

The Ultimate Care Group Limited - Lansdowne Court

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:	The Ultimate Care Group Limited
Premises audited:	Ultimate Care Lansdowne Court
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 9 April 2019 End date: 10 April 2019
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	31

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Ultimate Care Lansdowne Court provides rest home and hospital level care for up to 34 residents. The service is operated by Ultimate Care Group and managed by a facility manager and a clinical services manager. The clinical services manager is new to the role since the last audit. Ultimate Care Lansdowne Court residents and their families spoke positively about the care provided.

This certification audit was conducted against the Health and Disability Services Standards and the service's contract with the Wairarapa 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, staff, an independent advocate, a palliative care nurse, a nurse practitioner and a general practitioner.

This audit has resulted in a continuous improvement in the promotion of a restraint free environment and compliance with all standards.

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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The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is made available to residents of Ultimate Care Lansdowne Court. Opportunities to discuss the Code, consent and availability of advocacy services is provided at the time of admission and thereafter as required.

Services are provided that respect the choices, personal privacy, independence, individual needs and dignity of residents and staff were noted to be interacting with residents in a respectful manner.

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

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

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

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

A complaints register is maintained with complaints resolved promptly and effectively

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Ultimate Care Group business and quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation. Monitoring of Ultimate Care Lansdowne Court services provided to the governing body is regular and effective. An experienced and suitably qualified person manages the facility.

The Ultimate Care Group quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Ultimate Care Lansdowne Court 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. Ultimate Care Group policies and procedures support service delivery and were current and reviewed regularly.

The appointment, orientation and management of Ultimate Care Lansdowne Court 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 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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The management team at Ultimate Care Lansdowne Court work closely with the local Needs Assessment and Service Co-ordination (NASC) Service to ensure access to the facility is appropriate and efficiently managed. When a vacancy occurs, relevant information is provided to the potential resident/family to facilitate the admission.

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

Care plans are individualised, based on a comprehensive and integrated range of clinical information. Short term care plans are developed to manage any new problems that 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. Residents are referred or transferred to other health services as required, with appropriate verbal and written handovers.

The planned activity programme is overseen by an activities co-ordinator and 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 registered nurses, all of whom have been assessed as competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents verified overall satisfaction with meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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Ultimate Care Lansdowne Court meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

Waste and hazardous substances are well managed. Ultimate Care Lansdowne Court staff use protective equipment and clothing when necessary. Chemicals, soiled linen and equipment are safely stored. Laundry is undertaken onsite and evaluated for effectiveness.

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

<p>Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.</p>		<p>All standards applicable to this service fully attained with some standards exceeded.</p>
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Ultimate Care Group has implemented policies and procedures that support the minimisation of restraint. Ultimate Care Lansdowne Court has instigated a restraint-free environment. No enablers or restraints were in use at the time of audit. A comprehensive assessment, approval and monitoring process with regular review is described in Ultimate Care Group policies. Any use of enablers is voluntary for the safety of residents in response to individual requests. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes and the restraint-free environment.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The infection prevention and control programme, led by an experienced and appropriately trained infection control nurse, aims to prevent and manage infections. Specialist infection prevention and control advice is accessed from the district health board. The programme is reviewed annually.

