

Victoria Epsom Limited - Victoria Epsom Rest Home

Introduction

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

The audit has been conducted by Q-Audit 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:	Victoria Epsom Limited
Premises audited:	Victoria Epsom Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 22 February 2021 End date: 22 February 2021
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:	23

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Victoria Epsom Limited – Victoria Epsom provides care for up to 24 residents requiring rest home level care.

This unannounced surveillance audit was conducted against a subset of the Health and Disability Services Standards and the provider’s contract with the district health board. The audit process included the review of policies, procedures, residents’ and staff files, observations and interviews with residents, families, a general practitioner, the owner, service manager/registered nurse and staff. An interpreter was not available for this audit. All except two of the residents spoke Cantonese and/or Mandarin. All staff were from several different ethnicities with half of the total staff being fluent in both Chinese and English.

There were no areas identified as requiring improvement at this audit. The six areas of improvement from the previous audit in relation to the clinical management be delegated to a registered nurse as per the facility job description, 24hour registered nurse cover being provided, ensuring sufficient clinical supplies are available within the facility, a storage and disposal system for medicines to be developed and implemented, the menu plan was to be reviewed by a registered dietician, and the infection control programme was to be reviewed annually, have all been addressed.

Residents and family members interviewed were satisfied with the owner/manager, staff and the services they provide.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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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). The consumer rights were explained to the residents in the language they understand. The residents speak Mandarin or Cantonese, and a few speak English.

There is open communication between staff, residents and families and confirmed to be effective. To ensure effective communication, information is made available in Mandarin or Cantonese, and over half of the staff and management can speak Mandarin or Cantonese. All family members interviewed were able to speak both languages and interpret if required. Interpreter services can be accessed through the local district health board.

The service manager/registered nurse is responsible for the management of complaints. A complaints register is maintained and demonstrated that complaints have been 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 organisation's philosophy, mission and vision statement are identified in the business and strategic plan. The service manager/registered nurse is responsible for the day-to-day operation of this service. The owner is available for non-clinical issues.


The service manager and the other members of the care team work together to ensure service planning covers business strategies for all aspects of service. The services offered meet residents' needs, legislative requirements and good practice standards.

The quality and risk system and processes support effective, timely service delivery. The quality management systems included an internal audit programme, complaints management, incident/accident reporting, hazard management, resident satisfaction surveys, and enabler and infection control data collection. Quality and risk management activities and results are shared among managers, staff, residents, and families, as appropriate. Corrective action planning is well documented.

New staff have an orientation appropriate for their role. Staff participate in relevant ongoing education. Applicable staff and contractors maintain current annual practising certificates. Residents and family members confirmed during interview that all their needs and wants were met.

The service has a documented rationale for staffing which was implemented and meets the requirements of the standard and the service's agreement with the district health board. The service manager/registered nurse is on call twenty-four hours a day.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Residents receive services in a competent and timely manner. The registered nurses (RNs) are responsible for completing nursing assessments, care plans and evaluations. Assessments are current and up to date. Interventions are adequate to meet the residents' assessed needs.

The planned activities provided are appropriate to meet the needs, age, culture, and setting of the service. The activities reflect the ordinary patterns of life and include involvement of other representatives and other community groups.

The service uses pre-packaged medication system, paper based and e-prescribing systems. Medication is administered by staff with current medication administration competencies. Medication reviews are completed by the general practitioners (GPs) in a timely manner.

All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. There is a current food safety plan in place.

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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Victoria Epsom has a current building warrant of fitness. There have been no changes to the building since the last audit except for ongoing maintenance and refurbishment. There have been no changes required to the approved fire evacuation plan since the last 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 a commitment to not use restraint and there were no restraints or enablers in use during the audit. The restraint minimisation and safe practice policy and definitions complied with the standard.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The infection control surveillance programme is suitable to the size and scope of the service. Infection rates are monitored and shared with staff and the management team. Data on infections is collated and analysed to identify trends.

