

Heritage Lifecare (BPA) Limited - Waterlea 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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity: Heritage Lifecare (BPA) Limited

Premises audited: Waterlea Rest Home

Services audited: Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 2 June 2021 End date: 2 June 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: 59

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

Waterlea Lifecare provides rest home and dementia care for up to 61 residents. The service is operated by Heritage Lifecare Limited and managed by a care home manager and a clinical manager. Residents said they are happy living here and family members spoke positively about the care provided.

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

There were no areas identified as requiring corrective action.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Open communication between staff, residents and families is promoted, and confirmed to be effective. Communication support services are available, including access to interpreter services.

Information about how to make a complaint and the complaints process is readily available. A complaint register demonstrates complaints are resolved promptly and effectively.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The values, mission and goals of the service provider are described within both a business plan and a quality and quality and risk management plan. Detailed monitoring reports on a range of aspects of service delivery are provided to the governing body on a regular basis. The care home manager is an experienced and suitably qualified person, as is the clinical manager of the facility.

Quality and risk management systems in place include the collection and analysis of quality improvement data and the identification of trends for quality improvement purposes. Opportunities for improvement are planned and actioned. Staff are involved and feedback is sought from residents and families. Adverse events are documented and analysed with corrective actions implemented when indicated. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery and are reviewed regularly.

Human resource processes that include the appointment, orientation and management of staff are based on current good practice. Staff training schedules and attendance records confirmed a systematic approach to identify and deliver ongoing training is in place. Annual staff performance reviews are being completed. Staffing levels and staff skill mixes meet the changing needs of residents.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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Residents of Waterlea Lifecare have their needs assessed on admission and within the required timeframes by members of the multidisciplinary team. Shift handovers that include a physical walk around, 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 family members when interviewed reported being well informed and involved in care planning and evaluation, and that the care provided at Waterlea Lifecare is of a high standard.

The planned activity programmes are provided by three activities assistants. The programmes in both units provide residents with a variety of individual and group activities and maintains their links with the community. 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, enrolled nurses, or senior care staff, 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 and family members verified overall satisfaction with meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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A current building warrant of fitness is on public display. The facility meets the needs of residents and is well maintained. Electrical equipment is tested as required, as is a range of bio-medical equipment. External areas are accessible, safe and provide shade and seating.

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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Organisational policies and procedures support the minimisation of restraint. There were no enablers or restraints in use at the time of audit. Education sessions on restraint minimisation and the management of behaviours that challenge are occurring and staff demonstrated a sound knowledge and understanding of these 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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Surveillance of aged care specific infections is undertaken at Waterlea Lifecare. Data is analysed, trended, and benchmarked. Results are reported through all levels of Heritage Lifecare. Follow-up action is taken as and when required.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	0	0	0	0
Criteria	0	39	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so. Additional information and copies of complaint forms are near the front reception, as is a complaint and suggestion box. Staff were familiar with the complaint processes, what actions are required and knew the importance of updating managers about any complaint.</p> <p>The complaints register reviewed showed that two complaints have been received over the past year and that actions taken, through to an agreed resolution, are documented and completed within the timeframes. One of these was a staff complaint about another staff person. Complaint management and follow up is the responsibility of the care home manager. There have been no complaints received from external sources since the previous audit.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and	FA	<p>Residents and family members stated that managers and registered nurses keep them well informed, including in relation to changes in their/their relative's health status and details and follow-up about any accident or incident. The care home manager and the clinical nurse manager work together to keep the relevant people up to date following a significant event. Residents' records reviewed confirmed the timeliness of these communications. Staff and managers confirmed during interview that they understood the principles of open disclosure. Policies and procedures on open disclosure and incident/accident reporting meet the requirements of the Code.</p>

provide an environment conducive to effective communication.		Managers and staff interviewed knew how to access interpreter services, although they reported this has not been required in recent times with all residents able to speak English. Policies and procedures that guide staff to approach the Blenheim Migrant Centre, or internet based translation services are in place and were viewed. A former resident had reportedly received assistance from Blind Low Vision New Zealand.
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The Heritage Lifecare Limited business plan for Waterlea Lifecare has just been reviewed and signed off. This covers the scope, vision and values of the organisation, describes 'the Heritage Way' and includes goals and objectives with operational plans for the organisation, some of which are specific for Waterlea Lifecare. Monthly monitoring reports on key performance indicators are provided to the support office. These also include quality improvement updates as well as the identification and reporting of ongoing and any emerging risks. A regional manager maintains vigilance with ongoing telephone and personal meetings with the care home manager and the clinical nurse manager and provides support and advice as applicable.</p> <p>The service is managed by a care home manager who holds relevant management qualifications and has been in the role for 17 years. During interview, this manager confirmed knowledge of the sector with reports of ongoing attendance at in-house education sessions, regional forums, Heritage Lifecare conferences, three monthly District Health Board portfolio meetings and three monthly dementia zoom meetings. Responsibilities and accountabilities are defined in a position description and individual employment agreement. The care home manager has recently won the award for the 2021 small to medium size rest home manager of the year for Heritage Lifecare.</p> <p>The service holds contracts with the Nelson Marlborough District Health Board to provide rest home dementia care, rest home care, including for respite care under the Age Related Residential Care Agreement (ARRC) and two people on long term service – chronic health conditions (LTS-CHC) contracts. On the day of audit 19 of the 19 dementia care beds were occupied as were 40 of the 42 rest home beds.</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</p>	FA	<p>Waterlea Lifecare under Heritage Lifecare Limited has a planned quality and risk system that reflects the principles of continuous quality improvement. A documented quality and risk plan includes a set of annual quality goals, terms of reference for various staff and resident meetings and a 12 month calendar of quality and risk related activities. These include management of incidents and complaints, internal and external audits, a regular patient satisfaction survey, monitoring of outcomes, clinical incidents including infections and falls and restraint use.</p> <p>Monthly quality and risk committee, registered nurses, staff and residents' meeting minutes were reviewed separately. These confirmed regular review and analysis of quality indicators and that related information is reported and discussed. Staff reported they are updated on quality and risk management activities including incident</p>

