

Sound Care Limited - Eltham Care 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: Sound Care Limited

Premises audited: Eltham Care Rest Home

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

Dates of audit: Start date: 2 December 2021 End date: 3 December 2021

Proposed changes to current services (if any): The provider intends to build a 24-bed hospital wing in 2022 that will extend from the existing facility.

Total beds occupied across all premises included in the audit on the first day of the audit: 38

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Eltham Care Rest Home is certified to provide rest home and dementia level care for up to 42 residents. The facility is owned by Sound Care Limited and is managed by a facility manager with support from a clinical manager, the owner/director and the senior management team.

Residents and families reported high satisfaction with 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. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, families, managers, staff, the residents' advocate, the owner/director, the senior management team and a general practitioner.

There are no areas requiring improvement from this audit.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Eltham Care Rest Home ensures the Health and Disability Commissioner's Code of Health, and Disability Services Consumers' Rights (the Code) is made available to residents and their family/whānau. Opportunities to discuss the Code, consent and availability of advocacy services is provided at the time of admission and thereafter as required.

The facility provides services in a manner that respects the choices, personal privacy, independence, individual needs, and dignity of residents. Staff were observed and reported to interact 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 and staff understood and implemented related policies. Professional boundaries are maintained.

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

Eltham Care Rest Home has linkages with a range of specialist health care providers, and this contributes to ensuring services provided to residents are of an appropriate standard.

A complaints register is maintained with complaints resolved promptly and effectively. There have been two complaints investigated by external agencies since the previous audit.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Sound Care Limited is the governing body and is responsible for the services provided. The business plan includes a vision, values, philosophy and objectives and goals. Quality and risk management systems are fully implemented at Eltham Care Rest Home and documented systems are in place for monitoring the services provided, including regular reporting by the facility and clinical managers to the senior management team and the owner/director.

The facility is managed by a suitably qualified manager who started in the position in July 2020. The facility manager and clinical manager are supported by senior management team including the owner/director who are all registered nurses. The clinical manager is responsible for the clinical service.

An internal audit programme is in place. Adverse events are documented on accident/incident forms electronically. Corrective action plans are developed, implemented, monitored and signed off as being completed to address the issue/s that require improvement. Quality, health and safety, management, staff and residents' meetings are held regularly.

Actual and potential risks including health and safety risks are identified and mitigated.

Policies and procedures on human resources management are in place and followed. Staff have the required qualifications. An in-service education programme is provided, and staff performance is monitored.

A documented rationale for determining staffing levels and skill mix is in place. The clinical manager is on call after hours with back up from the senior management team.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people. Up to date, legible and relevant residents' records are maintained in using integrated electronic and hard copy files.

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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Eltham Care Rest Home works closely with the local Needs Assessment and Service Co-ordination Service, to ensure access to the facility is efficiently managed. When a vacancy occurs, relevant information is provided to the potential resident/family/whānau to facilitate the admission.

Residents' needs are assessed by the multidisciplinary team on admission within the required timeframes. Shift handovers and an electronically generated handover sheet guides 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/whanau 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.

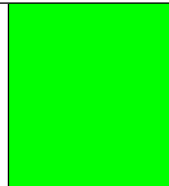
The planned activity programme is overseen by a diversional therapist. The programme provides residents with a variety of individual and group activities and maintains their links with the community. A facility van is available for outings.

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using an electronic system. Medications are administered by 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 their family/whanau 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.

A current building warrant of fitness is displayed at the front entrance. Preventative and reactive maintenance programmes include equipment and electrical checks.

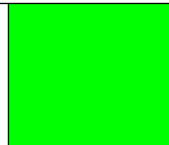
Bedrooms provide single accommodation. Adequate numbers of bathrooms and toilets are available. Lounges, dining areas and alcoves are available. Shaded, external areas and sitting are provided.

An appropriate call bell system is in place, with timely responses to call bells reported by residents/whānau. Security and emergency systems are in place. Staff are trained in emergency procedures and emergency resources are readily available. Emergency supplies are checked regularly. Fire evacuation procedures are held six monthly.