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	18	0	0	0	0	0
Criteria	0	42	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>Victoria Epsom implements organisational policies and procedures to ensure complaints processes reflect a fair complaints system that complies with the Code of Health and Disability Services Consumers' Rights (the Code). During interview, residents, family and staff reported their understanding of the complaints process and noted they had no complaints. Complaint forms are present at the main entrance and included an area for the recording of complaints, feedback and compliments. The forms contained information written in both English and Chinese. This was verified to be an accurate translation by a resident and family member.</p> <p>A complaints register is maintained by the service manager/registered nurse (SM/RN), and associated records were verified. One complaint of a minor nature was last received in 2019. The complaint was investigated and responded to in a timely manner. There have been no complaints received from the District Health Board (DHB), Ministry of Health (MOH) or Health and Disability Commissioner (HDC) since the last audit.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with</p>	FA	<p>The service promotes an environment that optimises communication. The service manager/registered nurse (SM/RN) stated that interpreter services can be accessed through the local district health board if required, but this is rarely required due to most care staff, the RN, owner, and the GP able to speak Cantonese and Mandarin, use of family members and communication cards. Additional staff who identified from other ethnicities stated at interview that residents are able to make their needs known to them. Information and documents such as service agreements, consents, annual staff and resident/family survey forms have been translated into both Chinese and</p>

<p>consumers and provide an environment conducive to effective communication.</p>		<p>English.</p> <p>Two residents and five family members who were able to speak and understand English were interviewed. An interpreter was not available on the day of the audit. Other residents were observed, and family/resident satisfaction surveys reviewed confirmed residents' satisfaction with the care provided including communication with staff.</p> <p>Residents and family members stated they were kept well informed about any changes to their/their relative's health status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. Records of adverse events, and progress notes confirmed that family were contacted. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</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>Victoria Epsom has a documented mission statement, philosophy and values that is focused around the provision of quality care where residents' independence is encouraged, and individual needs identified and met in order to enhance each resident's quality of life in a 'homely' environment. The philosophy is about providing needs-based care. The business plan for 2020 reviewed provides specific aims, and ambitions to be achieved and is currently under review for 2021.</p> <p>The owner is readily available to residents and family as verified by residents and families interviewed. The business is leased and has been since 2015. The day to day operations and ensuring the wellbeing of residents is the responsibility of the SM/RN who has been in this role since 09 March 2020. The SM/RN service manager monitors the progress in achieving goals via day to day activities, resident / family feedback and monitoring of the results of quality. The owner and the SM/RN are both aware of the aged related residential care (ARRC) contract requirements, current legislation and care planning requirements.</p> <p>The SM/RN has completed the required relevant ongoing education as required to meet the provider's contract with Auckland District Health Board (ADHB). The owner, the SM/RN, the casual RN and most caregivers can communicate with the residents in Chinese and English.</p> <p>The service has a contract with ADHB for the provision of aged-related rest home level care for up to 24 residents. All 20 residents on the day of audit are reported to have been assessed as requiring rest home level care. There are three boarders currently at this rest home. Two boarders live in the rest home and one resides in an external building situated in close proximity to the home.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation</p>	<p>FA</p>	<p>When the SM/RN is absent the owner is always available. The clinical responsibilities would be managed by the casual/relieving registered nurse who is experienced and interRAI competent. Staff reported at interview that the current arrangements work effectively. This was an area identified for improvement in the previous audit and has</p>

