

Carter Society Incorporated - Carter Court Rest Home

Introduction

This report records the results of a Certification 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: Carter Society Incorporated

Premises audited: Carter Court Rest Home

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 21 April 2021 End date: 22 April 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: 39

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

Carter Court Rest Home provides rest home and hospital level care for up to 42 residents. The service is operated by the Carter Society Incorporated and managed by a manager and nurse manager. Residents and families spoke positively about the care provided.

This certification audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board (DHB). The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, a general practitioner (GP) and a nurse practitioner (NP).

The only service change since the previous surveillance audit in July 2019 was the reconfiguration of one rest home bed to a dual purpose bed. This increased the number of dual purpose beds from 17 to 18 and decreased the number of rest home only beds to 24. There have also been changes in the board membership.

Residents and families spoke positively about the care provided.

No areas of improvement were identified during this audit. Two ratings of continuous improvement were awarded in staff training and good practice in clinical care.

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.

All standards applicable to this service fully attained with some standards exceeded.

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is made available to residents on admission to Carter Court Rest Home, and information regarding the Code is readily available and accessible all around the facility. Opportunities to discuss the Code, consent and availability of advocacy services is provided at the time of admission and thereafter as required.

Carter Court Rest Home provides services in a manner that respects the residents' choices, personal privacy, independence, individual needs, and dignity. Staff were noted to be interacting with residents in a respectful manner.

Care for residents who identify as Māori is guided by a comprehensive Māori health plan and related policies.

There was no evidence of abuse, neglect or discrimination at Carter Court Rest Home and staff understood and implemented related policies. Professional boundaries are maintained.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to formal interpreting services if required.

The service has linkages with a range of specialist health care providers, which contributes to ensuring services provided to residents are of an appropriate standard.

A complaints register is maintained with complaints 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.

Business and quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation. Monitoring of the services provided to the governing body is regular and effective. Experienced and suitably qualified people manage the facility.

The quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved 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 and were current and reviewed regularly.

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

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

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.

Carter Court Rest Home work closely with the local Needs Assessment and Service Co-ordination Service, to ensure access to the facility is appropriate and efficiently managed. When a vacancy occurs, sufficient and relevant information is provided to the potential resident/family to facilitate the admission.

Residents' needs are assessed by the multidisciplinary team on admission within the required timeframes. Shift handovers, key worker allocation, and communication sheets guide continuity of care.

Care plans are individualised, based on a comprehensive and integrated range of clinical information. Short-term care plans are developed to manage any new problems that arise. All residents' files reviewed demonstrated that needs, goals, and outcomes are identified and reviewed on a regular basis. 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. Residents are referred or transferred to other health services as required, with appropriate verbal and written handovers.

The planned activity programme is overseen by a diversional therapist, two recreation assistants and 12 volunteers. The programme provides residents with a variety of individual and group activities seven days a week. The programme includes maintaining ongoing links with the community, which is a high priority within the Carter Court Rest Home philosophy of care. A facility van is available for outings.

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using an electronic system. Medications are administered by registered nurses and enrolled 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.

Waste and hazardous substances are well-managed. Staff use protective equipment and clothing. Chemicals, soiled linen and equipment are safely stored.

The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

Laundry is undertaken onsite and evaluated for effectiveness.

Staff are trained in emergency procedures, use of emergency equipment and supplies and fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells. Security is maintained.

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.

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. A comprehensive assessment, approval and monitoring process with regular reviews occurs. Use of enablers is voluntary for the safety of residents in response to individual requests. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

Infection prevention and control

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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The infection prevention and control programme, led by an experienced and appropriately trained infection control officer, aims to prevent, and manage infections. Specialist infection prevention and control advice is accessed from the Wairarapa District Health Board.

The programme is reviewed annually.

Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and supported with regular education.