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

Aged care specific infection surveillance is undertaken and data is analysed, trended, benchmarked and results reported through all levels of the organisation. Follow-up action is taken as and when required.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	1	44	0	0	0	0	0
Criteria	1	92	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>Ultimate Care Lansdowne Court has policies, procedures and processes in place to ensure it meets 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 had 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 requirements and processes for residents unable to consent was defined and documented where relevant in the residents' files. Staff demonstrated their understanding by being able to explain situations when this may occur.</p> <p>Staff were observed to gain consent for day to day care on an ongoing basis.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>During the admission process, residents are given a copy of the Code, which also includes information on the Advocacy Service. Brochures related to the Advocacy Service were also displayed throughout the facility. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons. Staff were aware of how to access the Advocacy Service.</p> <p>A residents' advocate visits all residents every two weeks and identifies any concerns. The advocate also attends the residents' and family meetings. Interview with the advocate verified any concerns directed to management are responded to in an appropriate and timely manner. The advocate identified the residents of Ultimate Care Lansdowne Court express very few concerns. The advocate was aware of the free advocacy service available to all residents if required.</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>	<p>FA</p>	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' families and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The Ultimate Care Group complaints/concerns 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 complaints register reviewed showed that six complaints had been received in 2018 and that actions taken, through to an agreed resolution, were documented and completed within the timeframes. No complaints have been received so far in 2019. 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. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required.</p> <p>There has been one Coroner's enquiry in 2018 and no complaints received from external sources since the previous audit. Appropriate follow up actions for the Coroner's case were taken and the family expressed their satisfaction with the care provided.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents and family 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 discussion with staff. The Code is displayed in corridors and 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 confirmed that they receive services 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, ensuring resident information is held securely and privately, exchanging verbal information, making and receiving phone calls, and discussions with families and the GP. When attending to personal cares a 'do not disturb - cares in progress' sign is placed on the resident's bedroom door. All residents have a private room.</p> <p>Residents are encouraged to maintain their independence by participating in community activities, regular outings to the local shops or areas of interest and participation in clubs of their choosing. Each 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 training.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>There are three residents and two staff members at Ultimate Care Lansdowne Court at the time of audit who identify as Māori. Documentation, observations and interviews verify staff can support residents who identify as Māori to integrate their cultural values and beliefs. The staff at Ultimate Care Lansdowne Court assist their Māori clients to attend events of significance, and support to families was verified. 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. An initiative has been commenced at Ultimate Care Lansdowne Court to incorporate te reo Māori into the day to day practices of the facility with Māori signage, language and the activity programme being areas of focus.</p>
<p>Standard 1.1.6: Recognition</p>	FA	<p>Residents of Ultimate Care Lansdowne Court verified that they were consulted on their individual culture,</p>

<p>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>		<p>values and beliefs and that staff respect these. Resident's personal preferences required interventions and special needs were included in all care plans reviewed, for example, food likes and dislikes and attention to preferences around activities of daily living. A resident satisfaction questionnaire and feedback at residents' meetings, includes evaluation of how well residents' cultural needs are met, and this supported that individual needs are being met.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. A general practitioner (GP) also expressed satisfaction, via a phone interview, 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, physiotherapist, wound care specialist, dieticians, the community mental health team and the availability of educational resources for 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 education and have access to the organisations monthly training sessions and to online learning hubs. Care staff are supported by the organisation to access caregiver training with an on-site assessor being available at Ultimate Care Lansdowne Court, to assist with training.</p> <p>Other examples of good practice observed during the audit included a commitment to ongoing improvement in the care provided, evidenced by a number of ongoing initiatives aimed at a reduction in the use of restraint, a commitment to reducing polypharmacy, reducing the prescribing of inappropriate antibiotic usage, the flexibility in meeting the needs of younger residents, and a commitment to improving the overall quality of care being provided. Interviews with the GP, nurse practitioner and the palliative care</p>

