

# Kowhai Resthome (2002) Limited - Kowhai Rest Home

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## 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 BSI Group New Zealand Ltd, 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:

<b>Legal entity:</b>	Kowhai Resthome (2002) Limited	
<b>Premises audited:</b>	Kowhai Rest Home	
<b>Services audited:</b>	Residential disability services - Intellectual; Rest home care (excluding dementia care); Residential disability services - Physical	
<b>Dates of audit:</b>	Start date: 24 February 2022	End date: 25 February 2022
<b>Proposed changes to current services (if any):</b>	None	
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	28	

# Executive summary of the audit

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## 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

Kowhai Rest Home is certified to provide rest home level care, and residential disability level - physical and intellectual level care for up to 28 residents. On the day of the audit there were 28 residents. The service is managed by a facility manager (a registered nurse) who has co-owned the service for 20 years; she is supported by a registered nurse, a long-standing enrolled nurse, and experienced staff.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, and staff.

The service has embedded a quality system, policies and procedures and education plan to enable staff to deliver good care. Residents and family/whānau and the GP interviewed commented positively on the standard of care and services provided at Kowhai Rest Home.

This audit identified improvement is required around medication expiry dates.

## 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.

There is a policy to guide staff on the process around open disclosure. Residents and families are welcomed on entry, information is provided and explained about the services and procedures. Regular contact is maintained with family including if an accident/incident or a change in resident's health status occurs.

There is a complaints policy to guide practice which aligns with Right 10 of the Code. A complaints procedure is provided to residents within the information pack at entry. Complaints reviewed in 2021 reflected evidence of responding to the complaints in a timely manner with appropriate follow-up actions taken.

## 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.

Kowhai Rest Home is implementing a quality and risk management system that supports the provision of clinical care. There are policies and procedures to provide appropriate support and care to residents' rest home level needs and younger people with disabilities. This includes a documented quality and risk management programme that includes analysis of data. Quality and risk data is collated for residents' falls, infection rates, complaints received, restraint use, pressure injuries and medication errors.

The business plan is tailored to reflect the goals of Kowhai Rest Home. Meetings are held at regular intervals to discuss quality and risk management and to ensure these are further embedded into practice. There is a health and safety management programme that is implemented with evidence that issues are addressed in a timely manner.

There are human resources policies including recruitment, job descriptions, selection, orientation, and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an education programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

An orientation programme is in place and there is ongoing training provided as per the training plan developed for 2022. Rosters and interviews indicated sufficient staff that are appropriately skilled, with flexibility of staffing around clients' needs. A roster provides sufficient and appropriate coverage for the effective delivery of care and support for residents. The residents' files are appropriate to the service type.

## 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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The registered nurses are responsible for each stage of service provision. A registered nurse completes initial assessments, risk assessments, interRAI assessments and long-term care plans within the required timeframes. Care plans are evaluated at least six monthly and meet the residents' current needs and supports.

Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled nurse and senior caregivers are responsible for administration of medicines and complete annual education and medication competencies. The medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly.

A diversional therapist oversees the activity team and coordinates the activity programme. The programme includes community visitors and outings, entertainment and activities that meet the individual and group preferences. Residents and families reported satisfaction with the activities programme.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current warrant of fitness. Ongoing maintenance issues are addressed. The facility has easy access to all communal areas for residents using mobility aids. There is seating and shade provided in the garden areas.

## 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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Restraint minimisation and safe practice policies are in place to guide staff in the use of an approved enabler and/or restraint. On the day of audit there were no residents using restraint or enablers. Staff training has been provided around restraint minimisation and management of challenging behaviours.