Aged care specific infection surveillance is undertaken, analysed, trended, benchmarked and results reported through 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	1	44	0	0	0	0	0
Criteria	2	89	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Carter Court Rest Home (Carter Court) has policies, procedures, and processes in place to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options, and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Nursing and care staff interviewed at Carter Court understand the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed show that informed consent has been gained appropriately using the organisation's standard consent form including for photographs, outings, invasive procedures, and collection of health information. Advance care planning, the advanced treatment plan, establishing and

		<p>documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented where relevant in the resident's file. Staff demonstrated their understanding by being able to explain situations when this may occur.</p> <p>Staff were observed to gain consent for day-to-day care on an ongoing basis.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Brochures relating to the Advocacy Service were available at reception. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons.</p> <p>Staff were aware of how to access the Advocacy Service.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Carter Court is committed to supporting the community and enabling the residents of the facility to maintain their links. Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment. The service is supported by 12 volunteers who participate within the activities programme and providing additional support if needed.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' families and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed said they understood the process and would not hesitate to raise concerns if they had any. Residents are encouraged and supported to raise issues and concerns at their monthly meetings.</p>

		<p>The manager is responsible for complaints management and follow up with input from the clinical manager for issues related to clinical care. The complaints register contained evidence of four written and verbal complaints received over the past year. Each complaint had been acknowledged in writing the same day as the complaint was received. Details about investigations and actions taken were clearly documented and resolution was reached in each situation within a short timeframe. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. An anonymous complaint submitted to the Ministry of Health and copied to the DHB, regarding management of waste was found to be unsubstantiated.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents and family members interviewed report being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and discussion with staff. The Code is displayed in common areas around the facility. Brochures on the Code, the Advocacy Service, how to make a complaint and feedback forms are easily accessible in the front entrance.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Residents family members confirmed that the services are provided by staff in a manner that has high regard for resident's dignity, privacy, sexuality, spirituality, and choices.</p> <p>Staff understood the need to maintain privacy and were observed doing so throughout the audit, when attending to personal cares, ensuring resident information is held securely and privately, exchanging verbal information and discussion with families, the General Practitioner (GP) and the Nurse Practitioner (NP). All residents have a private room.</p> <p>Residents are encouraged to maintain their independence by participating in community activities, regular outings to the local shops or areas of interest and participation in clubs of their choosing. Each care plan included documentation related to the resident's abilities, and</p>

		<p>strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious, and social needs, values and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect is part of the orientation programme for staff and is then provided on an annual basis (last held October 2020), as confirmed by staff and training records.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>Evidence verifies staff support the one resident at Carter Court who identifies as Māori to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into day-to-day practice, as is the importance of whānau to Māori residents. There is a current Māori health plan developed with input from cultural advisers. Guidance on tikanga best practice is available and supported by several staff and allied health professionals in the facility who identify as Maori.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>Residents and family members verified that they were consulted on their individual culture, values and beliefs and that staff respect these. Resident's personal preferences, required interventions and special needs were included in all care plans reviewed; for example, food likes and dislikes and attention to preferences around activities of daily living. A resident satisfaction questionnaire includes evaluation of how well residents' cultural needs are met, and this supported that individual needs are being met. Interviews described the care provided by care staff as responsive to anything that was requested, with nothing ever being too much.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion,</p>	FA	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. A GP and NP when interviewed expressed a high degree of</p>