		nurse, verified a high level of satisfaction with the care provided at Ultimate Care Lansdowne Court.
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents and family members 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 Interpreting New Zealand when required. Staff knew how to do so. The phone number to access the service was on display on the residents' notice board. 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>	FA	<p>The Ultimate Care Group strategic and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation. Each facility including Ultimate Care Lansdowne Court has a quality and business plan which links to the organisation-wide goals of the strategic plan. The facility manager described the annual review process and development of the facility specific Action Plan 2019 which takes into account local external influences likely to impact on the facility. Reporting to the organisation is through electronic templates which managers and senior support staff access as required. A sample of monthly and quarterly reports within the system showed adequate information to monitor performance is reported including occupancy, staffing movements, financial performance, local issues, clinical incidents, and emerging risks.</p> <p>The service is managed by a facility manager who holds relevant qualifications and has been in the role for over four years. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The regional operations manager, facility manager and clinical services manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through relevant study for professional development, relationships, networking and involvement in the sector.</p> <p>Ultimate Care Lansdowne Court holds contracts with Wairarapa District Health Board to provide aged related residential care, health recovery, palliative care, and long term chronic health care. On the day of audit 11 people were receiving rest home level care and 20 residents were receiving hospital level support. Two people under 65 years of age were receiving services under the long-term chronic health care contract in the rest home, one person was receiving services under the health recovery contract and the remaining 28 people were receiving services under the Aged Related Residential Care Contract.</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 consumers.</p>	<p>FA</p>	<p>When the facility manager is absent, the clinical services manager carries out all the required duties under delegated authority, with the support of the regional operations manager. During absences of key clinical staff, the clinical management is overseen by the registered nurse on duty supported by the facility manager and the regional clinical quality advisor, who is experienced in the sector and able to take responsibility for any clinical issues that may arise. Staff reported the current arrangements work well.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Ultimate Care Group has a planned quality and risk system that reflects the principles of continuous quality improvement, which Ultimate Care Lansdowne Court follow. This includes management of incidents, accidents and complaints, internal audit activities, regular resident and family satisfaction surveys, monitoring of outcomes, benchmarking against other facilities, management of clinical incidents including infections, medication errors, pressure injuries, and falls.</p> <p>Ultimate Care Lansdowne Court meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the registered nurse meetings and staff meetings. Staff reported their involvement in quality and risk management activities through the attendance at meetings, reading minutes, audit activities, incident, accident and complaint reporting and training. Relevant corrective actions are developed and implemented to address any shortfalls. Resident and family satisfaction surveys are completed annually. The most recent organisational resident and family survey in August 2018 showed Ultimate Care Lansdowne Court residents are overall satisfied with the care provided. Areas for improvement have been addressed with a corrective action plan which has been completed. Actions in response to the survey included the re-introduction of a residents and family newsletter by the facility manager, communication of the refurbishment programme, and introduction of food service spot surveys. Feedback has been provided to residents through the newsletter and at residents' meetings.</p> <p>Ultimate Care Group policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and were current. The organisation's document control system ensures a systematic and regular review process, referencing of relevant sources, approval, and distribution. The Ultimate Care Lansdowne Court document control process is managed by the facility manager and the clinical services manager and ensures the removal of obsolete documents onsite.</p> <p>The facility manager described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The manager is familiar with the Health and Safety at</p>

		Work Act (2015) and has implemented requirements.
<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>Ultimate Care Lansdowne Court staff document adverse and near miss events on an incident/accident form. The data from the form is entered into an organisational electronic data base by the clinical services manager. 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 at Ultimate Care Lansdowne Court by the clinical services manager and regionally and nationally by the support office staff and regional managers and advisors.</p> <p>The regional operations manager, and facility manager described essential notification reporting requirements, including for pressure injuries. They advised there have been two notifications of significant events made to the Ministry of Health, since the previous audit. One of these was the appointment of the new clinical services manager in 2018 and the other was a coroner's inquest.</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>Ultimate Care Group human resources management policies and processes are based on good employment practice and relevant legislation. The Ultimate Care Lansdowne Court recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Ultimate Care Lansdowne Court 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 show documentation of completed induction/orientation and a performance review after a three-month period.</p> <p>Ultimate Care Group continuing education is planned on an annual basis, including mandatory training requirements. Ultimate Care Lansdowne Court managers' report monthly on the education provided against the required education plan. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the agreement with the Wairarapa DHB. Ultimate Care Lansdowne Court has two internal assessors for the programme. There are sufficient trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. Ultimate Care Lansdowne Court records reviewed demonstrated completion of the required training and completion of annual performance appraisals. Electronic systems are used to good effect to monitor compliance with this standard such as timely appraisals completion, first aid certification and APC currency to provide an oversight.</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 process for determining Ultimate Care Lansdowne Court staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility staff adjust staffing levels to meet the changing needs of residents. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this. Observations and review of a six-week roster confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence and orientating staff are additional. There is 24/7 RN coverage in the hospital and at least one staff member on duty has a current first aid certificate as all RNs are required to be first aid certified as well as the activities staff.</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 were legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely on site and are readily retrievable using a cataloguing system.</p> <p>Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Electronic medication records are stored in a secure portal.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents enter Ultimate Care Lansdowne Court when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the services Ultimate Care Lansdowne Court provides. 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 services manager (CSM). They are also provided with written information about the service and the admission process.</p> <p>Family members 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>	FA	<p>Exit, discharge or transfer from Ultimate Care Lansdowne Court is managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses the Wairarapa District Health Board's</p>