<p>ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>		<p>been addressed.</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>Victoria Epsom has a quality and risk management system which is understood and implemented by service providers. This includes internal audits, satisfaction surveys, incident and accident reporting, the health and safety programme, hazard management, infection control data collection and management, restraint minimisation and complaints / compliments management. Regular internal audits are conducted and the results of seven audits sampled demonstrated a high level of compliance with organisation policy. A resident satisfaction survey was conducted in August 2020. Feedback was received from 14 residents and was positive about the services provided. A staff satisfaction survey was conducted in September 2020.</p> <p>If an issue or deficit is found, a corrective action is put in place to address the situation. Corrective actions were developed and implemented. Quality information is shared with all staff via shift handover as well as via the three monthly staff meetings. The minutes of staff meetings are made available to staff. Staff interviewed verified they were kept well informed of relevant quality and risk information. In addition, quarterly service review meetings are held. Templates are used to discuss individual resident's needs, incident/accidents, audits, complaint and other quality and risk data along. Opportunities for improvement are discussed, along with identifying areas of compliance or changes with policies and procedures.</p> <p>The SM/RN and the activities co-ordinator hold three monthly meetings with residents to obtain residents' feedback on services, food, infection prevention and control principals, health and safety, and activities as well as to obtain information for future planning. The minutes of three recent meetings were sighted.</p> <p>Policies and procedures were readily available for staff. Policies have been developed by an external consultant (dated 2019) and localised to reflect the needs of Victoria Epsom. A copy is held at the nursing station. The contracted quality manager and the SM/RN are responsible for document control processes.</p> <p>Staff, residents and family members interviewed expressed a high level of satisfaction about the services provided at Victoria Epsom.</p> <p>Actual and potential risks are identified in the quality and risk plan. These were reviewed in 2020. Mitigation strategies have been documented. The owner could detail organisation risks and how these were being addressed. Staff confirmed that they understood and implemented documented hazard identification processes. A flow chart is</p>

		available to guide staff. The hazard register sighted was up to date and communicates key issues to staff who have English as a second language. Maintenance issues are reported in real time and in the records sighted all reported events have been promptly addressed.
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Policy and procedures (updated 2019) detailed the required process for reporting incidents and accidents including near miss events. Staff are provided with education on their responsibilities for reporting and managing accidents and incidents during orientation and as a component of the ongoing education programme.</p> <p>Applicable events are being reported in a timely manner and disclosed with the resident and/or designated next of kin. This was verified by residents and all family members interviewed. A review of reported events including falls with or without an injury, challenging behaviour, and an unwell resident requiring transfer to acute care service demonstrated that incident reports were completed, incidents were investigated and responded to in a timely manner. Staff communicated incidents and events to oncoming staff via the shift handover. A summary of events was discussed with staff at the staff meetings as detailed in meeting minutes sighted and reviewed at the quarterly service review meetings.</p> <p>The owner and the SM/RN are aware of the events that are required to be reported to external agencies including the DHB and HealthCERT and the process. The SM/RN advised there have been no events that have required external notification since the last 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>	FA	<p>Copies of the annual practising certificates (APCs) were sighted for the general practitioner (GP) the pharmacist, the podiatrist and two registered nurses (RNs). Recruitment processes included completing an application form, conducting interviews and reference checks. Police vetting is occurring for new staff at employment. Staff have a job description on file. The job description / employment contract and confidentiality documents included a statement advising staff of privacy / confidentiality requirements. Annual performance appraisals were current in the applicable staff files sampled.</p> <p>New employees are required to complete an orientation programme relevant to their role. A workbook is utilised to ensure all relevant topics are included. New employees are buddied with senior staff for a number of shifts until the new employee is able to safely work on their own.</p> <p>A staff education programme was in place with in-service education provided monthly. Four staff interviewed including the team leader have been to a study day for care staff on the morning of the audit. The topics for education are scheduled over the two year period and align with Victoria Epsom's contract with ADHB. Education provided in 2020 year to date, included fire safety, the aging process, health and safety, food safety, infection prevention and control, communication, commonly used medications, medi-map, wound care, insulin and the dietary</p>