harassment, sexual, financial, or other exploitation.		<p>satisfaction with the standard of services provided to residents of Carter Court.</p> <p>The induction process for staff includes education related to professional boundaries and expected behaviours. All registered nurses (RN's) have records of completion of the required training on professional boundaries. Staff are provided with a Code of Conduct as part of their individual employment contract. Ongoing education is also provided on an annual basis, which was confirmed in staff training records. Staff are guided by policies and procedures and, when interviewed, demonstrated a clear understanding of what would constitute inappropriate behaviour and the processes they would follow should they suspect this was occurring.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	CI	<p>Carter Court encourages and promotes good practice through the promotion of a culture of care-person focussed, holistic care. The organisation recently redefined the organisations values and Kaupapa, with a whole team input to enable increased trust and collaboration between nurses, GP, and NP. The staff agreed on the philosophy of care, and value their workplace. They feel valued and enabled to contribute. The culture at Carter Court enables commitment to good care in an environment of caring for one another.</p> <p>The commitment to good care guided Carter Court to trial the Health Quality and Safety Commissions Care Guide, around an Advanced Treatment Plan in aged residential care, and the trial was supported by the Wairarapa District Health Board (WDHB). The plan (after some adjustments), is being used as a tool at Carter Court to enable their residents a wide range of choices around their ongoing treatment. The use of the tool has been found to be valuable and well received by residents, and its availability is being offered to other aged care providers in the region, with the support of WDHB. At the time of audit an evaluation on the effectiveness of the tool by residents had not been undertaken.</p> <p>The drive to ensure staff are trained and qualified to provide quality palliative care has enabled Carter Court to offer palliative services that meet the needs of the community. A fully funded bed remains</p>

		<p>accessible to the community to be accessed at short notice if needed for palliative care or health recovery. The room enables family members to stay if needed, and provides a small kitchenette, to meet the family and the residents' additional needs. Funding for the bed is provided by the WDHB. In addition to this, a rest home room is assigned solely for respite care. Carers in the community are enabled a break when needed knowing they can book a respite bed at Carter Court for a planned holiday period.</p> <p>A presentation on the 'complexity of delivering palliative care at Carter Court, a rural aged care facility in Carterton South Wairarapa' was presented to the WDHB, and to a Palliative Care NZ conference by the nurse manager of Carter Court. This recognised the commitment of the facility towards palliative care. The provision of high-quality palliative care at Carter Court recognises the support of the community and allied professionals in enabling this to occur.</p> <p>Good practice is supported by policies that reflect best practice. There are 14 level three and level four care staff who hold the national certificate in aged care training, and three on site qualification assessors at Carter Court who assist in staff training. Carter Court has input from external specialist services and allied health professionals, for example, diabetes nurse specialist, physiotherapist, wound care specialist, community dieticians, services for older people, and mental health services for older persons. A high degree of commitment is made to education of staff (refer criterion 1.2.7.5). The GP and NP confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff reported they receive management support for external education and access their own professional networks, such as on-line forums, to support contemporary good practice.</p> <p>Other examples of good practice observed during the audit included a commitment to the management of recurring fungal infections. This is an area identified as one of continuous improvement.</p>
Standard 1.1.9: Communication	FA	Residents and their family members stated they were kept well informed about any changes to their own or their relative's status, were

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. There was also evidence of resident/family input into the care planning process. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Interpreter services can be accessed via Interpreting New Zealand when required. Staff knew how to access the service however reported interpreter services were rarely required due to most residents being able to speak English.</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>The annual business and strategic plan outline the purpose, values, scope and goals of the organisation. The documents describe annual and longer term objectives and the associated operational plans. A sample of monthly reports to the trust executive committee showed detailed information to monitor performance is reported including financial performance, emerging risks and issues, occupancy and health and safety.</p> <p>The manager has been employed by the trust for eleven years, initially in a finance and business administration role and took up the role as facility manager in 2017.</p> <p>This person is supported by an experienced nurse manager who oversees clinical care. Responsibilities and accountabilities are defined in their job description and individual employment agreements. Both managers confirmed knowledge of the sector, regulatory and reporting requirements. They maintain currency in their roles by attending local DHB meetings, sector conferences and study days and liaison with other managers in the sector.</p> <p>Carter Court has contracts with the DHB for aged related residential care services, long term support- chronic health conditions (LTS-CHC) and short-term residential care (respite) and a day programme.</p> <p>The facility is certified to provide accommodation for 42 residents (18 dual purpose and 24 rest home only beds) with 39 beds occupied on the first day of audit. There were 15 hospital level residents one of</p>