<p>system that reflects continuous quality improvement principles.</p>		<p>reporting, infection data and falls data through their regular meetings, are involved in internal audits, are required to read policies and procedures and to attend training. There were multiple examples of corrective actions having been developed and the actions to be taken followed through.</p> <p>Resident and family satisfaction surveys are required to be completed annually; however, the survey for 2021 has just been released with a covering letter of apology that the 2020 survey results had not been analysed as there had been insufficient responses to make it worthwhile. Surveys had reportedly been sent electronically, which had not worked for the residents. To rectify this, hard copies have been distributed for 2021 with an electronic option. Results from the 2019 survey noted missing clothes, toilet cleaning and the menu as key issues of concern. The care home manager described how each of these had been addressed. A comprehensive internal audit system is being implemented according to the annual schedule with corrective action developed when required and results reported through the relevant meetings.</p> <p>Although a full policy and procedure review had not been undertaken pre-audit, as this is a surveillance audit, those reviewed cover all expected components. Documents sighted 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>An organisational risk management plan and register which are currently being reviewed, described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. Both managers are familiar with the Health and Safety at Work Act (2015) and requirements have been implemented. A hazard register, which is a 'living' document is available.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open</p>	<p>FA</p>	<p>Staff document adverse and near miss events on a hard copy accident/incident form. These are reviewed by the clinical nurse manager and the care home manager and the details are then loaded into the electronic system. A sample of incidents forms reviewed showed these were fully completed, with open disclosure having occurred, the incidents investigated, action plans developed and actions followed-up in a timely manner. Severity assessment codes (SAC) are allocated to each and these are used for prioritising subsequent actions. Adverse event data is collated, analysed and reported to the quality and risk management meetings. Information from adverse events is also a component of the key performance indicators that are reported to and further analysed by the Heritage Lifecare Limited support office.</p> <p>The care home manager and the clinical nurse manager share the role of attending to essential notification reporting requirements. Examples of completed Section 31 notifications were for wanderers, a medicine error and a possible resident related staff injury. No other reportable events had occurred since the last audit.</p>

manner.		
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes a formal application and interview process, referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained. There is a process in place to check all practising certificates of health professionals who provide clinical services annually. A record of these was sighted.</p> <p>Staff orientation includes all necessary components relevant to the role. Orientation records in staff files varied as many were employed under the auspices of a different corporate age care provider; however, all showed a relevant orientation had been completed. The current orientation process is comprehensive with a checklist of key topics the new staff person must be aware of, a list of competencies to complete and a minimum of three days with a buddy, which is flexible depending on the previous experience of the person being orientated. A review interview is undertaken with the clinical nurse manager around week six and any upskilling and education needs are identified. Staff reported that the orientation process works well for all concerned and they appreciate the flexibility of the buddying.</p> <p>Continuing education is planned on an annual basis and recorded in separate training and competency spreadsheets. Staff education includes mandatory training requirements and emergent issues. Mandatory requirements are now covered in four hour training blocks offered every few months, which has resolved an issue of staff having gaps in their requirements. Caregivers have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Two staff members are internal assessors for the programme. Staff working in the dementia care area have either completed or are enrolled in the required education with a recent update provided May 2021. With five of six registered nurses interRAI trained, there are sufficient registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled</p>	FA	<p>Policies and procedures on rationale for staffing levels and skill mix and for rostering processes are in place to enable the provision of safe service delivery, 24 hours a day, seven days a week (24/7). Heritage Lifecare has developed dashboards, which provide frameworks on what a fortnight allocation of staff should look like. Staff reported there are generally adequate staff members on duty, although it can become more of a challenge if a resident becomes unwell. In such an event, the registered nurse in the rest home who has not been allocated a resident workload, will take over care of this person on morning and afternoon shifts.</p> <p>Afterhours on call processes are in place, with staff reporting that good access to advice is always available. Observations and review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff</p>