Protective equipment and clothing are provided and used by staff. Chemicals, soiled linen and equipment were safely stored. All laundry is laundered on site. Cleaning and laundry processes are evaluated for effectiveness.

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.

Eltham Care Rest Home has policies and procedures in place that meet the requirements of the restraint minimisation and safe practice standard. There were no residents using a restraint or enablers at the time of audit. Restraint processes in place meet the standards should they be required.

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 at Eltham Care Rest Home, aims to prevent and manage infections. The programme is led by a trained and experienced infection control coordinator. Specialist infection prevention and control advice is accessed from the Taranaki 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.

Surveillance of aged care specific infections at the facility is undertaken, analysed and trended. Results are 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	0	45	0	0	0	0	0
Criteria	0	93	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Eltham Care Rest Home (Eltham) has 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.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Nursing and care staff interviewed understand the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed showed 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.</p> <p>Advance care planning, establishing, and documenting enduring power of attorney (EPOA) 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>All residents' files reviewed of residents in the secure unit had an activated EPOA in place</p>

		Staff were observed to gain consent for day-to-day care on an ongoing basis.
<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. Posters related to the Advocacy Service were also displayed in the facility, and additional brochures 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>There is a residents' advocate at Eltham who assists with the residents' exercise programme once a week and attends the residents' meetings. An interview with the advocate, verified their knowledge of the role. Any residents' concerns that require the assistance of the advocate are responded to promptly by management.</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>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community (when Covid-19 restrictions permit) by attending a variety of organised outings, visits, shopping trips, activities, and entertainment.</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>The younger residents at Eltham are enabled to access the community, resources, facilities, and mainstream support, when Covid-19 restrictions are not in place.</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. The information is provided to residents and families on admission and complaints information and forms are available at the main entrance.</p> <p>The facility manager (FM) is responsible for complaint management and follow-up. Staff interviewed confirmed a sound understanding of the complaint process and what actions are required.</p> <p>Nine complaints have been received in the last 12 months and have been entered into the complaint register. Complaint documentation reviewed and actions taken were recorded and completed within the timeframes specified in the Code. Action plans reviewed evidenced any</p>

		<p>required follow up and improvements have been made where possible.</p> <p>There have been two complaint investigations received by the Health and Disability Commissioner (HDC) since the previous audit in 2017. The HDC referred one complaint to the DHB to investigate. The complaint related mainly to a resident's room and has been investigated and closed out.</p> <p>The other complaint was investigated by the District Health Board relating to visiting a resident in the facility. Documentation was provided by the facility and a meeting was held with the DHB. As a result, the visiting policy was reviewed and updated. The complaint has been closed.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Ten residents and five family/whanau when interviewed, reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and from discussions with staff. The Code is displayed in common areas together with information on advocacy services, how to make a complaint and feedback forms.</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 and families/ whanau confirmed that services are provided in a manner that has regard for their 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, when exchanging verbal information and during discussion with families/whanau and the GP. All residents have a private room. CCTV surveillance cameras are operating in communal areas throughout the facility. Signage at entrances to the facility notifies everyone entering the building of this fact.</p> <p>Residents are encouraged (when Covid-19 restrictions are not in place) 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 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, as confirmed by staff and in training records.</p>