		whom was under 65 years of age funded by LTS-CHC, and 24 were rest home level residents. All were permanent long term residents.
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>When the manager is absent, the nurse manager carries out all the required duties under delegated authority. During absences of key clinical staff, the clinical management is overseen by a senior registered nurse who is experienced in the sector and able to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The organisation has well established quality and risk management systems which monitor all areas of service delivery, reflect the principles of continuous quality improvement and contribute to meeting annual quality targets.</p> <p>Internal audits are conducted each month by the manager, nurse manager and other staff. Any deficits identified by these audits are documented, reported to the board and discussed at a range of monthly staff meetings. Minutes of meetings reviewed for various meetings, including for example management group/quality/infection control and restraint, RN, staff, health and safety and resident meetings, evidenced regular reporting and review of data.</p> <p>Other quality data is collected, collated and analysed to identify trends. This includes incident/accidents, satisfaction surveys, infections, pressure injuries and medication errors. An in depth analysis of all falls is carried out each month to identify trends for example, frequent fallers, the time of the day and type of fall.</p> <p>Corrective actions are developed and implemented then followed up to check the effectiveness of the actions taken. The manager demonstrated sound knowledge relating to quality and risk management. The monthly quality report reviewed is comprehensive. Staff reported they are kept fully informed and discuss quality data at their meetings including trends and what corrective actions have been put in place. Interviews of staff evidenced they are kept fully informed</p>

		<p>by the manager and nurse manager.</p> <p>Resident and family satisfaction surveys are completed annually and evidenced residents and families are satisfied or very satisfied with the services provided.</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, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>A risk management plan 2021-2022 is in place. Actual and potential risks are identified and documented. The hazard register includes but is not limited to clinical, environment, staffing and financial risks. The manager, who has overview of health and safety, is responsible for the management of hazards, including putting in place appropriate controls to eliminate or minimise all hazards on site. Interview with the manager confirmed this. Hazards are communicated to staff and residents as appropriate.</p> <p>The manager demonstrated a sound understanding of health and safety requirements. Staff confirmed they understood and implemented the documented hazard 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 of choice in an open manner.</p>	FA	<p>Adverse, unplanned or untoward events are documented by the RNs, the EN and health care assistants (HCA) on hard copy forms and are reviewed by the NM before being sent to the manager for analysis and reporting. Information is entered into the electronic system including a register of all incident/accidents. The nurse manager is responsible for the development of any corrective actions and close out of investigations. Review of the register, incident/accident reports and interview of staff indicated appropriate management of adverse events.</p> <p>Residents' files evidenced communication with families following adverse events involving the resident, or any change in the resident's health status. Families confirmed they are advised in a timely manner</p>

		<p>following any adverse event or change in their relative's condition.</p> <p>Staff are aware of essential notification requirements. The nurse manager stated there have been two Section 31 notifications made to HealthCERT for pressure injuries since the last audit. The only other notifications were for changes in board membership and management.</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>Policies and procedures relating to human resources management are based on relevant legislation and good employment practices. Staff files reviewed included job descriptions which outline accountabilities, responsibilities and authority, employment agreements, references, completed orientation performance appraisals and police vetting.</p> <p>New staff are required to complete an induction prior to completing the orientation programme. The entire orientation process, including completion of competencies, takes up to three months to complete and staff performance is reviewed at the end of this period. Orientation for staff covers the essential components of the service provided. Staff reported the orientation process prepared them well for their role.</p> <p>A quality improvement project which commenced in 2017 and was aimed at increasing staff attendance at training, achieved incremental improvements each year until its completion in April 2021. This is recognised and described in criterion 1.2.7.6.</p> <p>There is a focus on continuing education, and care staff are encouraged and supported to complete a New Zealand Qualification Authority education programme. The manager and NM advised four care staff have completed level 4, and another two are progressing level 4, 10 have completed level 3 and three are currently completing level 3, four care staff have achieved level 2. There are three Careerforce assessors on site who support staff through their self-directed learning.</p> <p>Education occurs at annual compulsory study days and in-service sessions. The education plan for 2021 shows a range of education topics related to aged care to occur monthly in conjunction with staff meetings. Attendance is entered into an electronic spread sheet. External educators are sourced and staff have the opportunity to</p>