and/or experienced service providers.		replaced in any unplanned absence. Registered nurses are on morning and afternoon shifts in both the rest home and the dementia service, although in some instances, the afternoon team leader in the dementia wing may be an enrolled nurse, or a senior caregiver. Three caregivers cover the night shift with one in the rest home, one in the dementia care unit and the third being a floater. At least one staff member has a current first aid certificate on each shift as all registered nurses, all senior care givers and the van drivers have completed this training. The registered nurse on morning shift does the medicine round, which enables them to sight each person and they then follow-up on any concerns. Senior caregivers undertake the mid-day medicine round. There were no reports of staff shortages from residents and family members interviewed.
<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 at Waterlea 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 observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by an RN and a senior care staff member, 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 medication competent 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 electronic 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 was one resident at Waterlea who self-administers a cream and eye drop 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 clinical manager (CM) and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</p> <p>Standing orders are not used at Waterlea.</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 in January 2021. 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 was undertaken in March 2021 by the Marlborough District Council. No areas requiring corrective action were identified and the plan was verified for 18 months with expiry due 23 September 2022.</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 made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Residents in the secure unit have access to food any time night and day. The three files reviewed of residents in the secure unit verified these resident weights were stable or increasing.</p> <p>Evidence of resident satisfaction with meals is verified by resident and family members of residents' interviews and resident meeting minutes. 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 1.3.6: 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. Residents in the secure unit had behaviour management plans that identified triggers to the behaviours and strategies in place to minimise these triggers. The NP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. The use of de-escalation strategies in preference to the use of medication was a focus in caring for residents at Waterlea. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7:</p>	FA	<p>The activities programme at Waterlea is provided by three activities assistants. One activities person is based in each of the two areas seven days a week. Oversight of the activities programme being provided in the secure unit is</p>

<p>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>supported by monthly on-line forums with the diversional therapists and activities staff from other Heritage Lifecare's care sites. In addition, the activities staff attend the meetings of the local diversional therapy interest group, and liaise with the previous diversional therapist who works in a local community role. Waterlea is in the process of trying to recruit another diversional therapist for the facility.</p> <p>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities, and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated regularly and as part of the formal care plan review every six months. Residents in the secure unit have twenty-four-hour activities plans in place, which reflects the resident's former routines and activities that are familiar.</p> <p>The planned monthly activities programme sighted for each of the two units match 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. Examples included exercises, quiz sessions, daily news updates, games, church services, walks and one to one activity. The activities programme is discussed at the monthly residents' and family meetings. Minutes indicated residents' input is sought and responded to. Resident and family members of residents when interviewed expressed satisfaction with the activities provided at Waterlea. The number of outings that included involvement in community events has decreased since the limitations imposed by the risks of Covid-19. The plan is for these to increase again as the risk of exposure reduces.</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. 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, pain, weight loss and progress evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Wound management plans were evaluated each time the dressing was changed. Behaviour management plans were evaluated based on behaviour monitoring events. Residents and families/whanau of residents when interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are</p>	FA	<p>A current building warrant of fitness with an expiry date of 1 July 2021 is publicly displayed near the front entrance.</p> <p>There have been no modifications to the building since the last audit.</p>

provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.		
<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 of infections at Waterlea 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 infection control nurse (ICN/CM) reviews all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via quality and RN meetings and at staff handovers. Surveillance data is entered into Heritage Lifecare's electronic infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years. Data is benchmarked internally within the group's other aged care providers. Incidence of all infections at Waterlea was seen to be low. There have been no recent Norovirus outbreaks at Waterlea since 2018.</p> <p>A good supply of personal protective equipment is available, and the facility has processes in place to manage the risks imposed by Covid-19.</p> <p>All residents and staff who have consented, are fully vaccinated against Covid-19. The Influenza vaccination programme will commence after the stand down period, as per the Covid-19 protocol.</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 related to restraint minimisation and safe practice meet the requirements of this standard and provide guidance for the safe use of both restraints and enablers, should this be required. The restraint coordinator, who is the clinical nurse manager, has been in the role for a number of years and as per a documented role description provides support and oversight for the management of safety concerns and of behaviours that challenge. Results of an internal audit on restraint minimisation identified the need to ensure behaviour management plans are kept up to date and this resulted in staff being updated via a toolbox talk.</p> <p>On the day of audit, there were no residents requiring either an enabler or a restraint.</p> <p>Restraint reports continue to be included in quality and risk meeting minutes and confirm restraint is only to be used as a last resort when all alternatives have been explored. The managers and staff take pride in maintaining the Waterlea Lifecare as a restraint free facility. The last use of restraint was recorded in the register as being in 2018</p>

		before a person was transferred to a higher level of care. During interview, staff noted the usefulness of the training they receive on the management of behaviours that challenge.
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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.