		<p>requirements for persons with end of life care. Staff can also attend external education provided for the ARRC sector as was observed today covering dental care for the elderly. Records of all education were maintained and copies of some education certificates were present in the staff records. There are processes in place to ensure applicable staff ongoing competency for medicines management. The casual RN who currently completes all interRAI assessments has completed the interRAI competency requirements. There were no care givers currently working to complete an industry approved qualification as nine of ten care givers are senior caregivers (having completed relevant training) and some care givers have been registered nurses overseas. All staff have completed workplace first aid and this was recorded in the staff records reviewed.</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>A policy details staffing levels and skill mix requirements, and this aligns with the requirements of the provider's contract with Auckland District Health Board (ADHB).</p> <p>The current roster was reviewed as well as past rosters for the last month. The owner is available Monday to Friday as required for non-clinical issues. The SM/RN is available Monday to Friday on-site and is on-call twenty four hours a day seven days a week (24/7) and lives on-site at Victoria Epsom. This was an area of improvement identified at the previous audit which has been fully addressed.</p> <p>Two caregivers are rostered on every morning, afternoon and one care giver is on night shift. The SM/RN advised that additional staff hours would be allocated to meet the care needs of the residents if required. Additional care staff can be rostered on if resident care needs change.</p> <p>One RN is on site five days a week. The casual RN is on call when not on site. This was verified by interview with the SM/RN, owner and the caregivers interviewed.</p> <p>A cook is rostered on duty four days a week and another cook three days a week and the two cooks share this responsibility.</p> <p>The care staff undertake the cleaning and personal laundry daily. Other laundry is contracted off site.</p> <p>The owner and/or service manager take residents to health appointments off site in the event a family member is unable to attend with the resident.</p> <p>A staff member with a current first aid certificate is always on duty, including accompanying the residents on outings.</p> <p>Residents and the family members interviewed confirmed their personal and other care needs are being well met.</p> <p>The owner advised there were no staff vacancies. Volunteers are not involved in providing services.</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>There is a safe electronic medication management system in place that was observed on the day of the audit. The medication management policy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. Staff who administer medication had current medication administration competencies.</p> <p>The caregiver who was observed administering medicines demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. Medicines were stored safely in the locked cupboards in the nurses' station. Staff have individual passwords to access the electronic medication records. The medicine fridge and medication room temperatures were monitored, and the reviewed records were within the recommended ranges.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN completes medication reconciliation upon residents' readmission from acute services and when medication is received from the pharmacy. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request. Unwanted medicines are returned to the pharmacy. There were no controlled drugs stored onsite on the day of the audit. The controlled drugs storage cupboard is secure and meets the legislative requirements. There are processes and guidelines in place for administration of controlled drugs when required. The controlled drug register sighted provided previous evidence of weekly and six-monthly stock checks.</p> <p>The GP completed three-monthly medication reviews consistently, this was verified on electronic medicine charts reviewed. Dates were recorded on the commencement and discontinuation of medicines. Evaluation of pro re nata (PRN) medicines administered were completed consistently. Standing orders were not used.</p> <p>There are four residents who were self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner. Interviewed staff demonstrated awareness of the medication self-administration process.</p> <p>The previous audit corrective action relating to overstocking bulk supply medications was addressed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids</p>	<p>FA</p>	<p>Residents' nutritional needs were identified on admission by the RNs and diet profiles were completed. Special dietary requirements, including likes, dislikes and allergies were identified and accommodated in the meal plan. Copies of the dietary forms were sighted in the kitchen file. Special equipment, to meet resident's nutritional needs, was available.</p> <p>The food service is provided on site by two Cooks and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns in a four week cycle. The menu has been reviewed by a</p>

