>meaningful to the residents. The resident's activity needs are evaluated regularly and as part of the formal six-monthly care plan review.</p> <p>The planned monthly activities programme sighted matched the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and included a commitment to enabling residents continued participation in community activities. Individual, group activities and regular events are offered and include several volunteers participating. Examples included an exercise session, church meetings, darts, boccia, Vegas games afternoons, arts, crafts, visiting entertainers, quiz sessions and daily news updates. Outings included a weekly visit to the Plaza (mall), games sessions with another rest home, individual resident's outings to attend their club meetings, picnics, art displays, museum visits and local school productions to see residents' grandchildren perform. The activities programme is discussed at the residents' meetings and minutes indicated residents' input is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction and that information is used to improve the range of activities offered. Residents interviewed confirmed they find the programme meets their needs.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN and CNL.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN. Where progress is different from expected, the service responds by initiating changes to the plan of care. Short term care plans are consistently reviewed for infections, pain, and weight loss. Progress is evaluated as clinically indicated. Wound management plans were evaluated each time the dressing is changed. Behaviour management plans were reviewed every time a resident displayed a behaviour that challenged. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building warrant of fitness is displayed in the front entrance and expires on the 9 March 2021. There have been no structural alterations since the previous audit.</p>

<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>	<p>FA</p>	<p>Surveillance of infections at Cook St is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include infections of the urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. When an infection is identified, a record of this is documented in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>The infection control nurse (ICN) and FM review all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via quality and staff meetings and at staff handovers. Surveillance data is entered in the organisation's electronic infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years. Graphs evidence a large reduction in all infections over the past three years. In 2020 all infection numbers have reduced dramatically.</p> <p>A Covid-19 QR code is at the front door (the only entry points currently). All persons entering the building are temperature checked and monitored. Cook St volunteers as a site for staff to be regularly tested for Covid-19, as part of the MoH voluntary vulnerable workplace screening programme. RNs have also been trained to swab for Covid-19 in addition to being trained in phlebotomy in case residents required blood tests to be done during Covid-19.</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>The restraint minimisation and safe practice policy includes a definition, assessment and evaluation details and complies with the requirements of the standard. Restraint has not been used for 18 months. There was one resident using an enabler at the time of audit. Sensor mats and low beds are used so that restraint is not required. Staff interviewed demonstrated sound knowledge of the difference between a restraint and an enabler and the process should a resident request an enabler. Staff have received on-going education relating to challenging behaviours, enablers and restraint.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.2.7.5 A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.	PA Moderate	<p>In-service education is provided to staff and documentation evidenced this was provided at least monthly. During the Covid-19 lock down training was provided via video, group emails, memos, the communication book and at handover. Discussions are held at handover relating to residents with specific health status. Clinical staff have attended the palliative care programme. External educators provide some sessions and the RNs also attend education sessions provided by the DHB. Staff have current first aid certificates, and these were sighted in staff files.</p> <p>Medication competencies for RNs were current and one caregiver has a current ‘second checker’ competency for controlled drugs. Competencies for the other caregivers were last completed in 2018. Caregivers were not consistently accompanying the RN to residents when a controlled drug is administered.</p> <p>An email was received from the FM on the 5 October 2020 advising the DHB that the corrective action has been addressed. Attachments included copies of the completed competencies for caregivers and a memo/letter to clinical staff relating to this and giving instruction about</p>	Apart from one caregiver, second checker competencies for caregivers were not current. Caregivers are not always accompanying the RN to administer controlled drugs to the residents.	<p>Provide evidence that all caregivers who are second checkers for controlled drugs have current competencies and that they accompany the RN to administer controlled drugs.</p> <p>7 days</p>

		caregivers accompanying the RNs to administer controlled drugs.		
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.3.7.1 Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.	CI	<p>The DT approached the Lion's ladies' group to develop and create new events and social opportunities for the residents at Cook St. The group responded and met to discuss the concepts that could be developed to create a partnership that would benefit the residents and the Lions. This has remained ongoing (though was on hold during Covid-19 restrictions). Calendar events were initiated (e.g., high teas, daffodil day, art shows, craft days and fashion shows based round themes). The Lions ladies participate as do residents and families. The Lions then again offered Cook St the opportunity to support Breast Cancer awareness week. The Lions ladies assisted residents to decorate bras and enter them in the Palmerston North Bra Art competition. The community voted for the best bra, using a gold coin. Money raised went to breast cancer.</p> <p>The Lion's ladies continue to be involved with Cook St. They have befriended the residents and visit most days. It remains a working partnership that is of benefit to all concerned.</p>	An initiative to expand the social opportunities, community involvement, and events available to residents at Cook St has increased the number of volunteers involved in the service, improved the social networks between the service and the community and increased the diversity of the events accessible to the residents.

End of the report.