

Dementia Specialists Limited - Brooklands Rest Home

Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity: Dementia Specialists Limited

Premises audited: Brooklands Rest Home

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

Dates of audit: Start date: 4 March 2019 End date: 4 March 2019

Proposed changes to current services (if any): Reconfiguration of physical space to increase from 14 to 15 beds in the dementia wing known as Memory Lane

Total beds occupied across all premises included in the audit on the first day of the audit: 29

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
A number of shortfalls that require specific action to address	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	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

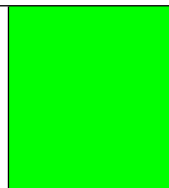
Dementia Specialists Limited own the Brooklands Rest Home which is known as the Brooklands Rest Home and Memory Care. Brooklands Rest Home and Memory Care provide rest home and dementia care for up to 30 residents. The service is privately operated by one owner and managed by a facility manager in conjunction with a clinical services manager. Residents and families spoke positively about the care provided.

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

This audit has identified one area requiring improvement relating to food storage. Improvements have been made to documentation of the orientation process and consistent entering of information into residents' records, addressing those areas requiring improvement at the previous 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.

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

A complaints register is maintained with complaints resolved promptly and effectively.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.



Standards applicable to this service fully attained.

Business and quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation. Monitoring of the services provided to the owner is regular and effective. An experienced and suitably qualified person manages the facility.

The Brooklands Rest Home and Memory Care quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved and feedback is sought from residents and families. Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery and were current and reviewed regularly.

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

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

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 low risk.
--	--	---

Residents' of Brooklands Rest Home and Memory Care have their needs assessed on admission and within the required timeframes. Shift handovers and handover sheets guide continuity of care.

Care plans are individualised, based on a comprehensive and integrated range of clinical information. Short term care plans are developed to manage any new problems that might arise. All residents' files reviewed demonstrated that needs, goals and outcomes are identified and reviewed on a regular basis. Residents and families interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is of a high standard.

The planned activity programme is overseen by a lifestyle facilitator who is experienced in providing activities to rest home residents and residents with dementia. 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 a manual system. Medications are administered by registered nurses and home assistants 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. Residents verified overall satisfaction with meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
--	--	--

There is a current building warrant of fitness. Electrical equipment is tested as required.

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

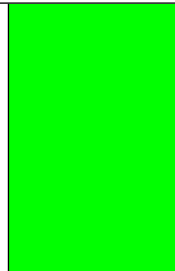
Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
---	--	--

The organisation has implemented policies and procedures that support the minimisation of restraint. No enablers and no restraints were in use at the time of audit.

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.

Brooklands Rest Home and Memory Care undertakes aged care specific infection surveillance which is 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	17	0	1	0	0	0
Criteria	0	46	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so.</p> <p>The Brooklands Rest Home and Memory Care complaints register reviewed showed that no complaints have been received so far this year and four complaints were received in 2018. The 2018 complaints had actions taken, through to an agreed resolution, were documented and completed within the required timeframes. Action plans showed any required follow up and improvements have been made where possible. The facility manager is responsible for complaints management and follow up, in conjunction with the clinical services manager. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required.</p> <p>There have been no complaints received from external sources since the previous audit.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and</p>	FA	<p>Brooklands Rest Home and Memory Care residents and family members stated they were kept well informed about any changes to their/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. Managers and staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Staff know how to access interpreter services, although reported this was rarely required due to all residents being</p>