## 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 control coordinator (enrolled nurse) is responsible for coordinating education and training for staff. The infection control coordinator uses the information obtained through surveillance to determine infection control activities and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	15	0	0	1	0	0
Criteria	0	40	0	0	1	0	0

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



# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld.	FA	There is a complaints policy to guide practice which aligns with Right 10 of the Code. The manager is responsible for ensuring complaints are addressed within the required timeframe and maintains contact with the complainant throughout the complaints process. A complaints procedure is provided to residents within the information pack at entry. The residents and families interviewed were aware of the complaints process and to whom they should direct complaints. There were no complaints recorded in 2020. Two complaints received in 2021 were reviewed and reflected evidence of responding to the complaints in a timely manner with appropriate follow-up actions taken. Documentation including follow up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set forth by the Health and Disability Commissioner. Complaints forms and a suggestions box are located in key areas throughout the facility.
Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an	FA	Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in each resident's file. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Ten accident/incident forms reviewed identified that family are kept informed. Three relatives interviewed stated they are kept informed when their family member's health status changes or if there has been an adverse event. All six residents interviewed said there were regular meetings and that communication with staff was good.

environment conducive to effective communication.		<p>An interpreter policy and contact details of interpreters is available.</p> <p>Family/enduring power of attorney (EPOA) are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement. The information pack is available in large print.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Kowhai Rest Home is certified to provide rest home and residential disability (intellectual and physical) level care for up to 28 residents. On the day of the audit, there were 28 residents. Three residents were on mental health (MH) individual funding plans, three on long-term support - chronic health contracts (LTS-CHC) and eight on younger people with disability (YPD) contracts. One resident is assessed as hospital level care and the service had documentation confirming continued care at the facility. The remainder were under rest home age-related residential care (ARRC) contract.</p> <p>The service is overseen by the facility manager (one of the co-owners), who is a registered nurse and has owned Kowhai Rest Home for 20 years. She is supported by a registered nurse who was on leave on the day of audit, an enrolled nurse and long service caregivers. The business plan was reviewed in December 2021. Business goals are documented, and progress evaluated. The owner has maintained over eight hours annually of professional development activities related to managing an aged care service including zoom webinars and NZACA meetings and attended an aged sector leadership day.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Quality and risk management systems are implemented by the manager and registered nurse (RN). Interviews with the manager and staff (five caregivers, and one enrolled nurse, and the cook) reflect their understanding of the quality and risk management systems that have been put into place.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. Policies are regularly reviewed and have been updated to include changes relevant to the new Health and Disability sector standards. New policies or changes to policy are communicated to staff. Quality goals for 2022 have been established and include increased cultural awareness for staff, decrease fall rates and refurbish and enhance the smoking area.</p> <p>The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) residents' falls, infection rates, complaints received, restraint use, pressure areas, and medication errors. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Quality and risk data, including data trends are discussed in staff meetings. Corrective actions are implemented when required and are signed off by the manager when completed.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide practice. The service has a health and safety committee with specific role responsibilities. A senior caregiver (20yrs</p>

		service) is the designated health and safety officer – overseen by the manager and has completed training relating to this role. Hazard identification forms and a hazard register are in place. Training around health and safety is provided by the online education system. Health and safety issues are discussed at every monthly management and staff meeting with action plans documented to address issues raised. Fall prevention strategies are in place that include the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Individual incident forms are completed for each accident/incident with immediate action noted and any follow up action(s) required. Accident/Incident data is linked to the organisation's quality and risk management programme and is used for comparative purposes. All incidents are reviewed, and trends identified. There is a discussion of incidents/accidents at management/quality and staff meetings including actions to minimise recurrence. Clinical follow-up of residents is conducted by the registered nurse (when on duty or on-call).</p> <p>Ten accident/incident forms for the month of January were reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Data collected on accident/incident forms are linked to the quality management system. Neurological observations were completed for unwitnessed falls and where there was potential for head injury. The incident forms reviewed documented the opportunity to minimise the future risks, and family were notified as documented on the resident file. The registered nurse reviews all incident reports and signs them off. The service has 24-hour access to an afterhours medical service. Discussions with the manager confirmed their awareness of the requirement to notify relevant authorities in relation to essential notifications. No notifications have been required since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Human resources policies address recruitment, orientation and staff training and development. Five staff files were reviewed (two caregivers, one registered nurse, one enrolled nurse and one diversional therapist). All five staff files included an employment contract, reference checks and police check prior to employment, relevant job descriptions, evidence of an orientation on employment and annual appraisals. The orientation programme provides new staff with relevant information for safe work practice and is developed specifically to worker type. Five caregivers interviewed stated that new staff are adequately orientated to the service and described the orientation programme includes a period of supervision.</p> <p>The service has a training policy and schedule for in-service education. The service has implemented an online education system, the in-service calendar for 2021 exceeds eight hours annually, and includes specific education for residents with mental health issues. The training considers working with younger people. Online training records identify all staff have completed modules as required. There are currently 10 caregivers and the diversional therapist with level 4 NZQA qualifications, three caregivers with level 3 and four at level 2. Ten staff including the diversional therapist and night shift caregivers have current first aid certificates. Education and training for registered nursing</p>