		<p>attend other external education, following which they are expected to share the information with the rest of the staff. Registered nurses have the opportunity to attend sessions provided by the local DHB. Competencies were current, including medication competencies for the RNs and EN and HCAs as second checkers.</p> <p>Three of the eight full time RNs are interRAI trained and have current competencies. There is at least one staff member on each shift with a current first aid certificate.</p> <p>Staff performance appraisals were current. Annual practising certificates were current for all staff and contractors who require them to practice.</p> <p>Staff confirmed they have completed an orientation. Staff also confirmed their attendance at on-going in-service education and that their performance appraisal was current.</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>	FA	<p>There is a documented rationale for determining staffing levels and skill mix to provide safe service delivery. Currently the total number of staff employed is 61. Registered nurse cover is provided 24 hours, seven days a week. The manager advised there is a casual pool of an RN and health care assistants (HCA) who can work at short notice. The manager reported the rosters are adjusted to meet the changing needs of residents, resident acuity including interRAI, occupancy and the environment. Review of the rosters confirmed there are sufficient skilled and experienced carers and RNs on site for each shift.</p> <p>The manager and NM work full time Monday to Friday and share on call after hours with other RNs. Eight RNs and two ENs are currently employed. All the RNs and EN are experienced in caring for the older adult. There are 24 HCAs who have been working at Carter Court for timeframes varying from many years to several months.</p> <p>Residents, families, staff, the NP and the GP interviewed demonstrated satisfaction with the staffing levels.</p> <p>Cleaning and laundry staff are on site seven days a week and work sufficient hours to complete their workloads. A divisional therapist is employed Monday to Friday with a casual person on call for resident</p>

		<p>outings. Maintenance is contracted out and a gardener is employed. The kitchen has cooks and kitchen hands who cover the allocated hours, seven days a week. There is also a receptionist and an administrator employed Monday to Friday.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The resident's name, date of birth and National Health Index (NHI) number are used on labels as the unique identifier on all residents' information sighted. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP, NP, and allied health service provider notes. Records were legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely on site and are readily retrievable using a cataloguing system.</p> <p>Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Electronic medication records are stored in a secure portal.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents enter Carter Court when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as being at the level provided by the facility. Prospective residents and/or their families are encouraged to visit the facility prior to admission and meet with the Manager or the NM. They are also provided with written information about the service and the admission process.</p> <p>Family members interviewed stated they were impressed with the initial introduction to Carter Court, the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments, and signed admission agreements in accordance with contractual requirements.</p>

<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Exit, discharge, or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses the WDHB 'yellow envelope' system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident, and the family. At the time of transition between services, appropriate information, including medication records and the care plan is provided for the ongoing management of the resident. All referrals are documented in the progress notes. An example reviewed of a patient recently transferred to the local acute care facility showed transfer was managed in a planned and co-ordinated manner. Family of the resident reported being kept well informed during the transfer of their relative.</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 is current and identifies 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 member (RN) observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff (RNs and ENS) who administer medicines are assessed as competent to perform the function they manage.</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 in administration. 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 include 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 is consistently recorded on the electronic medicine chart.</p> <p>There were no residents who self-administer medications at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner.</p> <p>Medication errors are reported to the RN and NM 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 used at Carter Court and comply with standing order guidelines.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The food service is 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 has been reviewed by a qualified dietitian 29 July 2020. Recommendations made at that time have been implemented.</p> <p>An up-to-date food control plan is in place. A verification audit of the food control plan by the Carterton District Council took place on 6 August 2020. Six areas requiring corrective action were identified and these have been attended to. The plan is verified for 12 months.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. Food temperatures, including for high-risk items, are monitored appropriately, and recorded as part of the plan. The cook has undertaken a safe food handling qualification, with kitchen assistants completing relevant 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</p>