<p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>		<p>'yellow envelope' system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident and the family. At the time of transition between services, appropriate information including medication records and the care plan, is provided for the ongoing management of the resident. All referrals are documented in the progress notes. An example reviewed of a patient recently transferred to the local acute care facility showed transfer was managed in a planned and co-ordinated manner.</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>	<p>FA</p>	<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 an RN against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs were 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 RN and 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>In consultation with the GP, an initiative to reduce polypharmacy and minimise the use of inappropriate antibiotics has just been commenced, however has not been in progress long enough to enable an</p>

		evaluation to be undertaken.
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The food service is provided on site by a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and was reviewed by a qualified dietitian in November 2018. Recommendations made at that time have been implemented.</p> <p>A food control plan is registered and expires 27 June 2019. 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 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 the dining rooms at meal times to ensure appropriate assistance was available to residents as needed.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>If a referral is received, but the prospective resident does not meet the entry criteria or there is currently no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. Examples of this occurring were discussed with the CSM. 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</p>	FA	<p>On admission, residents of Ultimate Care Lansdowne Court are initially 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</p>

<p>timely manner.</p>		<p>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 were completed within three weeks of admission and at least six monthly unless the resident's condition changed. Interviews, documentation and observation verified the RNs are familiar with requirement for reassessment of a resident using the interRAI assessment tool when a resident has increasing or changing levels of needs.</p> <p>All residents had current interRAI assessments completed by one of four trained interRAI assessors on site. InterRAI assessments are used to inform the care plan.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Care plans reviewed at Ultimate Care Lansdowne Court reflected the support needs of the residents and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments were reflected in the care plans reviewed.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professional's notations clearly written, informative and relevant. Any change in care required was documented and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of care plans.</p>
<p>Standard 1.3.6: Service Delivery/Interventions 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 provision of care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed by phone, verified that medical input is sought in a timely manner, that medical orders are followed, and care was 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 levels of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements</p>	<p>FA</p>	<p>The activities programme is provided by an activities co-ordinator, who has just taken up the full-time role following the resignation of a previous activities co-ordinator. The present co-ordinator is undertaking training in diversional therapy; however, has many years of experience working in similar roles. The activities staff do not work at weekends, but ensure opportunities are available for residents to participate in activities of their choosing.</p>

<p>are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>A social assessment and history of the resident is undertaken when they are admitted, to ascertain residents' needs, interests, abilities and social requirements. An activity plan is developed with the resident and incorporates the resident's goals. Activities plans 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 six-monthly care plan review.</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 gardening sessions, visiting entertainers, quiz sessions, church services, visiting community groups, outings and daily news updates. The activities programme is discussed at the minuted residents' meetings and indicated residents' 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 interviewed confirmed they find the programme meets their needs.</p> <p>The younger residents at Ultimate Care Lansdowne Court, are assisted to participate in community activities and enabled opportunities for increase independence, by being supported to achieve what they desire. Interviews with younger residents verified their activities and social needs were being met.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Resident care at Ultimate Care Lansdowne Court is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples were sighted of short-term care plans being consistently reviewed for infections, pain, weight loss and progress evaluated as clinically indicated and according to the degree of risk noted during the assessment process. 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) Consumer support for access or referral to other health and/or</p>	<p>FA</p>	<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 are indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files. Referrals are followed up on a regular basis by the RN 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</p>

<p>disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>Ultimate Care Lansdowne Court staff follow documented organisational processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Material safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill/event occur.</p> <p>There is provision and availability of protective clothing and equipment and staff were observed using this throughout the facility.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness (expiry date 23 June 2019) is publicly displayed in the reception area.</p> <p>Appropriate Ultimate Care Group systems and schedules 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 was current as confirmed in documentation reviewed, interviews with maintenance staff and observation of the environment. The environment was hazard free, residents were safe and independence was promoted.</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting.</p> <p>Residents and staff confirmed they know the processes they should follow if any repairs or maintenance is required and that requests are appropriately actioned. They reported they were happy with the environment.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene</p>	<p>FA</p>	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout Ultimate Care Lansdowne Court, as the building was initially built as a motel. This includes all except two bedrooms having their own ensuite. Two bedrooms share a bathroom with access via a sliding door from each room. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment and accessories are available to promote residents' independence.</p>