		(RN) staff is supported by the local district health board and nurse practitioners/specialists. Competency assessments are in place for medication management, manual handling, and hand washing. The practising certificates of the registered nurse, the facility manager and enrolled nurse are current. The service also maintains copies of other visiting practitioner's certification including GP, pharmacist, and physiotherapist.
<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>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. Sufficient staff are rostered to manage the care requirements of the residents. The facility manager works 40 hours per week and is available on call 24/7. Additional registered nurse cover is provided three days a week and an enrolled nurse works Monday to Friday 35hrs a week.</p> <p>There are four care staff on duty in the morning for 28 rest home residents and one hospital level resident; (1x 6.45 am to 3 pm, 1x 6.45 am to 11 am, 1x 6.45 am to 1 pm, 1 x 8.30 am to 4.30 pm)</p> <p>The afternoon shift has three caregivers: 1x 3 pm to 11 pm, 1x 4 pm to 11 pm, 1x 4 pm to 8 pm.</p> <p>Night shift has two caregivers from 10.45 pm to 7 am.</p> <p>In addition, there is 18 hours a day provided to special two residents who require one on one supervision.</p> <p>Interviews with the residents and relatives confirmed that staffing is adequate to meet the needs of residents. Caregivers interviewed confirmed that there are adequate staff numbers on duty to safely deliver residents cares. Resident acuity is monitored, and additional staff are available to assist with more dependant residents. The care staff stated there is good support from management.</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>	PA Moderate	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. The RNs, enrolled nurses and senior caregivers who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided by the supplying pharmacy. There were no residents self-medicating on the day of audit. Standing orders are not used. The service has recently introduced an electronic medication system. Medications (blister packs) are checked on delivery against the medication chart and any discrepancies fed back to the pharmacy. All medications are stored safely in the clinic room. All eye drops were dated on opening but not all were discarded within required timeframes. The medication fridge is monitored weekly and clinic room temperatures are monitored daily. All recordings are within required ranges.</p> <p>All ten medication charts reviewed (one hospital, nine rest home) met legislative prescribing requirements. The GP has reviewed the medication charts three monthly. All medication charts had photo identification and an allergy status. The electronic administration signing sheets reviewed identified medications had been administered as prescribed. Prescribed 'as required' medications include the indication for use. Effectiveness of 'as required'</p>

		analgesia is recorded in the electronic medication system and in progress notes.
<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>All meals at Kowhai rest home are prepared and cooked on site by experienced and/or qualified cooks. Cooks work from 8 am to 1.30 pm. Kitchen staff have attended food safety and hygiene training. There is a seasonal menu which had been reviewed by a dietitian in September 2020. There is an implemented food control plan next due for review in April 2023. Meals are plated in the kitchen and served directly to the residents in the adjacent dining room. Dietary needs are known with individual likes and dislikes accommodated. Dietary requirements, cultural and religious food preferences are met. Additional or modified foods are also provided by the service. Special diets including diabetic, vegetarian, and pureed diets are provided. The cook prepares the evening meal, care staff heat and serve, reheating temperatures are checked and recorded. All temperatures recorded were within safe ranges.</p> <p>Staff were observed assisting residents with their meals and drinks in the rest home dining room. Resident meetings and surveys, along with direct input from residents, provide resident feedback on the meals and food services.</p> <p>Fridge, freezer and end cooked temperatures are monitored daily. All dried goods and perishable foods were date labelled. A cleaning schedule is maintained. Residents with weight loss are provided with food supplements.</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>When a resident's condition alters, the registered nurse initiates a review and if required a GP or nurse specialist consultation. There is evidence that family members were notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are identified with a relative contact stamp documented in the resident progress notes and whānau contact sheets.</p> <p>Adequate dressing supplies were sighted. Wound management policies and procedures are in place. Wound assessment forms, wound evaluations and comments were in place for one current chronic wound and included external specialist support. Chronic wounds and the risk of pressure injuries have been linked to the long-term care plans.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.</p> <p>Monitoring occurs for weight, vital signs, blood glucose, pain charts, behaviour chart, continence, daily skin checks and two hourly positioning. Registered nurses review the monitoring charts and report identified concerns to the GP, nurse practitioner or nurse specialist. Residents are weighed monthly or more frequently if weight is of concern.</p> <p>Short-term care plans document appropriate interventions to manage short term changes in health such as skin tears, infections, pain management, return from hospital and falls.</p>