		<p>made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals is verified by resident and family interviews, satisfaction surveys 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 are sufficient staff on duty in the dining rooms at mealtimes to ensure appropriate assistance is available to residents as needed.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>If a referral is received, but the prospective resident does not meet the entry criteria or there is currently no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. Examples of this occurring were discussed with the NM and evidenced in a file reviewed. There is a clause in the admission agreement related to when a resident's placement can be terminated.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>On admission, residents of Carter Court are assessed using a range of nursing assessment tools such as pain scale, falls risk, skin integrity, nutritional screening, dental assessment, and depression scale to identify any deficits and to inform initial care planning. Within three weeks of admission residents are assessed using the interRAI assessment tool, to inform long term care planning. Reassessment using the interRAI assessment tool, in conjunction with additional assessment data, occurs every six months or more frequently as residents changing conditions require.</p> <p>In all files reviewed initial assessments are completed as per the policy and within 24 hours of admission. InterRAI assessments are completed within three weeks of admission and at least every six months unless the resident's condition changes. Interviews,</p>

		<p>documentation, and observation verifies the RNs are familiar with requirement for reassessment of a resident using the interRAI assessment tool when a resident has increasing or changing need levels.</p> <p>Wound care assessments include photographs. Behaviour assessments are sighted in files where residents evidence episodes of behaviours that challenge. Falls assessments are reviewed after each fall event. A post falls assessment occurs after every fall with neurological observations undertaken if a bang to the head may have occurred. Residents' weights and base line recordings are reviewed each month or earlier if indicated.</p> <p>All residents have current interRAI assessments completed by one of three trained interRAI assessors on site. InterRAI assessments are used to inform the care plan.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. In particular, the needs identified by the interRAI assessments are reflected in the care plans reviewed.</p> <p>Care plans evidenced service integration with progress notes, activities note, medical and allied health professional's notations clearly written, informative and relevant. Any change in care required was documented and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of care plans. Care plans are signed by residents or family members to verify participation.</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 the provision of 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 GP and NP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of an exceptional standard. Care staff confirmed that care was provided as outlined in</p>

		the documentation. A wide range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs.
<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 trained diversional therapist, two recreation assistants and with the support of 12 volunteers. The programme at Carter Court is provided seven days a week.</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 resident's activity needs are evaluated regularly and as part of the formal care plan review every six months.</p> <p>The planned monthly activities programme sighted is diverse and matches the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and include normal community activities. Individual, group activities and regular events are offered. A range of activities occurring in Carter Court are provided by the community that supports the facility for example, digital seniors (teaches the residents how to manage their mobile phones, iPads, tablets, and personal computers), Carterton singing group, local entertainers. Other onsite activities include pet therapy, a canary breeding programme, gardening, Tai Chi, knitting, church and games. There are van outings 2-3 times a week to other rest homes, the beach, and community events. At every birthday there is a drinks service at lunch. Happy hour is every fortnight, and the residents prepare the nibbles from the items provided as requested from the kitchen. The residents meeting is run by an independent board member. The activities programme is discussed, and minutes indicated residents' input is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction with the services provided by Carter Court. Residents interviewed confirmed they find the activities 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.</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. Photographs are used to evaluate the effectiveness of wound care management strategies. Where progress is different from expected, the service responds by initiating changes to the plan of care. Short-term care plans were consistently reviewed for infections, medication changes, pain, weight loss and progress evaluated as clinically indicated. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a main medical provider, residents may choose to use another medical practitioner. If the need for other non-urgent services is indicated or requested, the GP, NP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to Mental Health, Addiction and Intellectual Disability Service (MHAIDS). Referrals are followed up on a regular basis by the RN, NP and/or GP. Referrals are responded to promptly. The resident and the family are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Staff follow effective processes for the management of waste and infectious and hazardous substances. These are monitored through the internal audit programme. Appropriate signage is displayed where necessary.</p> <p>The chemical supply company provides hands-on training for staff. Material safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill/event</p>