requirements or receiving assistance with personal hygiene requirements.		
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Adequate personal space is provided at Ultimate Care Lansdowne Court to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation. Where rooms share a bathroom approval has been sought. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids, wheel chairs and mobility scooters on the premises. Staff and residents reported the adequacy of bedrooms.</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>	FA	<p>Attractive communal areas are available for residents to engage in activities. The Ultimate Care Lansdowne Court dining and lounge areas are spacious and enable easy access for residents and staff. Residents can access areas for privacy, if required. Furniture is appropriate to the setting and residents' needs.</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>	FA	<p>Ultimate Care Lansdowne Court laundry is undertaken on site in a dedicated laundry or by family members if requested. Dedicated laundry staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner.</p> <p>There is a small designated cleaning team who have received appropriate training. These staff are undertaking the New Zealand Qualifications Authority Certificate in Cleaning (Level 2), as confirmed in interview of cleaning staff and training records. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers.</p> <p>Cleaning and laundry processes are monitored at Ultimate Care Lansdowne Court through the internal audit programme, residents' surveys and residents' meetings feedback.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security</p>	FA	<p>Ultimate Care Group policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Facility specific disaster and civil defence planning guides direct Ultimate</p>

<p>Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>Care Lansdowne Court staff in their preparation for disasters and described 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 8 September 1994. A trial evacuation takes place six-monthly with the oversight of an external contractor. A 2018 fire activation requiring evacuation was attended by the New Zealand Fire Service and the external contractor, documented and corrective actions taken. The most recent trial evacuation was on the 15 March 2019. Fire cell resident evacuation assistance lists are maintained and are readily available to staff, in the location of the relevant fire cell. The Ultimate Care Lansdowne Court 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 31 Ultimate Care Lansdowne Court residents. Hot water storage tanks are located around the complex containing over 3000 litres, and there is a process in place to access a hired generator, if required which has worked successfully in late 2018. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed on a regular basis and residents and families reported issues with staff responses to call bells are acted on promptly.</p> <p>Appropriate security arrangements are in place. Doors, windows and gates are locked at a predetermined time and a security sheet is signed by Ultimate Care Lansdowne Court night staff who also check the premises at night.</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>All Ultimate Care Lansdowne Court residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light and opening external windows which look out into garden areas. Heating is provided by night stores, electric heaters and heat pumps in residents' rooms and the communal areas. There is a log fire in one of the lounges. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers,</p>	<p>FA</p>	<p>Ultimate Care Lansdowne Court provides a managed environment that minimises the risk of infection to residents, staff and visitors by the implementation of an appropriate infection prevention and control (IPC) programme. Infection control management is guided by a comprehensive and current infection control manual, developed at organisational level with input from the CSM. The infection control programme and manual are reviewed annually.</p> <p>The CSM is the designated infection control nurse, whose role and responsibilities are defined in a job</p>

<p>and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>description. Infection control matters, including surveillance results, are reported monthly to the facility manager and tabled at the RN/quality/risk meeting and staff meetings. Infection control statistics are entered in the organisation's electronic database and benchmarked within the organisation's other facilities. The organisation's national quality manager is informed of any IPC concern.</p> <p>Signage at the main entrance to the facility requests anyone who is or has been unwell in the past 48 hours not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these related responsibilities.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The infection control nurse (ICN) has appropriate skills, knowledge and qualifications for the role. The ICN has undertaken a range of training sessions in infection prevention and control and attended relevant study days, as verified in training records sighted. The ICN is a member of the NZ nurses' organisation infection control special interest group. Well-established local networks with the infection control team at the DHB are available and the Ultimate Care organisation's clinical team is available if additional support/information is required. The coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The ICN 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>	<p>FA</p>	<p>The IPC policies reflect the requirements of the IPC standard and current accepted good practice. Policies were reviewed within the last year and included appropriate referencing.</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>FA</p>	<p>Priorities for staff education are outlined in the infection control programme annual plan. Interviews,</p>