		The four younger residents (two on a long-term chronic health contract and two on a residential non aged care contract) at Eltham are enabled to maintain their personal, gender, sexual, cultural, religious, and spiritual identity.
<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	There are four residents and two staff in Eltham at the time of audit who identified as Māori. Interviews verified staff can support residents who identify 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 from the local marae. When Covid-19 restrictions permit, a group of members from the local marae participate in the activity programme being offered and assist residents who identify as Māori to maintain their cultural identity.
<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	Residents and their family/whanau 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. On admission, a comprehensive cultural assessment is undertaken, and findings included in the residents' plan of care. A resident satisfaction questionnaire includes evaluation of how well residents' cultural needs are met, and this supported that individual needs are being met.
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Residents and family members/whanau interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. A general practitioner (GP) also expressed a high degree of satisfaction with the standard of services provided to residents.</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>	<p>FA</p>	<p>The service encourages and promotes good practice through evidence-based policies, input from external specialist services and allied health professionals, for example, hospice/palliative care team, diabetes nurse specialist, wound care specialist, community dieticians, mental health services for older people, and education of staff. The GP 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. An extensive training programme is in place and care staff are supported to train towards the National Certificate in Care of the Older Person. All staff at Eltham are trained in first aid. All staff working in the secure unit are qualified to care for residents with dementia.</p> <p>Other examples of good practice observed during the audit included a commitment to ongoing improvement in the services Eltham offers, with attention being given to enabling the environment to be more pleasurable for the residents. The staff felt well supported, and families /whanau and residents all referred to how 'fantastic' the staff at Eltham were. Mental health services for older people are supportive of Eltham and respond promptly to any requests for assistance and guidance.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Residents and family members/whanau stated they were kept well informed about any changes to their own or their relative's status, were 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 Taranaki District Health Board (TDHB) when required. Staff reported interpreter services were rarely required due to all present 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 business plan includes a vision, mission, values, philosophy, goals, objectives and includes a 'strengths, weakness, opportunity and threats' (SWOT) analysis. The business plan is reviewed at least annually. An organisational chart showed the structure of the organisation and reporting lines.</p> <p>Comprehensive reports are provided to the senior management team. The reports are a summary of all activities undertaken in the facility including quality, infection control, education,</p>

		<p>occupancy and staffing, complaints and finances. Review of the reports and interview of the FM and general manager (GM) confirmed this.</p> <p>The facility is managed by a FM who has been in the position since July 2020. Prior to this appointment the FM was the '2IC' from March to July 2020 when the owner/director was the FM. The current FM has spent many years working as a senior health care assistant at Eltham Care Rest Home (Eltham) prior to the management role. The FM has completed a five day audit programme and has been mentored by the owner/director into the role. The FM reported they have benefitted from the booklet provided by the local DHB for new managers working in an aged care setting.</p> <p>The management of clinical services is the responsibility of the clinical manager (CM). The CM started in the position in May 2021 and prior to this role was working in a DHB. The CM has a background in teaching processes and family education, attends 'Zoom' meetings that the local DHB provides and takes a number of the ongoing training sessions for HCAs. The annual practising certificate for the CM was current. There was evidence in the CM's file of keeping up to date clinically. The owner/director reported both positions have been advised to HealthCERT.</p> <p>The GM and overall clinical manager (OCM) review all reports within the group. Management meetings are held monthly via Zoom with the senior management team and the FMs and CMs. Key points are discussed, and quality data compared across the group. The owner/director advised benchmarking will be undertaken from January 2022. The senior management team comprises of the owner/director, the GM, the OCM and the clinical support manager (CSM). The owner/director advised the team visits each facility within the group on a six weekly rotation and spend two weeks at each site supporting the team within each facility.</p> <p>Eltham Care Rest Home has contracts with the local DHB. On the first day of the audit, 38 residents were receiving services. Aged related residential care contract-28 residents (14 dementia and 14 rest home). Residential-non aged contract – 4 under the age of 65 years, long-term chronic -2 under the age of 65 years, respite-1, all assessed at rest home level. There are also three boarders residing in the facility who are provided with hotel services only.</p>
<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</p>	<p>FA</p>	<p>The FM and CM work fulltime. When the FM is temporarily absent, the owner/director fills the role. When the CM is away, the clinical support manager fills in. The FM and the owner/director reported these arrangements work well.</p>