		<p>occur.</p> <p>There were ample supplies of protective clothing and equipment available and staff were observed using this.</p> <p>There are two well equipped sluice rooms at either end of the facility.</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>A current building warrant of fitness (expiry date 30 June 2021) is publicly displayed.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of biomedical equipment is current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. The environment is hazard free, residents are safe and independence is promoted.</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting.</p> <p>Residents and staff confirmed they know the processes they should follow if any repairs or maintenance is required. They said requests are followed up in a timely way and that they were very happy with the environment.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. This includes eight shared toilets and four showers in two wings and 14 bedrooms which have their own ensuites. There are separately designated staff and visitor toilets. Appropriately secured handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas</p>	FA	<p>All bedrooms are for single occupancy. Rooms are personalised with furnishings, photos and other personal items displayed. Mobility aids,</p>

appropriate to the consumer group and setting.		wheelchairs, and mobility scooters are stored in areas that don't impede egress when not in use. A need for more storage space has been identified and will be included in the new build scheduled for 2021. Staff and residents reported that the size of bedrooms is adequate for the needs of the residents.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	Communal areas are available for residents to engage in activities. There is one large dining room and two lounge areas located within easy walking distance for residents and staff. There are other smaller sitting areas located throughout the facility for residents and their visitors. Furniture is appropriate to the setting and residents' needs.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Laundry is undertaken on site. Dedicated laundry staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner.</p> <p>There is a small designated cleaning team who attend regular training in safe use of chemicals which is provided by the chemical supply company. Chemicals were stored in lockable areas and were in appropriately labelled containers.</p> <p>Cleaning and laundry processes are monitored regularly through the internal audit programme. Any improvements identified are reported back to staff and remedial actions are checked to ensure the problem is fixed.</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>	FA	Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on the 29 April 2004. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 22 February 2021. The orientation

		<p>programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, rechargeable torches, first aid supplies and gas cookers were sighted. There was a sufficient supply of water stored for 42 residents for five days, which meets the Ministry of Civil Defence and Emergency Management recommendations for the region. Emergency lighting is regularly tested and there is access to a generator if required.</p> <p>Call bells alert staff to residents requiring assistance. The call system is monitored informally by the senior staff and residents and families reported staff do respond promptly to call bells.</p> <p>Appropriate security arrangements were in place. Doors and windows are locked at a predetermined time.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows and some have doors that open onto outside garden or small patio areas. Heating is provided by electricity in residents' rooms and in the communal areas. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature.</p>
<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 appropriate to the size and scope of the service.</p>	FA	<p>Carter Court provides a managed environment that minimises the risk of infection to residents, staff, and visitors by the implementation of an appropriate infection prevention and control (IPC) programme. Infection control management is guided by a comprehensive and current infection control manual, developed at organisational level with input from an external advisory company. The infection control programme and manual are reviewed annually.</p> <p>An RN, with input from the IPC management committee, is the designated infection control officer (ICO), whose role and responsibilities are defined in a job description. Infection control</p>

		<p>matters, including surveillance results, are reported fortnightly to the management committee and monthly to staff, RN, and executive meetings. Infection control statistics are recorded in the organisation's infection register. The organisations executive is informed of any IPC concern.</p> <p>Signage at the main entrance to the facility requests anyone who is or has been unwell in the past 48 hours not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these related responsibilities.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The ICO has appropriate skills, knowledge, and qualifications for the role, having attended infection control study days at the WDHB as verified in training records sighted. Well-established local networks with the infection control team at the WDHB are available and expert advice from an external advisory company is available if additional support/information is required. The ICO has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>Interview with the ICO and the NM confirmed the availability of resources to support the programme and any outbreak of an infection.</p> <p>Ongoing education has been provided on the management of Covid-19, and there are clearly documented processes in place around what precautions are to be taken when alert levels change. The service has the necessary consents in place to manage the upcoming Covid-19 vaccine roll out, due in the week following audit.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service</p>	FA	<p>The IPC policies reflect the requirements of the IPC standard and current accepted good practice. Policies were reviewed within the last year and included appropriate referencing. A pandemic plan is in place that identifies actions to be taken in all areas of the operation based on alert levels.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed</p>