<p><b>Standard 1.3.7: Planned Activities</b></p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>A diversional therapist (not available for interview) is employed from 8 am to 4:30 pm Monday to Friday to coordinate and implement an activity programme that meets the recreational needs of the resident groups. The diversional therapist attends on site in-service and diversional therapy group meetings. Care staff provide activities on weekends.</p> <p>There is a variety of activities that meets the abilities of all residents and to meet the physical, intellectual, sensory, and social needs of the residents. Individual one-on-one time is spent with residents who choose not to join in group activities or are unable to participate in activities. Activities take place in either the main lounge or dining room. Activities are meaningful and include (but not limited to) exercises, crafts, group walks, bowls, quizzes, board games, singing, news and views activities, and visits to a communal men's shed. Entertainment occurs weekly. There are visiting churches.</p> <p>The manager brings her dog to work most days and residents enjoy one-on-one time with her. The facility has a house cat who interacts with a number of residents on a daily basis. All festivities and birthdays are celebrated. Outings in the facility owned van occur twice or three times weekly. Outings include movies, coffee outings, picnics, penny lane shopping, museum, and heritage park visits. Residents are supported to attend external church groups, shopping at the mall and other community functions as covid restrictions allow.</p> <p>Younger persons are supported to maintain their community links and are also involved in meaningful activities such as assisting with the activities or tasks within the rest home environment. Personal planning/assistance is allocated within the activities programme for all residents and also focusing on the needs of younger people in regard to shopping, men's shed, walking groups individualised activities, internet access to movies and individual interests.</p> <p>A resident profile is completed on admission. Each resident has an individual activity plan which is evaluated three-monthly. A monthly review of each resident records participation and specific interests. Residents and families have the opportunity to feedback on the activity programme through meetings and surveys.</p>
<p><b>Standard 1.3.8: Evaluation</b></p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans reviewed were evaluated by the RN within three weeks of admission. Care plans had been evaluated six-monthly for five of the six resident files reviewed. One resident had not been at the service six months. Long-term care plans have been reviewed at least six monthly or earlier for any health changes. The written evaluation documents the residents progress against identified goals. The GP reviews the residents at least three monthly or earlier if required. The resident review team includes the RN, DT, resident/relative and any other allied health professional involved in the care of the resident. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Changes are updated on the long-term care plans.</p>

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building has a current warrant of fitness that expires 1 April 2022. Reactive maintenance is addressed by a maintenance person (interviewed) who comes in whenever needed. There is a documented preventative and reactive maintenance programme.</p> <p>All medical and electrical equipment was recently serviced and/or calibrated. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. The facility has sufficient space for residents to mobilise using mobility aids. External areas are maintained. Residents have access to safely designed external areas that have shade. The smoking area is being redeveloped with new furniture and a roof. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator (EN) and the registered nurse collate information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data and relevant information is displayed for staff. A covid management plan is in place and staff interviewed confirmed related education has been provided. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is discussed at facility meetings. Annual infection control reports are provided. Internal audits for infection control are included in the annual audit schedule. There is close liaison with the GP that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility. There have been no outbreaks.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes definitions of restraints and of enablers. Interviews with caregivers confirmed their understanding of restraints and enablers and could describe the differences. Restraint is only used as a last resort. There were no residents at the time of the audit using restraint. Restraint is included in the annual education programme.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.3.12.1 A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.	PA Moderate	Eyedrops are dated on opening and stored correctly, however not all eyedrops have been discarded within required timeframes.	Two eyedrops in current use had not been discarded within recommended timeframes.	Ensure all eyedrops are discarded as per manufacturer's instructions.  30 days



## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.