consumers.		
<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>A quality and risk management plan guides the quality programme and includes specific plans, aims and ambitions for 2021-2022. Quality systems are well embedded at Eltham. Service delivery is linked to quality and risk throughout a number of documents including health and safety, clinical, incident and accidents and infection control. The senior management team meet monthly with FMs and CMs across the group to discuss a variety of topics including quality and risk. Resident and staff meetings are held regularly and evidenced good reporting of clinical indicators, any trends and discussions around corrective actions. Meeting minutes reviewed were comprehensive with people responsible for any corrective actions, timeframes for completion and sign off. Any corrective actions not completed are brought forward to the following meeting.</p> <p>The audit programme for 2021 and completed audits were reviewed. Resident and family surveys for 2020 and 2021 evidenced satisfaction with the service provided. Interviews of residents and families confirmed this.</p> <p>Quality data is entered electronically. Data is collated and analysed to identify any trends. Corrective actions are developed and implemented for deficits identified. Various graphs showing quality data trends are generated annually and month by month graphs are available for staff. Monthly quality reports are provided to the GM and evidenced a wide variety of quality data is reported on.</p> <p>The organisation uses a quality programme provided by an external company. All documents are controlled and reviewed at least two yearly. The senior management team reviews all documents and then they are sent out to the group's facilities for comment before becoming final. They were relevant to the scope and complexity of the service, reflected current accepted good practice, and referenced legislative requirements. Staff receive updated policies in a folder to read. Obsolete documents are archived.</p> <p>Hazards are recorded in the hazard register and newly found hazards are communicated to staff and residents as appropriate. Staff confirmed they understood what constituted a hazard and the process around reporting. Actual and potential risks are identified and documented in the risk register, including risks associated with human resources management, legislative compliance, contractual risks and clinical risk and showed the actions put in place to minimise or eliminate risks.</p> <p>The health and safety representative is new to the role, has completed a health and safety programme and demonstrated sound knowledge.</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>	<p>FA</p>	<p>Adverse, unplanned or untoward events are documented by staff on incident/accident forms electronically. These are reviewed by the CM who investigates and implements any corrective actions required. High risk incidents/accidents are escalated to the senior management team. Documentation reviewed and interviews 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 a resident's health status. Families confirmed they are advised in a timely manner following any adverse event or change in their relative's condition.</p> <p>Policy and procedures comply with essential notification reporting. Staff stated they are made aware of their essential notification responsibilities through job descriptions, policies and procedures, and professional codes of conduct. Review of staff files and other documentation confirmed this. The owner/director advised there have been no essential notifications to external agencies apart from the change of managers to HealthCERT.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Policies and procedures relating to human resources management are in place. Staff files are managed well and included job descriptions which outline accountability, responsibilities and authority, employment agreements, references, completed orientation, competency assessments, education records, visas and police vetting. Recruitment is managed by the human resources manager for the group.</p> <p>The induction programme includes an orientation book for both nonclinical and clinical staff with competencies. New staff are 'buddied' for at least two shifts. The workbook is completed within one month of employment with an appraisal at the end of three months and annually thereafter. Orientation for staff covers all essential components of the service provided.</p> <p>The staff education programme 2021-2022 is provided for staff using several approaches, including monthly sessions, as part of staff meetings, online, at handover for specific training, and attendance at the sessions provided by the local DHB. External educators and the CM also take some sessions. Staff are encouraged to complete a New Zealand Qualification Authority education programme (Careerforce) and currently seven HCAs have attained level 3, three have attained level 4 and three are currently completing level 3. All staff in the dementia unit have completed the dementia specific modules.</p> <p>Individual records of education are held in hard copy. Competencies were current including for medication management and restraint. Attendance records are maintained. The CM and senior management team are interRAI trained and have current competencies. Staff have current first</p>