provided.		following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves, as was appropriate to the setting. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>Priorities for staff education are outlined in the infection control programme annual plan. Interviews, observation, and documentation verified staff have received education in IPC at orientation and ongoing education sessions. Education is provided by the ICO. Content of the training was documented and evaluated to ensure it was relevant, current, and understood. A record of attendance was maintained. When an infection outbreak or an increase in infection incidence has occurred, there is evidence that additional staff education has been provided in response. An example of this occurred when there was an initiative implemented around the management of recurrent fungal infections (refer criterion 1.1.8.1).</p> <p>During the COVID-19 high alert levels training in handwashing, isolation and the correct use of PPE was ongoing.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in their room if they are unwell and increasing fluids during hot weather.</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>	FA	<p>Surveillance is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and skin infections. 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 ICO reviews all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors</p>

		<p>and required actions. Results of the surveillance programme are shared with staff via RN, staff meetings and at staff handovers. Surveillance data is entered in the organisation's infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years.</p> <p>A 2020 analysis of the recurrence of fungal infections was identified and action taken to reduce these by 50% (see criterion 1.1.8.1).</p> <p>No norovirus outbreaks have occurred at Carter Court in the past two years. There was an influenza/respiratory outbreak in September 2019 affecting six residents and several staff members. This was reported to Public Health and WDHB, however no cause was identified.</p> <p>A good supply of personal protective equipment is available. Carter Court has processes in place to manage the risks imposed by Covid-19</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The restraint coordinator is a senior RN who provides support and oversight for enabler and restraint management in the facility.</p> <p>On the days of audit, there were no residents using restraints or enablers. There were several alternatives to restraint in use to prevent injury to residents. These included sensor mats, low beds and bed wedges to prevent the resident rolling over and off the bed.</p> <p>Restraint is used as a last resort when all alternatives have been explored. The most recent restraint intervention was a bed rail which was discontinued two months earlier when clinical review of the resident revealed they were no longer at risk of falling from bed. This was confirmed by information in the restraint register, the residents file and interviews.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.1.8.1 The service provides an environment that encourages good practice, which should include evidence-based practice.	CI	<p>It had been identified by the infection control officer that Carter Court had several residents with recurrent fungal infections and there was no policy or procedures in place for the surveillance, management, treatment, and prevention of fungal and candida infections. The aim was to minimise the risk of recurrent infections through improved surveillance and management.</p> <p>A three-monthly review of fungal infections was undertaken in late 2020. 22% of the fungal infections were found to be recurrent. Preventative measures were researched. A review of findings and recommendations were identified and presented to the NM, Manager, NP, and GP. New policies and procedures were developed and adopted. A review three months later showed a 50% reduction in recurrence of fungal infections. Residents reported increased comfort with these improved results. There is now clear management and treatment protocols for fungal infections at Carter Court.</p>	Improved surveillance and management of fungal infections has resulted in a 50% reduction in recurrent infections.

<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	CI	<p>Carter Court continues to plan and facilitate educational opportunities for all its staff by way of monthly in service training sessions and individual career development plans. Since 2017 the service provider had tried various different ways to attract staff to come to scheduled training. An annual compulsory staff study day was introduced in early 2018. The study day is offered on two different days and includes mandatory topics, some of which are requirements for the national certificate in health and wellness. This also ensures that all staff have participated in learning about essential topics such as emergency management, infection control, restraint, falls risk reduction, consumer rights, and cultural safety. At least 90% staff attended in 2018 and 100% in 2021. The documented feedback from participants is very positive and evaluation of the four year project confirmed it succeeded with embedding a learning environment and creating a cohesive team culture. This is also reflected in the results of the most recent staff satisfaction survey.</p>	<p>Significant improvements in staff attending training and progressing their educational achievements has improved staff culture and satisfaction which in turn leads to better outcomes for resident care.</p>

End of the report.