<p>and nutritional needs are met where this service is a component of service delivery.</p>		<p>qualified dietitian on 20/01/20 and the previous audit corrective action has been addressed. Recommendations made at that time have been implemented.</p> <p>The service operates with an approved and current food safety plan and registration issued by the ministry of primary industries. The food safety plan expires on the 28 August 2021. Food temperatures were monitored appropriately and recorded as part of the plan. Fridge and freezer temperatures were monitored and documented as required. The kitchen was clean, no expired food was found in the pantry and left-over food was covered and dated. The Cooks have completed a safe food handling qualification, with the caregivers completing relevant food handling training.</p> <p>Interviewed residents and family reported satisfaction with the food service and this was verified in the satisfaction surveys sighted. On the day of the audit residents were given enough 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>	<p>FA</p>	<p>The interventions documented in the long-term care plans reviewed were adequate and appropriate to address residents' assessed needs and desired outcomes. 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 interviewed GP verified that medical input was sought in a timely manner, and care was provided as prescribed. Adequate equipment and resources were available to meet the residents' needs. The previous audit corrective action was addressed. Adequate wound management supplies were sighted on the day of the audit.</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>	<p>FA</p>	<p>The RNs complete the activities assessment on admission with input from residents and family. There is a weekly activities planner in place and daily activities written on the white board. Twice per week there is a contracted Chinese group that provides activities onsite. On other days the activities are monitored and initiated by the caregivers. The activities on the schedule reflected ordinary patterns of life, were specific to the cultural needs of the residents and included community activities. Residents can participate in individual or group activities as desired. Residents below 65years have one-on-one activities planned to meet their individual needs and can join the activities on the planner with the above 65 group if desired. Residents were observed participating in various activities on the day of the audit.</p> <p>The resident's participation in activities were recorded daily and activity needs were evaluated as part of the formal six monthly interRAI and care plan review. The satisfaction survey verified residents' and family involvement in evaluating and improving the activities programme. The interviewed residents and family confirmed residents' satisfaction with the activities programme.</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>Long-term care plans and short-term care plans were evaluated by the RNs in a timely manner. Evaluations sighted were individualised and indicated the residents' degree of response to the interventions and progress towards achieving the desired outcome. Changes were made to the care plans where the desired goal was not met. The interviewed residents and family confirmed their involvement in the evaluation of progress and resulting changes. The long-term care plans sighted were signed by residents and family or enduring power of attorney where indicated.</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>	<p>FA</p>	<p>The building has a current building warrant of fitness (expiry 28 April 2021). There have been no changes to the facility except ongoing maintenance and refurbishment of residents' rooms as they become available. There have been no changes to the approved fire evacuation plan.</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>The service has had no changes to the fire evacuation scheme since the previous audit and the last fire drill and education was provided for all staff on the 21 January 21.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities,</p>	<p>FA</p>	<p>The infection surveillance carried out is in accordance with the agreed objectives specified in the infection control programme and is appropriate for the size and setting of the service. All identified infections were documented, monthly data collated and analysed. Recommendations and corrective actions to assist with reducing and preventing infections were acted upon. Short term care plans were implemented with appropriate interventions to manage the identified infections. New infections and any required management plans were discussed at handover, to ensure early intervention occurs. Monthly surveillance results were shared with staff in staff meeting. Comparisons against previous months were conducted and the reviewed infection statistics evidenced minimal</p>

<p>and methods that have been specified in the infection control programme.</p>		<p>infection rates.</p> <p>COVID-19 pandemic contact tracing measures were implemented. There was no infection outbreak reported since the last audit. The previous audit corrective action relating to review of annual review of the infection control programme was addressed. The infection control programme sighted was last reviewed in December 2020.</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>Policies and procedures identify that the facility is restraint free. All policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provided guidance on the safe use of both restraints and enablers should they be implemented. The SM/RN is the restraint minimisation coordinator.</p> <p>On the day of audit, no residents were using restraints or enablers. Enablers were described in policy as the least restrictive and used voluntarily at a resident's request. Restraint would only be used as a last resort when all alternatives have been explored. Staff education related to restraint was last undertaken in March 2020 and training on managing challenging behaviours occurred in September 2020 as identified in the staff education records sighted.</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.