		<p>aid certificates.</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, including competency assessments. Staff also confirmed their attendance at on-going in-service education and the currency of their performance appraisals.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a documented and implemented electronic roster management system for determining staffing levels and skill mixes to provide safe service delivery. Staffing levels are reviewed constantly to meet the changing needs of all residents, skill mix and the layout of the physical environment. The CM and senior management team are on call after hours. Care staff reported there is adequate staff available to complete the work allocated to them. Residents and families interviewed confirmed this.</p> <p>The FM and CM work full time Monday to Friday. Observations and review of rosters confirmed adequate staff cover is provided, with staff replaced in any unplanned absence. The owner/director reported that as needed, part time staff cover extra hours and there are three casual HCAs as well to call on.</p> <p>The dementia unit and rest home area have two HCAs on the morning and afternoon shift and one HCA on the night shift in each area. Another HCA sleeps over in the flat on the premises.</p> <p>Support staff consists of an activities coordinator, a maintenance person and cleaners. Health care assistants are responsible for the washing of laundry. The kitchen has a cook and a kitchen hand seven days a week.</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 and allied health service provider notes. Records are electronic and 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. Residents' files are held for the required period before being destroyed. No personal or private</p>

		<p>resident information was on public display during the audit.</p> <p>Electronic 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 are admitted to Eltham when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission and meet with the facility manager (FM) or the clinical manager (CM). They are also provided with written information about the service and the admission process.</p> <p>Files reviewed of residents in the secure unit, had activated EPOAs in place and a specialist's authorisation for placement. Admission agreements and consents were signed by the EPOA.</p> <p>Family members/whanau interviewed stated they were satisfied with 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 TDHB '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/whanau. 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.</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 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 the CM 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 was consistently recorded on the electronic medicine chart.</p> <p>There were no residents who were self-administering medications at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner.</p> <p>Medication errors are reported to the 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 Eltham.</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>	<p>FA</p>	<p>The food service is provided on site by a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and was reviewed by a qualified dietitian on 22 January 2020. Recommendations made at that time have been implemented.</p> <p>An up-to-date food control plan is in place and a verification audit of the food control plan was undertaken on 9 September 2021, by the South Taranaki District Council. The food control plan has been verified for twelve 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 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 was verified by resident and family/whanau</p>

		<p>interviews, satisfaction surveys and from resident meeting minutes. Any areas of dissatisfaction were promptly responded to. Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There were sufficient staff on duty in both the dining rooms at mealtimes to ensure appropriate assistance is available to residents as needed.</p> <p>Residents in the secure unit always have access to food.</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 no vacancy, the local NASC is advised to ensure the prospective resident and family/whanau 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. There is a clause in the access 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 Eltham are assessed using a range of nursing assessment tools, such as, a pain scale, falls risk, skin integrity, nutritional screening, 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 were completed as per the policy and within 24 hours of admission. InterRAI assessments are completed within three weeks of admission and at least six monthly unless the resident's condition changes. Interviews, documentation, and observation verified the CM is familiar with requirement for reassessment of a resident using the interRAI assessment tool when a resident has increasing or changing need levels.</p> <p>All residents had a current interRAI assessment completed by one trained interRAI assessor at Eltham. The organisation's management team have three trained assessors, who assist at Eltham if needed. InterRAI assessments are used to inform the care plan.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are</p>	FA	<p>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</p>

<p>consumer focused, integrated, and promote continuity of service delivery.</p>		<p>the interRAI assessments were reflected in the care plans reviewed.</p> <p>Residents' files reviewed in the secure unit, all had behaviour assessments and behaviour management plans in place that were specific to each resident's individualised needs.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professionals' 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.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Documentation, observations, and interviews verified the care provided to residents at Eltham was consistent with their needs, goals, and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the types of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme is provided by an activities coordinator who is overseen by a diversional therapist. The activities programme is provided in the rest home in the morning, with residents from the secure unit attending. In the afternoon, activities specific to the interests of the resident in the secure unit, are provided in the unit, with rest home residents partaking in activities of their choosing.</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.</p> <p>The planned monthly activities programme sighted matched the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. Examples included walks, exercise programmes, chair exercises, arts, and craft, singing, puzzles, visiting entertainers, quiz sessions and daily news updates. The activities programme is discussed at the monthly residents' meetings and meeting minutes indicated residents' input is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction with the activities provided. Residents interviewed confirmed they find the programme meets their</p>