<p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>		<p>observation and documentation verified staff have received education in IPC at orientation and ongoing education sessions. Education is provided by suitably qualified RNs and the ICN. Content of the training was documented and evaluated to ensure it was relevant, current and understood. A record of attendance was maintained. When an infection outbreak or an increase in infection incidence has occurred, there was evidence that additional staff education has been provided in response. Examples of this occurred when there was a recent norovirus outbreak and around the nursing management of a client with an antibiotic resistant infection.</p> <p>Education with residents and families is generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in their room if they are unwell, keeping wounds covered and increasing fluids during hot weather.</p>
<p>Standard 3.5: Surveillance 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 ICN 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 electronic infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years. Data is benchmarked internally within the group's other aged care providers.</p> <p>A norovirus outbreak in 2018 was evidenced in a letter from Public Health to have been managed as per outbreak guidelines.</p> <p>An initiative is being progressed to ensure the most appropriate antibiotic is used to treat infections.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>CI</p>	<p>Ultimate Care Group policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The restraint coordinator (clinical services manager) provides support and oversight for the minimisation of restraint use and enabler management at Ultimate Care Lansdowne Court. She demonstrated a passionate desire to provide residents with a restraint free environment, a sound understanding of the organisation's policies, procedures and practice and her role and responsibilities.</p> <p>On the day of audit, no residents were using restraints and no residents were using enablers. Policy</p>

		<p>described enablers as being the least restrictive and used voluntarily at resident's request. Ultimate Care Group processes are similar for the use of enablers as is used for restraints.</p> <p>Staff described that restraint has not been used since 30 November 2018, however would be used as a last resort when all alternatives have been explored. This was evident on review of the restraint approval group minutes, and files reviewed.</p> <p>The Ultimate Care Lansdowne Court restraint free project was instigated by the new clinical services manager who has many years' experience working with various health and disability service providers who are required to comply with the Restraint Minimisation and Safe Practice Standards.</p> <p>At the commencement of the project there were three residents using a restraint or an enabler. The 'Plan-Do-Study-Act' quality methodology was implemented by the restraint coordinator/clinical services manager to review the restraint and enabler use, gather feedback from residents, family, staff and relevant medical professionals and consider improvements for each of the residents concerned. Gentle, gradual education was provided to one family who were not initially quick to accept the restraint-free plan for their family member.</p> <p>The study resulted in one resident requesting bedrails be removed as they felt safe in bed without them, one resident being reassessed for dementia care so they could wander freely in a controlled environment and the third resident had their bedrails removed as they no longer moved about in the bed. Each person had the restraint-free project actions incorporated into an individual safety plan.</p> <p>The evaluation of the project has resulted in; the intention to manage any new risks of wandering behaviour with alternatives or reassessment, use of equipment such as concave mattresses, sensor mats, low, low beds, care plans to specify the need to have call bells readily available, to toilet people regularly, keep residents hydrated, busy, distracted and diverted, to ensure medical conditions are managed to provide diversional therapies and enhanced education for staff regarding alternatives to restraints.</p> <p>Restraint use continues to be reviewed and discussed at monthly quality and staff meetings and there is an awareness a person may be admitted in the future for whom restraints are used.</p> <p>No harm has come to any residents following the removal of restraints.</p> <p>Involving staff, residents and families with the initial removal of restraints trial, identifying appropriate resident criteria and educating staff, residents and families to the benefits of being restraint free are considered to have contributed to the successful implementation and outcome for residents.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.1.1.4</p> <p>The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.</p>	CI	<p>The restraint-free project instigated by the new clinical services manager in her role as restraint coordinator has followed quality improvement principles and resulted in an achievement beyond the expected full attainment. The project itself has been reviewed and the restraint free status is reviewed monthly. Analysis and reporting of findings has been made available to staff, residents and families. The evidence of actions taken for each of the residents involved has been documented within individual safety plans and were based on specific findings for each person. The increase in safety for residents and satisfaction of resident and families concerned has been measured and the 100% success rate celebrated by staff, residents and families.</p>	<p>The restraint-free project has resulted in a 100% reduction in the use of restraints / enablers, education for staff, residents and families, increased safety for residents and created a restraint-free environment whilst maintaining the dignity and respect of residents.</p>

End of the report.