<p>provide an environment conducive to effective communication.</p>		<p>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 owner reviews strategic and business plans and works closely with the managers' onsite. The purpose, values, scope, direction and goals of Brooklands Rest Home and Memory Care are documented within the admission pack provided to residents and their families. The dementia care philosophy of normalisation is driven by the owner and managers and this was evident on the day of audit. The owner described annual and longer term objectives and the associated operational plans. Daily verbal and electronic reporting occurs and a sample of monthly reports to the owner showed adequate information to monitor performance is reported including financial performance, staffing and resident movements, clinical outcomes, emerging risks and issues.</p> <p>Brooklands Rest Home and Memory Care is managed by an experienced facility manager who has been in the role permanently for three years and has been working in relevant roles for 25 years. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The owner, present on the day of audit, and the facility manager confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency through close relationships with relevant Taranaki District Health Board staff and professional networks.</p> <p>The service holds contracts with Taranaki District Health Board for aged related residential care (ARRC) and dementia care including day-care and respite care. 29 people were receiving services under the ARRC contract at the time of audit; 14 in the rest home and 15 in the dementia service known as Memory Lane.</p> <p>The reconfiguration of services in response to resident need, to increase the Memory Lane beds from 14 to 15, and the movement of the secure door was deemed appropriate.</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</p>	<p>FA</p>	<p>Brooklands Rest Home and Memory Care has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular family and resident satisfaction survey, monitoring of outcomes, clinical incidents including falls, pressure injuries, near misses, weight loss, infections and medication errors.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the monthly management meeting, the combined staff and quality meetings and quarterly health and safety meetings. Staff reported their involvement in quality and risk management activities through incident reporting, complaint reporting, project and audit activities. Relevant corrective actions are developed and implemented to address any shortfalls. Resident and family satisfaction surveys are completed annually. The most recent survey in 2018 showed dissatisfaction in some areas. In response Brooklands Rest Home and Memory Care owner and managers developed a quality improvement action plan including each of the negative comments. A</p>

improvement principles.		<p>recreation activities project was developed for the activities service. Corrective actions have been completed and signed off for each of the areas identified in the survey.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements. Policies are based on best practice and were current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>The owner and facility manager described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The owner and the manager are familiar with the Health and Safety at Work Act (2015) and have implemented requirements.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Staff document adverse and near miss events on an incident form. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is collated, analysed and reported directly to the owner and to staff at each of the regular minuted meetings.</p> <p>The facility manager described essential notification reporting requirements, including for pressure injuries. They advised there have been notifications of significant events made to the Ministry of Health, in the past, when water had to be boiled for two weeks as directed by Civil Defence Management.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the</p>	FA	<p>Brooklands Rest Home and Memory Care human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and annual practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained. A register of APCs is maintained for all registered health professionals providing services to residents and this is audited six monthly.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation and a performance review after a six week or three-month period depending on whether the role is clinical or non-clinical.</p>

<p>requirements of legislation.</p>		<p>Continuing education is planned on annual basis, including mandatory training requirements. Care giving staff referred to as house assistants have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. An external local person is the assessor for the programme. Staff working in the dementia care area have completed the required education. There are sufficient trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.</p> <p>Corrective actions have been implemented to address the area of non-compliance identified at the previous audit regarding documented evidence of orientation completion by new staff.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The owner's philosophy provides for staffing levels greater than those provided for in the MOH safe staffing guidelines. Brooklands Rest Home and Memory Care managers adjust staffing levels to meet the changing needs of residents. An after-hours on call roster is in place, with staff reporting that good access to advice is available when needed. House assistants reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this. Observations and review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. All staff have completed dementia training and all senior house assistants and RNs have a current first aid certificate to ensure one person on each shift has their first aid training. There is 24/7 on call RN cover for the facility.</p> <p>Staff confirmed the addition of one bed into Memory Lane has had little or no impact on residents as the staff levels are above the recommended levels.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when</p>	<p>FA</p>	<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. A previous corrective action has been addressed with all necessary demographic, personal, clinical and health information fully completed in a timely manner in the residents' files sampled for review.</p>

required.		
<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 a manual 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 CSM 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 included 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 medicine chart.</p> <p>There were no residents who were self-administer medications at the time of audit. Appropriate processes were in place to ensure this is managed in a safe manner in the rest home if required. Minimal use of 'PRN' (as required) antipsychotic medication in the memory care unit was sighted. Residents were observed to be alert with no displays of behaviours that challenge during the audit.</p> <p>Medication errors are reported to the CSM 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.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p>	PA Low	<p>The food service is provided on site by a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>A food control plan is in place and was registered with the Ministry of Primary Industries (MPI) on 25 June 2018.</p>