		<p>needs.</p> <p>The files reviewed of residents in the secure unit all had 24-hour activities plan that addressed 24-hour needs and previous lifestyle patterns.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Residents' care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the CM, and alerted on the electronically generated handover report.</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 CM. 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 behaviours, and progress evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Other plans, such as wound management plans were evaluated each time the dressing was changed. 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 or CM sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to dental services, speech language therapists, a vascular surgeon, diabetic services, and mental health services for older people. Referrals are followed up on a regular basis by the CM or the GP. 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</p>	FA	<p>Policies and procedures specify labelling requirements in line with legislation. Documented processes for the management of waste and hazardous substances are in place. Incidents are reported in a timely manner. Safety data sheets were sighted and were accessible for staff. The hazard register was current.</p> <p>Protective clothing and equipment were sighted that is appropriate to recognised risks. Protective clothing was observed being used by staff. Staff interviewed had a sound understanding of</p>

during service delivery.		processes relating to the management of waste and hazardous substances.
<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 building warrant of fitness is displayed at the front entrance that expires on the 1 May 2022. Residents and families confirmed they can move freely around the facility and that the accommodation meets their or their relative's needs. Passageways provide adequate room for residents to pass comfortably in all areas.</p> <p>There is a proactive and reactive maintenance programme. The owner/director advised the building was bought from the previous owner in October 2021 and a refurbishment programme has been implemented. So far four bathrooms have been refurbished, light fittings renewed, new floor coverings have almost been completed throughout the facility and an unused room is currently being renovated into a new sluice room. The building, plant and equipment are maintained to an adequate standard. Maintenance is undertaken by maintenance person who demonstrated good knowledge. The testing and tagging of electrical equipment and calibration of bio-medical equipment were current. Hot water temperatures at resident outlets were maintained within the recommended range.</p> <p>There are external areas available that are appropriate to the resident groups and setting. External courtyards with seating and shade are available for residents to frequent. The dementia unit has secure fencing, and the environment is conducive to the range of activities undertaken in the areas. Residents are protected from risks associated with being outside.</p> <p>Care staff confirmed they have access to appropriate equipment, that equipment is checked before use and they are competent to use it.</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. One room has its own ensuite consisting of a wash handbasin and toilet.</p> <p>Bathrooms have appropriately secured and approved handrails provided in the toilet/shower areas and other equipment and accessories are available to promote independence. A separate bathroom for staff and visitors is available.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p>	FA	<p>Bedrooms provide single accommodation. Adequate personal space is available to allow residents and staff to safely move around in. Equipment was sighted in the rooms with sufficient</p>

<p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>		<p>space for equipment, staff and the resident. The residents' accommodation is personalised with their own furnishings, photos and other personal possessions. Residents and families are encouraged to make the space their own and stated their rooms are suitable for their needs.</p>
<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>	<p>FA</p>	<p>The facility has a number of areas for residents to frequent. Good access is provided to the lounges and the dining room areas with residents observed moving freely. Residents confirmed there are alternate areas available to them if communal activities are being run in one of these areas.</p>
<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>	<p>FA</p>	<p>Cleaning and laundry policies and procedures are documented and guide services. The facility is cleaned to an adequate standard. There are processes in place for the collection, transportation and delivery of linen and residents' personal clothing.</p> <p>There are safe and secure storage areas and staff have appropriate and adequate access to these areas, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. A sluice is available for the disposal of soiled water/waste. Hand washing facilities and gel are available throughout the facility.</p> <p>The effectiveness of the cleaning and laundry services is audited via the internal audit programme and the chemical company representative visits weekly and provides training. All laundry is laundered on site including resident's personal clothing. Staff demonstrated a sound knowledge of processes.</p> <p>Residents and families stated they were satisfied with the cleaning and laundry services.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>A letter from the New Zealand Fire Service (NZFS) dated 30 June 2010 approving the fire evacuation scheme was sighted. A drill is completed six monthly which the fire service attends. Emergency and security management education is provided at orientation and at the in-service education programme.</p> <p>Documented systems are in place for essential, emergency and security services. Policy and procedures document service provider/contractor identification requirements along with policy/procedures for visitor identification.</p> <p>Information in relation to emergency and security situations is readily available/displayed for staff</p>

		<p>and residents. Emergency equipment was accessible, current and stored appropriately.</p> <p>The service has a call bell system in place that is used by the residents, families and staff members to summon assistance. All residents have access to a call bell. Call bells are checked by the maintenance person. Residents confirmed they have a call bell and staff respond to it in a timely manner.</p> <p>There is at least one designated staff member on each shift with appropriate first aid training. Staff records sampled evidenced current training regarding fire, emergency and security education.</p> <p>Information in relation to emergency and security situations is displayed and available for staff and residents with evidence of emergency lighting, torches, gas and BBQ for cooking and extra food supplies. Emergency water is maintained in bottles and six large water tanks due to the facility being situated in the countryside and being isolated. Emergency lights are battery powered.</p> <p>External doors are locked at 7 pm and CCTV is operating in communal areas. Notices advising visitors are situated at the external entrances.</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>	<p>FA</p>	<p>The entire facility is heated by gas hot water panel heaters. Procedures are in place to ensure the service is responsive to residents' feedback regarding heating and ventilation in the facility. Residents and families confirmed the facility is maintained at an appropriate temperature.</p> <p>Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. The facility is smoke free.</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>	<p>FA</p>	<p>Eltham provides an 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 by an external advisory company. The infection control programme and manual are reviewed annually</p> <p>The CM at Eltham is the designated infection control coordinator (ICC), whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the FM, the organisation's clinical manager and the organisation's clinical support manager. Surveillance results are tabled at the monthly staff meetings. Infection control statistics are entered into the organisation's electronic database. The organisation's</p>

		<p>director 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. Restrictions on visiting were in place at the time of audit, due to Covid-19 alert levels in place. All persons entering the facility must have made an appointment, fill out a declaration and be temperature checked. A Covid-19 pandemic plan is in place to guide staff on required actions during each 'traffic light' or alert level notification.</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 ICC has appropriate skills, knowledge, and qualifications for the role. A recent IC training by the IC nurse from the TDHB was placed on hold in 2021 due to Covid-19 restrictions, however guidance packages have been provided. The ICC has undertaken a post graduate certificate in infection control as verified in training records sighted. Well-established local networks with the infection control team at the TDHB are available. The coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The ICC confirmed the availability of resources to support the programme and any outbreak of an infection.</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 provided.</p>	FA	<p>The IPC policies reflected the requirements of the IPC standard and current accepted good practice. Policies were reviewed within the last year and included appropriate referencing.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed 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>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all</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 during ongoing education sessions. Education is provided by suitably qualified RNs and the ICC. Content of the training was documented and evaluated to ensure it was</p>

<p>service providers, support staff, and consumers.</p>		<p>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 Covid-19 entered NZ. Training on Covid-19 risks, management strategies and the use of personal protective equipment (PPE), including donning and doffing, was provided at Eltham.</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>	<p>FA</p>	<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 ICC 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 staff meetings and at staff shift handovers. Surveillance data is entered in the organisation's electronic infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years.</p> <p>A good supply of personal protective equipment was available. Eltham 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>	<p>FA</p>	<p>Policies and procedures in place to guide staff in the management of restraints. There were no residents using a restraint or enablers at the time of audit and the FM advised there have not been restraints used for two years and enablers for many years. The restraint co-ordinator demonstrated a sound knowledge relating to restraint use, potential risks of restraint, the approval process, and monitoring and review of the restraint process.</p> <p>Restraint is an agenda item in the staff meetings. A review of the minutes confirmed this. A register is available if required.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.