<p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>Some aspects of food storage and preparation were not compliant with guidelines and require improvement. Other aspects of food procurement, production, preparation, transportation, delivery and disposal comply with current legislation and guidelines. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The cook has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Residents in the memory care unit have access to food at any time. A kitchenette is available in the unit enabling staff to meet resident's additional food requests if required.</p> <p>Evidence of resident satisfaction with meals was verified through resident and family interviews, satisfaction surveys and resident meeting minutes. Any areas of dissatisfaction were promptly responded to. Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There were enough staff on duty in both dining rooms at meal times to ensure appropriate assistance is available to residents as needed.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Documentation, observations and interviews verified the care provided to residents at Brooklands Rest Home and Memory Care was consistent with their individualised 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, including the management of behaviours that challenge. The GP and nursing records verified that medical input is sought in a timely manner and that medical orders are followed. House assistants confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the levels 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</p>	<p>FA</p>	<p>The activities programme is provided by two lifestyle facilitators. One who has wide experience in providing activities to residents in rest home care and those with memory deficits. The other lifestyle facilitator has just commenced in the role. Activities are provided in both areas of the facility.</p> <p>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities and social requirements (life story). Activities assessments are regularly reviewed to help formulate an activity programme that is meaningful to the residents. The resident's activity needs are evaluated regularly and as part of the formal six-monthly care plan review.</p> <p>The planned monthly activities programme sighted matches the skills, likes, dislikes and interests identified in</p>

<p>needs, age, culture, and the setting of the service.</p>		<p>assessment data, and included a twenty-four, seven day a week approach in the memory care unit. Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. A closed face book page enables resident's family's interactive feedback into resident's participation in activities. Examples include outings, in-house events, visiting entertainers, outings, special functions/celebrations, quiz sessions and daily news updates.</p> <p>The activities programme is discussed at the minuted residents' meetings and indicated residents and family members' input is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction and that information is used to improve the range of activities offered. Residents and family members interviewed confirmed they find the programme meets their needs.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Resident care at Brooklands Rest Home and Memory Care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the CSM.</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 CSM. Where progress is different from expected, changes to the plan of care were initiated. Short term care plans were consistently reviewed for infections, pain, and weight loss and progress evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Residents with weight loss were weighed weekly and overseen every two months by a dietician. All residents with previous weight loss evidenced weight stability. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness which expires on 2 August 2019 is publicly displayed in the reception area.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed, interviews with staff and observation of the environment. Efforts are made to ensure the environment is hazard free, that residents are safe and independence is promoted.</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting, for example, the Memory Lane gardens have access at two ends of the building to allow for meaningful walking by residents, well-tended gardens and chickens normalise the environment.</p> <p>Staff confirmed they know the processes they should follow if any repairs or maintenance is required and that any requests are appropriately actioned. Family members and residents reported that they were happy with the environment.</p> <p>The reconfiguration of a large bathroom and double room within Memory Lane to a smaller bathroom and two single</p>

		rooms allows for appropriate accessible physical spaces for two residents which are deemed as fit for purpose.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Brooklands Rest Home and Memory Care policies and comprehensive photographic guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the New Zealand Fire Service on the 19 June 2017. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 15 November 2018. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for the 30 residents.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed on a regular basis and residents and families reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and the night staff do security checks of the premises at night.</p> <p>The reconfigurations have not resulted in the need for change to the evacuation procedure and call bells are available in all the new spaces as required.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Surveillance of infections at Brooklands Rest Home and Memory Care 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 scabies. When an infection is identified, a record of this is documented in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>The infection control officer/CSM reviews all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via quality and staff meetings and at staff handovers. Surveillance data is entered in the organisation's infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years.</p>
<p>Standard 2.1.1: Restraint</p>	FA	<p>On the day of audit, no residents were using restraints and no residents were using enablers. Staff described enablers as needing to be the least restrictive and used voluntarily at a resident's request.</p>

minimisation Services demonstrate that the use of restraint is actively minimised.		
---	--	--

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)
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	PA Low	<p>There is a food control plan in place and registered with MPI in June 2018. Evidence was sighted of temperature checks of fridge, freezers, and cooked food temperatures. Records indicated temperatures recorded were within the required range.</p> <p>A cleaning schedule was sighted, however there is no documentation to evidence when the oven was last cleaned, and the chest freezer defrosted. The cook was unable to verify when this was last attended to. The freezer is observed to have a build-up of ice, and the oven a build-up of grease. There were several dried herbs in the pantry that were past their use by dates, and these were discarded on the day of audit. Several decanted items had no use by dates recorded. A range of plastic containers storing decanted items, were sticky and had a build-up of dust on the lids. Several shelves in the pantry had chipped laminate or were made of wood. These items were pervious to spills and difficult to clean.</p>	Several areas relating to food storage are not compliant with guidelines.	Provide evidence that food storage processes ensure safe food practices, are being maintained and comply with guidelines.

				90 days
--	--	--	--	---------

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.